



## **ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE**

Instructions: Please complete the Estate Planning Questionnaire to the best of your ability and knowledge. All information contained within will be held in strict confidence. You do not need to type out your answers but please write legibly. It is especially important that names are spelled correctly and that the information provided is accurate. If you are unable to include all of the given information within the allotted space, please provide additional pages to ensure that all your goals and objectives are reflected.

The purpose of this questionnaire is to provide a wide range of information about you and your family to ensure that you are properly advised regarding your estate plan. Some of the information will be incorporated directly into your Will. Some information will not, but the information will be helpful as we discuss your estate planning goals and objectives.

If a question does not apply to your situation, you may insert N/A or simply skip over to the next question. Should you have any questions while filling out the questionnaire, please contact our office at (305) 477-1111 and ask to speak with an Estate Planning Attorney.

We are genuinely appreciative of your confidence in us and we are looking forward to having you among our clients.

*Irama Valdes, Esq.*





first

middle

last

**Current address:** \_\_\_\_\_  
street address city state zip

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Children #** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Is this child of a current or prior marriage:** \_\_\_\_\_

**Is this child disabled or does he/she have special needs:** \_\_\_\_\_

**Has any child predeceased you? YES / NO Did they have children? YES / NO**

**If you or your children have adopted or do adopt a child, should the adopted child be treated the same as a natural child? YES / NO**

**Do any children have creditor problems, problems managing finances or marital issues that could affect their receiving property outright? If so, please describe. Attach an additional sheet, if necessary.**

**DOCUMENTS TO RETURN WITH THIS QUESTIONNAIRE**

Please check all documents that are relevant to either you and/or your spouse, if applicable, and provide us with a copy of the applicable documents, if possible:

<b>Self Y/N</b>	<b>Spouse Y/N</b>	<b>Documentation</b>
		Do you currently have any existing wills or trusts, including "Living Wills" or "Living Trusts?"
		Have you made any gifts in excess of the federal exclusion amount (\$14,000) per year to any person? If yes, please include gift tax returns.
		Are you a party to a pre- or post- nuptial agreement, divorce decree or marital agreement? If yes, please provide a copy with all subsequent modifications.
		Are you the beneficiary or do you have a Power of Appointment in any will or trust created by someone else?
		Do you have an interest in any business? If so please attach any and all documentation regarding what happens to your interest upon your death. (e.g., partnership agreement, Limited Liability Company Agreement, shareholder agreement, stock option plan, buy-sell agreement, etc.)
		Do you have an existing Power of Attorney/Advance Directive for management of property or health care?

## LAST WILL AND TESTAMENT

A **Last Will and Testament** is document by which you identify those individuals (or charities) that are to receive your property and possessions on your death. A Personal Representative is the individual(s) you name to manage your affairs and probate your Will after you pass. **Please note** that under Florida law, if the personal representative is not related to you, or the spouse of someone related to you, he or she must be a Florida resident. You may also select “joint” personal representatives or a “corporate” personal representative (e.g., bank or trust company).

### CLIENT: Personal Representative

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### Alternate Personal Representative

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### SPOUSE: Personal Representative

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### Alternate Personal Representative

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

Some probate judges will allow the personal representative to serve without having to post a bond if the decedent's will waives the bond requirement. Other judges refuse to allow a waiver because of concerns about protecting estate creditors and beneficiaries from misfeasance or nonfeasance. NOTE: A fiduciary bond is a type of surety bond required by the court to ensure proper performance of duties.

Do you want your personal representative or alternate to be required post a bond (which is paid by your estate) to be able to serve? **Client:** Yes \_\_\_\_ No \_\_\_\_\_ **Spouse:** Yes \_\_\_\_ No \_\_\_\_

### **GUARDIANS**

If you have any children who are minors, a guardian should be named in your will to care for their person and to manage their property until they attain 18 years of age in the event of the death of both parents. You may nominate "joint" guardians. You may also nominate separate guardians for a child, that is, a "guardian of the person" and a "guardian of the property" especially if a proposed guardian may not be suitable for handling a child's property and finances. A guardian of the property could include a "corporate" guardian or corporate co-guardian. Please note that under Florida law, if the person you nominate as guardian is not related to the child, he or she must be a Florida resident to be appointed.

