

126 NW 76th Drive, Suite B - Gainesville, FL 32607 www.hometownlawfirm.com

Sabina Tomshinsky, Esq. sabina@hometownlawfirm.com Phone: (352) 505-5878 Fax: (352) 505-5713

Confidential Estate Planning Questionnaire for Wills

The information which you supply on this form will be retained in our files and no information will be released to any person without your express prior written permission.

Client Information

Legal name:			
first	middle	last	
List all prior legal names			
List all other names used			
Date of birth:/	/		
Place of birth:			
city	state	country	
Social Security number:/	/ Driver's I	_icense #:	
		(we need	a copy)
U.S. citizen : Yes No			
Florida resident: Yes N	No If Yes, for how	v long?	
Permanent address:			
	ss city	state zip code Cor	unty
Do you claim Florida hom	estead exemption?	Yes No	_
Telephone numbers: Home	Work	Cell pho	ne
Email:			
Marital status single / married	/ divorced / separated /	widowed	
Marital history: Have you ever b If divorced, former spouse's name			

Family Information

Spouse

If you are currently married, please state the date and place of your marriage, and the legal name and birth date of your spouse:

Date of marriage:	/ /					
	Date	city	state		country	
Legal name of spous	se: first n	aiddla	last	Maiden Nam	ne	
Date of birth of spo				-		
Place of birth of spo	ouse:		state		country	
Social Security num	5	/ /		's License #:		
					(we need a c	opy)
U.S. citizen: Yes _	No					
Florida resident:	Yes No	If `	Yes, for how	long?		
Permanent address:						
	street address	city	ý	state	zip code	County
Do you claim Florida	homestead exer	mption? Y	es N	lo		
Telephone numbers	: Home	W	ork		_ Cell phone	
Email:						
Did you enter into a ' If yes, please	' <u>pre</u> -nuptial" or attach a signed o					
Have you ever lived Washington or Wisco If yes, which		were marrie	d? Yes			co, Texas,

If yes, did you purchase a home or other real property in that state(s)? Yes _____ No _____

Children

If you have any children, please state the legal name, birth date and current address of each of your children and indicate if you wish to name any of your step children as beneficiaries of your estate. Do not include a foster child who lives with you. Use additional sheets if necessary.

	Legal name:				
	<u> </u>	first	middle	last	
	Current address	s.			
		street address	city	state	zip
	Date of birth:	/ / T	elephone #:	Email:	
	()child-current	marriage ()child	l-former marriage ()ado	pted ()step child ()deceased
	Estate Beneficia	ry : () Yes () I	No		
2.	Legal name:		middle		
		first	middle	last	
	Current address	s:			
		street address	city	state	zip
	Date of birth:	<u>/ / T</u>	elephone #:	Email:	
	()child-current	marriage ()child	l-former marriage ()ado	pted ()step child ()deceased
	Estate Beneficia		No		
		$\mathbf{ry}: () \mathbf{res} () \mathbf{r}$			
3.	Legal name:				
3.				last	
3.	Legal name:	first	middle	last	
3.		first	middle	last state	zip
3.	Legal name: Current address	first s: street address	middle	state	•
3.	Legal name: Current address Date of birth:	first s: street address _/ / T	city	state Email:	
3.	Legal name: Current address Date of birth:	first s:street address / / / T marriage ()child	middle city elephone #: l-former marriage ()ado	state Email:	
3.	Legal name: Current address Date of birth: ()child-current r	first s:street address //T marriage ()child ury: () Yes () I	middle city elephone #: l-former marriage ()ado	state Email:	
	Legal name: Current address Date of birth: ()child-current of Estate Beneficia	first s:street address //T marriage ()child ury: () Yes () I	middle city elephone #: l-former marriage ()ado	state Email:	
	Legal name: Current address Date of birth: ()child-current of Estate Beneficia	first s: T street address / / / T marriage ()child ury: () Yes () I first s:	middle city elephone #: l-former marriage ()ado No middle	state Email: pted ()step child (last)deceased
	Legal name: Current address Date of birth: ()child-current of Estate Beneficia Legal name:	first s: T street address / / / T marriage ()child ary: () Yes () I first	middle city elephone #: l-former marriage ()ado No middle	state Email : pted ()step child (

 Date of birth:
 /
 Telephone #:_____Email:

()child-current marriage ()child-former marriage ()adopted ()step child ()deceased

Estate Beneficiary: () Yes () No

Other Estate Beneficiaries

If there are other persons besides your children listed above (e.g., grandchildren, siblings, parents, etc.) whom you wish to designate as beneficiaries of your estate, list them below.

