

BIVINS & HEMENWAY, P.A.

ESTATE PLANNING QUESTIONNAIRE

1. Complete legal name of husband and wife (include middle name).

(H) _____

(W) _____

2. Provide any other names by which you may have been known or are known, including maiden names and former married names.

(H) _____

(W) _____

3. U.S. Citizen?

(H) _____
(W) _____

4. Dates of Birth

(H) _____
(W) _____

5. Social Security Number

(H) _____
(W) _____

6. Present address

Telephone Number _____

7. Residence, address, if different from above

8. Date of Marriage _____

9. Place of Marriage _____

10. During your marriage have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? _____

If so, which states and the period of time you resided there.

11. If either spouse was previously married, please furnish the following information:

Husband:

Name of Former Spouse: _____

Length of previous marriage _____

Name, birthdates of children born of previous marriage, deaths, etc.

Wife:

Name of Former Spouse: _____

Length of previous marriage _____

Name, birthdates of children born of previous marriage, deaths, etc.

12. Provide copy of antenuptial or postnuptial agreement, if any.

13. List all children and ages.

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. List grandchildren and ages.

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. List any other dependents and ages.

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

16. List any special needs of any children, grandchildren or other dependents (retarded, ill, incompetent, handicapped, etc.)

17. List the name, address, age, relationship of any other persons for whom you wish to provide in your will.

HUSBAND:

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WIFE:

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Are you a grantor, settlor, or trustee of any revocable or irrevocable trust. If yes, list the name of the trust, your fiduciary relationship to the trust (i.e. grantor, settlor, or trustee), date the trust was established, current value of the trust assets, and name of beneficiaries of the trust.

HUSBAND:

<u>Name</u>	<u>Fiduciary Relationship</u>	<u>Date</u>	<u>Value</u>	<u>Beneficiaries</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WIFE:

<u>Name</u>	<u>Fiduciary Relationship</u>	<u>Date</u>	<u>Value</u>	<u>Beneficiaries</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

19. **Assets:**

I. **Husband:**

A. Present Income:

1. Salary and bonus: \$ _____
2. Rents, Royalties: \$ _____
3. Interest, Dividends: \$ _____
4. Other Income: \$ _____

II. **Wife:**

A. Present Income:

1. Salary and bonus: \$ _____
2. Rents, Royalties: \$ _____
3. Interest, Dividends: \$ _____
4. Other Income: \$ _____

III. **Husband and Wife:**

A. Personal Property. **Indicate whether in name of Husband, Wife, or in joint name and state the value of each.**

1. Savings Accounts (List Banks) include Certificates of Deposits _____

2. Checking Accounts (List Banks)

3. Money Market Accounts (List Financial Institution)

4. Bonds, Stocks, Mutual Funds (Give name of brokerage firm handling your investments, if any)

5. Notes, Mortgages Payable to you.

6. Automobiles and other motor vehicles

Make _____ Model _____
ID Number _____
Titled in (H) (W) (JOINT)

Make _____ Model _____
ID Number _____
Titled in (H) (W) (JOINT)

7. Household Goods

8. Jewelry, Art, Antiques, Coin Collections, etc.

9. Livestock, growing crops

10. Beneficiary of any Trust
(H)

(W)

11. Other Personal Property

12. Do you want a Separate Writing in Will to dispose of Tangible Personal Property?

Husband: _____

Wife: _____

B. Real Estate

(include description, location, market value, form of ownership, income from real estate, annual maintenance expenses, mortgages or other encumbrances)

C. Expectancies

(list any expected gifts, inheritances, contingent rights)

(H)

(W)

D. Business Interests

(list name and type of business owned, form and percentage of ownership, and value of business interests)

E. Life Insurance Policies:

Husband:

1. Name of Company _____
Face Amount _____
Policy # _____
Type of Policy (i.e. term, whole) _____
Name of Beneficiaries _____
Policy Owned by _____

2. Name of Company _____
Face Amount _____
Policy # _____
Type of Policy (i.e. term, whole) _____
Name of Beneficiaries _____
Policy Owned by _____

Wife:

1. Name of Company _____
Face Amount _____
Policy # _____
Type of Policy (i.e. term, whole) _____
Name of Beneficiaries _____
Policy Owned by _____

2. Name of Company _____
Face Amount _____
Policy # _____
Type of Policy (i.e. term, whole) _____
Name of Beneficiaries _____
Policy Owned by _____

F. Other assets (pension, profit sharing plan, 401(k), IRA, ESOP's, insurance on others' lives, etc. - list current value)

(H) _____

(W) _____

20. Need of family or dependents on monthly basis.
Maintenance, comfort (food, clothing, etc.)

Utilities _____
Education _____

Mortgages or rent payments _____

Taxes _____
Other Debts _____
Special Needs _____

21. Desired contributions to charities. State name of charity and amount of contribution.

22. HUSBAND:

Choice of personal representative _____
Successor personal representative _____
Trustee _____
Successor Trustee _____
Guardian of minor children if both spouses die at same time:

Successor Guardian of minor children if both spouses die at same time: _____

WIFE:

Choice of personal representative _____
Successor personal representative _____
Trustee _____
Successor Trustee _____
Guardian of minor children if both spouses die at same time:

Successor Guardian of minor children if both spouses die at same time: _____

23. Designation of Health Care Surrogate:

HUSBAND:

Choice of Health Care Surrogate: _____
Relationship to Husband: _____

Address: _____

Telephone #: _____

Successor Health Care Surrogate: _____
Relationship to Husband: _____
Address: _____

Telephone #: _____

WIFE:

Choice of Health Care Surrogate: _____
Relationship to Wife: _____
Address: _____

Telephone #: _____

Successor Health Care Surrogate: _____
Relationship to Wife: _____
Address: _____

Telephone #: _____

24. **Durable Power of Attorney:**

HUSBAND:

Choice of Attorney-in-Fact: _____
Relationship to Husband: _____

Successor Attorney-in-Fact: _____
Relationship to Husband: _____

WIFE:

Choice of Attorney-in-Fact: _____
Relationship to Wife: _____

Successor Attorney-in-Fact: _____
Relationship to Wife: _____

25. **Do you want a Living Will?**

HUSBAND: __ yes __ no

Choice of Surrogate: _____
Relationship to Husband: _____
Address: _____

Telephone #: _____

Successor Surrogate: _____

Relationship to Husband: _____

Address: _____

Telephone #: _____

WIFE: __ yes __ no

Choice of Surrogate: _____

Relationship to Wife: _____

Address: _____

Telephone #: _____

Successor Surrogate: _____

Relationship to Wife: _____

Address: _____

Telephone #: _____

26. Special Bequests (If any are desired)

Name specific subject matter to be devised and desired beneficiary, include alternative beneficiaries, if any.

HUSBAND:

WIFE:

Return by mail to Bivins & Hemenway, P.A., 1060 Bloomingdale Avenue, Valrico, Florida 33596; by facsimile to 813-643-4904; or e-mail to info@bhpalaw.com.