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### **Alternate Guardian**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### **SPECIFIC BEQUESTS**

List any specific items (e.g., automobiles, jewelry, personal effects, etc.) or specific amounts of money that you wish to leave to one or more beneficiaries. If you have a large number of items of "tangible personal property" that you want to give to several persons, you may want to consider having a "separate writing" prepared.

**CLIENT:**

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<u>Item or Amount</u>	<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

**SPOUSE:**

<u>Item or Amount</u>	<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>

If a beneficiary of a specific bequest does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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**RESIDUE**

Please indicate, by checking the appropriate option, how you want your assets to pass when you die. Please feel free to make modifications by annotating the options to best suit your needs and wishes.

**For information on leaving funds/assets to minors, see the section titled “MINORS” on Page 12 below**

**CLIENT:**

         **Option A:** I want my assets to pass to my spouse and children as follows:

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child’s share shall be distributed to his or her children in equal shares.

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- In the event my spouse and all of my children and descendants fail to survive me, I want assets to be distributed as follows:

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\_\_\_\_\_ **Option B:** I am unmarried with children and want my assets to pass:

- In equal shares to my children.
- If one or more of my children predeceases me, that child’s share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

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\_\_\_\_\_ **Option C:** None of the above. I want my assets to pass as follows:

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
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If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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**SPOUSE:**

\_\_\_\_\_ **Option A:** I want my assets to pass to my spouse and children as follows:

- To spouse, if surviving.
- If my spouse predeceases me, my assets will be divided in equal shares among my children.
- If any of my children predecease me, that child's share shall be distributed to his or her children in equal shares.
- In the event my spouse and all of my children and descendants fail to survive me, I want assets to be distributed as follows:

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\_\_\_\_\_ **Option B:** I am unmarried with children and want my assets to pass:

- In equal shares to my children.
- If one or more of my children predeceases me, that child's share in my estate is distributed to his or her children in equal shares.
- In the event all my children and descendants fail to survive me, I want my assets to be distributed as follows:

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\_\_\_\_\_ **Option C:** None of the above. I want my assets to pass as follows:

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
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If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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### **TRUSTS**

If you are considering establishing a trust during your life or after your death for a spouse, child, grandchild, parent or another person or charity (especially to avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to nominate as the trustee? You may also select “co-trustees” or a “corporate” trustee (e.g., bank or trust company).

**For information on leaving funds/assets to minors, see the section titled “MINORS” on Page 12 below**

### **CLIENT:**

Describe some of the general provisions you think are important.

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### **Trustee** **Primary Trustee**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

### **Alternate Trustee**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes \_\_\_\_ No \_\_\_\_\_

**Additional information**

Use this space to provide any additional information concerning your testamentary intentions.

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At what age(s) do you want the monies to be distributed to your children/beneficiaries? List percentages:

\_\_\_\_% at \_\_\_\_ years old; \_\_\_\_% at \_\_\_\_ years old; \_\_\_\_% at \_\_\_\_ years old.

Other:

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List any instructions regarding limitations on distributions (such as must finish college, etc.), or special situations (such as starting a business, getting married, etc.).

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**SPOUSE:**

Describe some of the general provisions you think are important.

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**Trustee**  
**Primary Trustee**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Alternate Trustee**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

Do you want your trustee or alternate to be required to post a bond (which is paid from the trust assets) to be able to serve? Yes \_\_\_\_ No \_\_\_\_\_

**Additional information**

Use this space to provide any additional information concerning your testamentary intentions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

At what age(s) do you want the monies to be distributed to your children/beneficiaries? List percentages:

\_\_\_\_% at \_\_\_\_ years old; \_\_\_\_% at \_\_\_\_ years old; \_\_\_\_% at \_\_\_\_ years old.

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

List any instructions regarding limitations on distributions (such as must finish college, etc.), or special situations (such as starting a business, getting married, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**DURABLE POWER OF ATTORNEY**

**Durable power of attorney** is a document authorizing another person to control your assets on your behalf and for your benefit. This document takes effect immediately upon execution (i.e., this is not simply just effective if and when you become incapacitated). It is important that you choose an individual that you feel will always act in your best interest and manage your assets in the same manner you would.