1.	Legal name:							
	C	first		middle initial		last		
	Current add	ress:						
			street address	city	state		zip	county
	Relationship	to you	& phone:					
	Email Addre	ss:						
2.	Legal name:							
2.	Logui numo.	first		middle initial		last		
	Current add	ress:						
			street address	city	state		zip	county
	Relationship	to you	& phone:					
	Email Addre	ss:						
3.	Legal name:							
		first		middle initial		last		
	Current add	ress:						
			street address	city	state		zip	county
	Relationship	to you	& phone:					
	Email Addre	ss:						
4.	Legal name:							
		first		middle initial		last		

Current address:				
_	street address	city	state	zip county
Relationship to yo	u & phone:			
Email Address:				

Page 5 of 16

Information for your will or trust / Fiduciaries / Personal Representative

Who do you want to nominate as the "personal representative" or the executor of your estate? Married people often select their spouse. Please note that under Florida law, if the personal representative is <u>not</u> 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).

Personal Representative

Legal name:								
first	n	niddle initial	last					
Current address:	street address	city	state	zip	county			
Relationship to you	& phone:							
Email Address:								
Legal name:	Alternate Personal Representative							
first	n	niddle initial	last					
Current address:								
	street address	city	state	zip	county			
Relationship to you & phone:								
Email Address:								

Trustee

If you are considering establishing a trust to take effect 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).

Legal name:				
first		middle initial	last	
Current address:				
	street address	city	state	zip county
Relationship to you	& phone:			
Email Address:				
		Alternate Trustee		
Legal name:				
first		middle initial	last	
Current address:				
	street address	city	state	zip county
Relationship to you	& phone:			
Email Address:				

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 <u>not</u> 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	1 & phone:			
Email Address:				
		Alternate Guardian	l	
Legal name:				
first		middle initial	last	
Current address: _	street address	city	state	zip county
Relationship to you	1 & phone:	-		
Email Address:				
		<u>Specific bequests</u>		
money that you wis	h to leave to one al property" that	bbiles, jewelry, person e or more beneficiaries at you want to give t repared.	s. If you have a lar	rge number of items
Item or Amount	Name of Beneficiary	Address of Be	neficiary	<u>Relationship</u>
		does not survive you,		eive his or her share
(e.g., the children of	that beneficiary	or one or more other p	bersons).	

Residue

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent. You may choose an individual or an entity or you may leave the residue pursuant to the Florida Probate Code in effect at the time.

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

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). You may leave the residue pursuant to the Florida Probate Code in effect at the time.

Additional information

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

Summary of Assets and Liabilities

<u>Note:</u> 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. Feel free to prepare supplementary schedules to provide further details with respect to any of the following categories. In lieu of completing this summary, you may substitute a current financial statement.

<u>Assets</u>

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is "payable on death" to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property (both second homes and investment real estate)				
Cash, bank accounts, certificates				
of deposit and money market funds				

Stocks, bonds and mutual funds			
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)			
Closely held investments (in which you are not active)			
Receivables <u>paid to you</u> (e.g., mortgage note, promissory note)			
Life Insurance (include cash value and death benefit of the life insurance you own)			
Household furniture, furnishings and appliances			
	1	1	

Motor vehicles (include other recreational vehicles, vessels, ATV, PWC)		
Jewelry, art objects, antiques, collections and other valuable personal property		
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)		
Annuities		
Miscellaneous other property not included above		

Trusts in which you are a beneficiary		
Interests in estates		
Total assets:		

Supplemental Information Regarding Retirement Plans:

	Participant	Beneficiary	Present Value
IRA			
KEOGH			
PENSION			
PROFIT-SHARING			
OTHER			

<u>Liabilities</u>

Creditor* (*include amount of debt, assets	Client (only)	Jointly with Spouse	Jointly with Others	Total
encumbered, if any, personal liability, if any; if there is personal liability, indicate if it is client's only, spouse's only, joint with spouse or joint with other(s))	(only)	with Spouse	with Others	Total

Total liabilities:		

Net Worth

Your total Assets less your total Liabilities: \$_____

Lifetime Gifts

Have you ever made	one or	more gi	fts the	total	value	of	which	were	over	\$14,000	to	any	one
person in any year?	Yes	No											

Have you ever filed a federal Gift Tax Return (i.e., IRS Form 709)? Yes_____ No_____ If yes, please attach a copy.

Important Contact Information

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

	<u>Name</u>	Address	Telephone number
Accountant:			
Investment adv			
Insurance agen	t:		
Financial plan			
-			
Trust Officer:			
Banker:			
May we speak	with to your a	advisors directly?	

