



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 (786) 671-7829 and ask to speak with an Estate Planning Attorney.

Irama Valdes, Esq.

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? Yes ____ No _____

Trustee

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 7 below

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 _____

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.

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

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 7 below

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

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

_____ **Option B:** 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).

Trusts

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

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.).

MINORS

Minor Beneficiaries: If a minor child, grandchild or any other minor beneficiary could potentially inherit under your Will, you need to decide how he or she should receive the property. A minor cannot hold the title to property or receive money, but there are two options to provide how any property will be held on behalf of the minor until he or she reaches a certain age.

Florida Uniform Transfers to Minors Act (“FUTMA”): This is a statute (Florida Statutes Chapter 710) which allows the assets to be held by a custodian until the minor reaches age 18 or 21 (or 25 pursuant to a Will or Power of Appointment). Prior to obtaining the age of majority, the custodian may use or expend the funds for the minor’s benefit without Court approval. At age 18 or 21, however, the funds are given outright to the beneficiary. This is perhaps the single biggest drawback of FUTMA in that many believe that an 18 or 21-year-old should not have unfettered access to large sums of money. On the other hand, FUTMA is much simpler than a trust. You may designate the custodian or allow your Personal Representative to select a custodian for you. For the foregoing reasons, FUTMA is more appropriate when a minor is inheriting or may inherit a small sum of money.

Testamentary trust for a minor: Unlike FUTMA, a testamentary trust can be tailored to your specific needs. Typically, the trust designates an age or triggering event that will cause the trust to terminate and the child to receive the property (i.e., age 25 or graduation from college). You may also specify how the funds are used during the term of the trust. An additional benefit of such a trust is that you can name it as a beneficiary or contingent beneficiary of your non-probate assets (e.g., life insurance, 401k).

If you choose to use a trust, you will have to designate a trustee (and successor trustee) of the trust. A separate tax return must be filed for the trust each year and often an accountant will be necessary. The administrative fees and costs of a trust may be significant, so it is not advisable for a small inheritance.

If you have more than one child to provide for, we need to know whether you would like separate trusts for each child or one joint trust for all of your children. If you choose separate trusts, the property will be divided into separate trusts for each child. The trustee will use only that child’s trust for their benefit during their life and will distribute the property remaining in their own trust at the age (or event) you indicate. The separate trust option emphasizes the equality of inheritances.

If you put the property into a joint trust, the trustee will have the discretion to use all of the combined property for the child that needs it the most. There is no requirement of equality during the term of the trust. When the trust eventually terminates, the proceeds are then divided equally.

This joint trust allows the trustee to act much more like a parent in that the funds are used where they are needed the most rather than a requirement for equal distribution. Only after all the children have reached the designated age will there be an equal distribution.

If you want the minor child's share distributed under UTMA, please complete:

Primary Custodian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you: _____

Successor Custodian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you: _____

Account Details

At what age do you want the monies to be distributed to your children/beneficiaries?

_____ 18 _____ 21 _____ 25

Do you wish to disinherit any child, grandchild, or other person? If yes, you must list their names here.

_____.

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:**

_____ **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): _____

_____ **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.)

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.

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:

-
-
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.

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: _____

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? _____