**CLIENT:**  
**Primary Agent Information**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Alternate Agent**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Second Alternate Agent**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

There will be a section in your Durable Power of Attorney where you can elect certain powers not necessarily be designated to your agent. This is regarding gifts, changing testamentary transfers, and disclaimers. The following questions will assist the Attorney in tailoring your power of attorney to your wishes.

**Gifts:**

1. Do you want your agent to be able to make gifts of your property? \_\_\_\_\_
2. If you answered "Yes" to question #1, to whom would you like your Agent to make gifts to:

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

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3. If you answered “Yes” to question #1, what amount would you like to your Agent to be able to gift of your property (choose one; initial on line and fill in blanks where appropriate):
- a. \_\_\_\_\_ \$ \_\_\_\_\_
  - b. \_\_\_\_\_ in an amount per donee not to exceed the annual dollar limits of the federal gift tax exclusion under Internal Revenue Code §2503(b) (annual exclusion).
  - c. \_\_\_\_\_ if my son/daughter agrees to consent to a split gift pursuant to Internal Revenue Code §2513, in an amount per donee not to exceed the aggregate annual gift tax exclusions for that donee for both my son/ daughter and me.
  - d. \_\_\_\_\_ any amounts qualifying for federal gift tax exclusion under Internal Revenue Code §2503(e) (medical and educational exclusions).
  - e. \_\_\_\_\_ in an aggregate amount not to exceed my Applicable Exclusion Amount as provided in Internal Revenue Code §2010(c).
  - f. \_\_\_\_\_ if my son/ daughter agrees to consent to a split gift pursuant to Internal Revenue Code §2513, in an amount per donee not to exceed the aggregate Applicable Exclusion Amounts for both my son/son and me.
  - g. \_\_\_\_\_ for estate planning purposes, in unlimited amounts.

Trusts:

I authorize my Agent to deal with trusts created by me, for me, on my behalf, or in connection with gifts from me to others as provided in the paragraph above authorizing gifts, as follows:

1. \_\_\_\_\_ To create an inter vivos trust, whether revocable or irrevocable, in which I am a beneficiary
2. \_\_\_\_\_ To the extent permitted in the trust agreement, to amend, revoke, or terminate a trust of which I am a beneficiary, or transfer the assets of such a trust into another trust under which I am a beneficiary
3. \_\_\_\_\_ To create, amend, or revoke trusts for the benefit of others
4. \_\_\_\_\_ To participate in either judicial or nonjudicial modification of a trust as permitted in Fla. Stat. Chapter 736.

Survivorship and Other Designations:

My Agent may create or alter the nature of accounts in which I have an interest, as follows:

1. \_\_\_\_\_ To create or change rights of survivorship in accounts or other assets in which I have an interest.
2. \_\_\_\_\_ To change a beneficiary designation for any accounts or financial instruments, including life insurance policies, annuities, or retirement accounts of any nature.
3. \_\_\_\_\_ To waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan of any nature.

Disclaimers:

My Agent may disclaim interests in property on my behalf as follows (this is usually for low-income individuals seeking not to be disqualified from receiving government benefits):

1. \_\_\_\_\_ Disclaim any interest in property I might otherwise receive, either outright or in trust.
2. \_\_\_\_\_ Disclaim any powers I have over property or as a beneficiary of any trusts (excluding any powers I possess in a fiduciary capacity).

3. \_\_\_\_\_ Disclaim any powers of appointment I have or may acquire, excluding any testamentary power of appointment that I currently exercise in my Last Will and Testament.

**SPOUSE:**  
**Primary Agent Information**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Alternate Agent**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

**Second Alternate Agent**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip county

**Relationship to you:** \_\_\_\_\_

There will be a section in your Durable Power of Attorney where you can elect certain powers not necessarily be designated to your agent. This is regarding gifts, changing testamentary transfers, and disclaimers. The following questions will assist the Attorney in tailoring your power of attorney to your wishes.

