

# GAPS Legal, PLLC

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

This questionnaire is designed to help us gather the information necessary to properly plan your estate. Whether you are a new or an established client, we have found this questionnaire extremely helpful and we ask your indulgence in completing it fully. Those questions that do not apply to you, your family, or your financial situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or to provide other information you feel is relevant.

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DATE: \_\_\_\_\_

### NAME

Client's Full Name: \_\_\_\_\_  
(first) (middle) (last)

Spouse's Full Name: \_\_\_\_\_  
(first) (middle) (last)

### FIDUCIARIES

Please consider who you want to handle your affairs when you cannot. ***We will discuss this section at our conference and will assist you with the completion.***

#### **A. Personal Representatives (PRs) (Co-PRS Act: Separately or Jointly) – Must be related or a FL resident**

**Note:** A Personal Representative may not be a convicted felon

1. \_\_\_\_\_  
(name) (relationship)  
\_\_\_\_\_  
(current address) (email address)

2. \_\_\_\_\_  
(name) (relationship)  
[  Co-PR with Previous Name (May surviving Co-PR act alone? [  Yes [  No) or [  Successor PR  
\_\_\_\_\_  
(current address) (phone number)

#### **B. TRUSTEES (Co-Trustees Act: Separately or Jointly)**

1. \_\_\_\_\_  
(name) (relationship)  
\_\_\_\_\_  
(current address) (phone number)

2. \_\_\_\_\_  
(name) (relationship)  
[  Co-Trustee with Previous Name (May surviving Co-Trustee act alone? [  Yes [  No) or [  Successor Trustee  
\_\_\_\_\_  
(current address) (phone number)

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## C. GUARDIANS OF MINOR CHILDREN (Co-Guardians Act: Separately or Jointly)

1. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

2. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

Co-Guardian with Previous Name (May surviving Co-Guardian act alone?  Yes  No) or  Successor Guardian

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

## D. AGENTS UNDER POWER OF ATTORNEY (Co-Agents Act: Separately or Jointly)

1. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

2. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

Co-Agent with Previous Name (May surviving Co-Agent act alone?  Yes  No) or  Successor Agent

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

3. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

Co-Agent with Previous Name (May surviving Co-Agent act alone?  Yes  No) or  Successor Agent

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

**Do you want to authorize your Financial Agent to make gifts on your behalf during any period of time you are incapacitated?**

Yes  No

## E. AGENTS UNDER DESIGNATION OF HEALTH CARE SURROGATE (Co-Surrogates Act: Separately or Jointly)

1. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

2. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (current address) \_\_\_\_\_ (phone number)

3. \_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

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\_\_\_\_\_  
(current address)

\_\_\_\_\_  
(phone number)

**LIVING WILL:** At the end of life, do you want life prolonging procedures?  Yes  No

Do you want to provide that your organs and tissues should be made available for transplant purposes?  Yes  No

Do you want to provide that upon certification by 2 physicians of need for psychological or substance treatment, Agent may arrange for voluntary admission for treatment?  Yes  No

## DISPOSITIVE PLANNING

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations.

### DISTRIBUTIONS OF PERSONAL PROPERTY AND SPECIFIC GIFTS

**USE OF PERSONAL PROPERTY MEMORANDUM:** Do you want to provide that your personal property will be distributed pursuant to a written list you may prepare later?  Yes  No

Any property not listed on the memorandum should be distributed to:

- Children
  - To the balance of the trust.
  - Other named individuals. List on next line.
- \_\_\_\_\_

**SPECIFIC GIFTS:** List any specific gifts of real estate or cash gifts you wish to make to either individuals or charities. Indicate whether these gifts are to be made even if the other spouse is alive.

**Individual or Charity**

**Amount or Property**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DIVISION OF PROPERTY UPON DEATH

**DIVIDE EQUALLY AMONG CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN**

**PROVIDE A SPECIFIC AMOUNT FOR GRANDCHILDREN and then EQUALLY AMONG CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN**

**DIVIDE AMONG NAMED INDIVIDUALS and/or CHARITIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

**DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves.

**STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs.

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You may provide for a staggered distribution of principal; i.e. 1/3 at age 30 and balance at age 40. You decide who will manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

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**REMOTE CONTINGENT BENEFICIARY:** Who do you want to receive your property in the remote event that no one listed above is alive to receive your property?

In the remote event no one listed above is alive to receive my property I want my property distributed as follows:

- To heirs-at-law.
- To the following named individuals and/or charities:

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## RESIDENCE -- OWNED

- A. Owners: \_\_\_\_\_
- B. How is title held? \_\_\_\_\_
- C. Fair Market Value: \$ \_\_\_\_\_
- D. Mortgage Balance: \$ \_\_\_\_\_
- E. If the property was inherited, please provide the following:
  - 1. Month/Year Inherited: \_\_\_\_\_
  - 2. Value when Inherited: \$ \_\_\_\_\_

F. If improvements have been made to the property, please detail the value and nature of them:

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## RESIDENCE -- RENTED

- A. Monthly Rent: \$ \_\_\_\_\_
  - B. Type of Rental: [ ] Single Family [ ] Apartment [ ] Residential Care  
[ ] Life Care [ ] Senior Housing
  - C. Rental/Lease Agreement? [ ] Yes [ ] No
  - D. Is Rent Subsidized? [ ] Yes [ ] No
- If so, by whom and amount? \_\_\_\_\_

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## LONG-TERM CARE (LTC)

Currently Receiving LTC? [ ] Yes [ ] No

If so, date started: \_\_\_\_\_

Name of Facility/Provider: \_\_\_\_\_

## ASSETS AND RESOURCES

### A. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc.)

<u>Name of Bank/Branch</u>	<u>Type of Account</u>	<u>How Title Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### B. SECURITIES (Bonds, Marketable Securities, etc.)

<u>Name of Company</u>	<u>Type of Sec.</u>	<u># Shares</u>	<u>How Title Held</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### C. RETIREMENT ACCOUNTS (IRAs, Keoghs, etc.) (Please provide copies of beneficiary designations)

<u>Name of Institution</u>	<u>Account No.</u>	<u>Owner</u>	<u>Beneficiary(ies)</u>
_____	_____	_____	_____
_____	_____	_____	_____

### D. PERSONAL PROPERTY

	<u>Market Value</u>	<u>How Title Held</u>
Cars, RVs, Boats, etc.:	\$ _____	_____
_____:	\$ _____	_____

(other: collectibles, artwork etc.)

## LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## F. BUSINESS INTERESTS

Do you have any business interests, please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc.

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## MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_  
\_\_\_\_\_  
*Total estimated value* \_\_\_\_\_

## G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of the Trust in which you have an interest, or the person who is the source of the inheritance. Please provide a copy of the instrument which creates the interest, if available. If not, please advise how we may obtain a copy.

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## OTHER RESOURCES

Burial plot:     Yes    No  
Irrevocable burial fund contract:     Yes    No