**Gifts:**

4. Do you want your agent to be able to make gifts of your property? \_\_\_\_\_
5. If you answered "Yes" to question #1, to whom would you like your Agent to make gifts to:

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

6. If you answered “Yes” to question #1, what amount would you like to your Agent to be able to gift of your property (choose one; initial on line and fill in blanks where appropriate):
- a. \_\_\_\_\_ \$\_\_\_\_\_
  - b. \_\_\_\_\_ in an amount per donee not to exceed the annual dollar limits of the federal gift tax exclusion under Internal Revenue Code §2503(b) (annual exclusion).
  - c. \_\_\_\_\_ if my son/daughter agrees to consent to a split gift pursuant to Internal Revenue Code §2513, in an amount per donee not to exceed the aggregate annual gift tax exclusions for that donee for both my son/ daughter and me.
  - d. \_\_\_\_\_ any amounts qualifying for federal gift tax exclusion under Internal Revenue Code §2503(e) (medical and educational exclusions).
  - e. \_\_\_\_\_ in an aggregate amount not to exceed my Applicable Exclusion Amount as provided in Internal Revenue Code §2010(c).
  - f. \_\_\_\_\_ if my son/ daughter agrees to consent to a split gift pursuant to Internal Revenue Code §2513, in an amount per donee not to exceed the aggregate Applicable Exclusion Amounts for both my son/son and me.
  - g. \_\_\_\_\_ for estate planning purposes, in unlimited amounts.

Trusts:

I authorize my Agent to deal with trusts created by me, for me, on my behalf, or in connection with gifts from me to others as provided in the paragraph above authorizing gifts, as follows:

5. \_\_\_\_\_ To create an inter vivos trust, whether revocable or irrevocable, in which I am a beneficiary
6. \_\_\_\_\_ To the extent permitted in the trust agreement, to amend, revoke, or terminate a trust of which I am a beneficiary, or transfer the assets of such a trust into another trust under which I am a beneficiary
7. \_\_\_\_\_ To create, amend, or revoke trusts for the benefit of others
8. \_\_\_\_\_ To participate in either judicial or nonjudicial modification of a trust as permitted in Fla. Stat. Chapter 736.

Survivorship and Other Designations:

My Agent may create or alter the nature of accounts in which I have an interest, as follows:

4. \_\_\_\_\_ To create or change rights of survivorship in accounts or other assets in which I have an interest.
5. \_\_\_\_\_ To change a beneficiary designation for any accounts or financial instruments, including life insurance policies, annuities, or retirement accounts of any nature.
6. \_\_\_\_\_ To waive my right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan of any nature.

Disclaimers:

My Agent may disclaim interests in property on my behalf as follows (this is usually for low-income individuals seeking not to be disqualified from receiving government benefits):

4. \_\_\_\_\_ Disclaim any interest in property I might otherwise receive, either outright or in trust.
5. \_\_\_\_\_ Disclaim any powers I have over property or as a beneficiary of any trusts (excluding any powers I possess in a fiduciary capacity).



6. \_\_\_\_\_ Disclaim any powers of appointment I have or may acquire, excluding any testamentary power of appointment that I currently exercise in my Last Will and Testament.

### **DESIGNATION OF HEALTHCARE SURROGATE**

**Designation of Healthcare Surrogate** is a document authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances.

#### **CLIENT:** **Health care surrogate**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

#### **Alternate health care surrogate**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

If you are designating more than one person to act as your health care surrogate, simply cross off the word "Alternative" in the title above and choose one of the following:

1. \_\_\_\_\_ If one of my surrogates is unwilling or unable to perform his or her duties, the remaining surrogate may act alone.
2. \_\_\_\_\_ Both surrogates must act together in all decisions.

If you have named two surrogates and wish to designate a third, please let us know. These documents are tailored to your wishes. Do not hesitate to specify exactly what you want.

#### **SPOUSE:**

**Health care surrogate**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

**Alternate health care surrogate**

**Legal name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Relationship to you:** \_\_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_

If you are designating more than one person to act as your health care surrogate, simply cross off the word “Alternative” in the title above and choose one of the following:

1. \_\_\_\_\_ If one of my surrogates is unwilling or unable to perform his or her duties, the remaining surrogate may act alone.
2. \_\_\_\_\_ Both surrogates must act together in all decisions.

If you have named two surrogates and wish to designate a third, please let us know. These documents are tailored to your wishes. Do not hesitate to specify exactly what you want.

**LIVING WILL**

**Living Will** is a document which reflects your decision regarding the withholding or withdrawal of life prolonging procedures in the event you should have a terminal condition. It also specifies instructions for your surrogate with regard to end-of-life decisions. If you desire to have a Living Will, this can be prepared as a separate document, or together with your Designation of Healthcare Surrogate. Just let us know how you would prefer. There is no right or wrong answer.

Here are some general statements about choices you have as to health care you want at the end of your life. Put a check next to whichever choices best fit your wishes. Any combination can be used but if you choose “Direction to Prolong My Life (to the greatest extent possible)”, no other choices should be checked.

**CLIENT:**

\_\_\_ **Comfort Care Only:** If I have a terminal condition I do not want my life to be prolonged, and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. (NOTE: "Comfort care" means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.)

\_\_\_ **Specific Limitations on Medical Treatments I Want:** (NOTE: mark one or more choices below.) If I have a terminal condition, or am in an irreversible coma or a persistent vegetative state that my doctors reasonably believe to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:

- \_\_\_ 1.) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.
- \_\_\_ 2.) Artificially administered food and fluids.
- \_\_\_ 3.) To be taken to a hospital if it is at all avoidable.

\_\_\_ **Pregnancy:** Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

\_\_\_ **Treatment Until My Medical Condition is Reasonably Known:** Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.

\_\_\_ **Direction to Prolong My Life:** I want my life to be prolonged for \_\_\_\_\_ (amount of time).

\_\_\_ **Direction to Prolong My Life:** I want my life to be prolonged to the greatest extent possible.

\_\_\_ **Other Directions:**

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\_\_\_ **Autopsy.** My designated representative(s), in the order indicated, shall have the right to prohibit the autopsy of my remains.

\_\_\_ **Religious Assistance.** My designated representative(s), in the order indicated, shall have the right to contact the religious leader of the religious organization of which I am a member at the time this Living Will is implemented, if applicable, to seek guidance and assistance for me during the dying process, so that all may be done in a manner consistent with my religious beliefs. (other instructions): \_\_\_\_\_

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\_\_\_\_ **Euthanasia.** I [ do not / do ] believe in euthanasia, and should same become legal, I employ my designated representative(s) to [ prohibit / allow ] the use of euthanasia.

\_\_\_\_ **Organ Donation.** I [ wish / do not wish ] to donate any organs my physicians deem usable.

\_\_\_\_ **Disposition of Remains.** (enter any prepaid funeral, cremation, other that you have coordinated; if none have been coordinated, state your wishes for burial, cremation, etc.)

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**SPOUSE:**

\_\_\_\_ **Comfort Care Only:** If I have a terminal condition I do not want my life to be prolonged, and I do not want life-sustaining treatment, beyond comfort care, that would serve only to artificially delay the moment of my death. (NOTE: “Comfort care” means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.)

\_\_\_\_ **Specific Limitations on Medical Treatments I Want:** (NOTE: mark one or more choices below.) If I have a terminal condition, or am in an irreversible coma or a persistent vegetative state that my doctors reasonably believe to be irreversible or incurable, I do want the medical treatment necessary to provide care that would keep me comfortable, but I do not want the following:

- \_\_\_\_ 1.) Cardiopulmonary resuscitation, for example, the use of drugs, electric shock, and artificial breathing.
- \_\_\_\_ 2.) Artificially administered food and fluids.
- \_\_\_\_ 3.) To be taken to a hospital if it is at all avoidable.

\_\_\_\_ **Pregnancy:** Regardless of any other directions I have given in this Living Will, if I am known to be pregnant I do not want life-sustaining treatment withheld or withdrawn if it is possible that the embryo/fetus will develop to the point of live birth with the continued application of life-sustaining treatment.

\_\_\_\_ **Treatment Until My Medical Condition is Reasonably Known:** Regardless of the directions I have made in this Living Will, I do want the use of all medical care necessary to treat my condition until my doctors reasonably conclude that my condition is terminal or is irreversible and incurable, or I am in a persistent vegetative state.

\_\_\_\_ **Direction to Prolong My Life:** I want my life to be prolonged for \_\_\_\_\_ (amount of time).

\_\_\_\_ **Direction to Prolong My Life:** I want my life to be prolonged to the greatest extent possible.

\_\_\_\_ **Other Directions:**

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\_\_\_\_\_ **Autopsy.** My designated representative(s), in the order indicated, shall have the right to prohibit the autopsy of my remains.

\_\_\_\_\_ **Religious Assistance.** My designated representative(s), in the order indicated, shall have the right to contact the religious leader of the religious organization of which I am a member at the time this Living Will is implemented, if applicable, to seek guidance and assistance for me during the dying process, so that all may be done in a manner consistent with my religious beliefs. (other instructions): \_\_\_\_\_

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\_\_\_\_\_ **Euthanasia.** I [ do not / do ] believe in euthanasia, and should same become legal, I employ my designated representative(s) to [ prohibit / allow ] the use of euthanasia.

\_\_\_\_\_ **Organ Donation.** I [ wish / do not wish ] to donate any organs my physicians deem usable.

\_\_\_\_\_ **Disposition of Remains.** (list any prepaid funeral, cremation, other that you have coordinated; if none have been coordinated, state your wishes for burial, cremation, etc.)

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## **SUMMARY OF ASSETS AND LIABILITIES**

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested. **In lieu of completing this summary, you may substitute a current financial statement.**

### **ASSETS**

**Tangible Personal Property:** By default, your tangible personal property (such as furniture, vehicles, jewelry or artwork) will be distributed according to your directions in your Will. Only complete the Tangible Personal Property chart if you have tangible personal property that you would like to go to a particular person or the property is of substantial value (famous artwork, diamonds, etc.). Please complete this section if you are concerned that those who inherit under your will not be able to reach an accord on the distribution of certain pieces of property, to minimize potential conflicts.

Description	Location	Approximate Value


\*Attach additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Safe Deposit Boxes:**

Financial Institution	Name(s) on Account	Contents

\*Attach additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Bank Accounts:**

Financial Institution	Name(s) on Account	Payable on Death? (Y/N)	If POD, Named Beneficiary	Approximate Balance

\*Attach additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Stocks, Bonds, Treasury Notes, Other Investments (Not Real Property):**

Name on Certificate or Book Entry	Payable on Death? (Y/N)	No. of Shares	Approximate Value

\*Attach additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Real Estate:**

Description (Residence, Investment, and etc.)	Address (Street, City, State Zip Code)	Name on Deed	Approximate Value

\* Attach an additional sheet, if necessary.

\*\* Please provide a copy of the deed for each property.

**TOTAL:** \_\_\_\_\_

**Business Interests:**

Name of Owner	Description (Partnership, LLC, Corporation, etc)	Approximate Market Value

\* Attach an additional sheet, if necessary.

\*\* Business Owners: Please provide tax id number, exact business name, and how you wish for ownership to pass under your Will. If succession plan is available, please include.

**TOTAL:** \_\_\_\_\_

**Life Insurance, IRA's, Pensions, 401(k)s, Annuities:**

Type	Financial Institution	Account/ Policy Holder No.	Current Beneficiary	Approximate Face Value

\* Attach an additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Mortgages, Notes, and Other Receivables (Payable/Owed to you):**

Name of Debtor	Description of Debt	Current Balance Owed to YOU

\* Attach an additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Motor Vehicles:**

Name of Owner	Description (Make, Model, Year, Vin)	Approximate Market Value

\* Attach an additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Other Assets (Trusts, Investment Interests, Anticipated Inheritances or Gifts, Lawsuits:**

Description	Name of Owner	Approximate Value

\* Attach an additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**LIABILITIES**

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead				
Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities				



and judgments				
Total liabilities:				

\* Attach an additional sheet, if necessary.

**TOTAL:** \_\_\_\_\_

**Net Worth**

Your total Assets less your total Liabilities: \$ \_\_\_\_\_

**Miscellaneous**

Please provide the name, address and telephone number of your:

Name

Address

Telephone number

Accountant: \_\_\_\_\_

Investment broker: \_\_\_\_\_

Insurance agent: \_\_\_\_\_

Financial planner: \_\_\_\_\_

Banker: \_\_\_\_\_

The reason we collect the above information: When you pass, your beneficiaries may need to reach out to us to begin the distribution process. The professionals above, along with our firm, will be the professionals who will be better equipped to help your loved ones gather the necessary information to begin and complete an efficient distribution of your estate.

**Confirmation of information and instructions:** I confirm the information provided by me in this questionnaire is complete and accurate, and that the instructions I am providing reflect my wishes.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Client

Whom may I thank for the referral? \_\_\_\_\_