ADDITIONAL INFORMATION:

1. If you or your spouse were married previously, indicate whether there are any continuing rights or obligations arising pursuant to any property settlement agreement or divorce decree:

2. To what degree is each spouse capable of managing financial affairs?

3. Do you wish to make any charitable gifts in your Wills? If so, list charities:

4. Do you want assets passing to your children or grandchildren to be held in trust until a specific age?

5. If so, what ages should the trust require distributions of income or principal to your children or grandchildren? (The Trustee can be given discretion to make such distributions prior to such ages and all beneficiaries need not be treated the same.)

6. Should any special provisions be considered or special allowances be made as to any person, for example, for physical or mental disabilities?

7. Do you wish to place any conditions for receiving any gifts under your will or trust? If so, list the conditions. In the event the conditions are not met, state what you want to happen to that gift.

8. If a child dies while assets are in trust for him or her, do you want such child to be able to leave any of such assets to his or her spouse?

9. Do you or your spouse have a safe deposit box? If so, where is each located, and in what name or names is each maintained?

Whom may I thank for the referral?

PRIVACY RULE

Any information given to us by any one spouse or relating to planning is accessible to the other spouse. Each spouse has the right to independent legal counsel with respect to planning. The transfer of assets with respect to estate planning could affect marital rights.

We will do your planning based upon the information described in this form. If you wish for us to verify any of this information, please let us know. We will be pleased to review any deeds, mortgages, account statements, or other confirmatory documentation, if requested. The specific ownership and designation of assets, liabilities and beneficiary designations must be coordinated properly for estate planning documents to function as intended.

The undersigned has reviewed this form and believe(s) it to be accurate and true.

Signed: ______ Client

Date: _____

Signed: ______ Spouse (if applicable)



126 NW 76th Drive, Suite B - Gainesville, FL 32607 www.hometownlawfirm.com

Sabina Tomshinsky, Esq. sabina@hometownlawfirm.com Phone: (352) 505-5878 Fax: (352) 505-5713

Addendum to Estate Planning Questionnaire

The information which you supply on this form will be retained in our files and no information will be released to any person without your express prior written permission.

If both you and your spouse are having estate planning documents prepared, each of you must complete this form.

Miscellaneous

Do you currently have: (If yes to any please attach signed copies with any codicils or amendments)

A "will" or "revocable living trust"?	Yes No
A "durable power of attorney"?	Yes No
Any "living will documents"?	Yes No
A "preneed guardian"?	Yes No

If you want:

1. Any specific *funeral instructions* (e.g., denomination of service, readings, music, etc.),

please provide your instructions below:

2. A specific <u>disposition of your remains</u> (e.g., cremation, burial at specific cemetery, etc.), specify the disposition:

3. A Do Not Kesuscitate Order ? [] Yes [] No	3.	A Do Not Resuscitate Order ? [] Yes	[] No
---	----	---	--------

4. An <u>Anatomical Gift Declaration</u> (i.e., a document designating the entire body or certain organs for transplantation, therapy, medical research or education).

5. A **<u>Durable power of attorney</u>** (i.e., a document authorizing another person to control/manage your assets on your behalf and for your benefit):

Attorney in Fact Designation

Legal name:				
first	m	iddle initial	last	
Current address:				
	street address	city	state	zip county
Relationship to you	& phone:			
Email Address:				
	Alter	rnate Attorney in]	Fact	
Legal name:				
first	m	iddle initial	last	
Current address:				
	street address	city	state	zip county
Relationship to you	& phone:			
Email Address:				
6. A <u>living will do</u>	ocument? [] Yes	[] No (i.e., a	document where yo	ou state your wishes
about medical care	in the event that	you have an end	-stage condition, b	become persistently

vegetative, or develop a terminal condition and can no longer make your own medical decisions. A second doctor must agree with your attending physician's opinion of your medical condition.)

7. **Designation of Health Care Surrogate** (a document where you designate another person to make health care decisions for you and to provide, withhold, or withdraw consent on your behalf; or apply for public benefits to defray the cost of health care; and to authorize your admission to or transfer from a health care facility but only in the event you have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures).

Health care surrogate

Legal name:				
first	mi	ddle initial	last	:
Current address:				
	street address	city	state	zip code
Relationship to you	& phone:			
Email Address:				
	Alterna	te health care sur	rogate	
Legal name:				
first	mi	ddle initial	last	
Current address:				
	street address	city	state	zip code
Relationship to you	& phone:			
Email Address:				

8. Any **Designation of Pre-Need Guardian** (list an individual(s) who you wish to be your

plenary guardian if a court determines that you are incompetent):

Legal name:							
-	first	m	iddle initial	last			
Current addr	ess:						
		street address	city	state	zip code		
Relationship	to you	& phone:					
Email Addres	s:						
		Succes	ssor Pre-Need Gu	ıardian			
Legal name:							
-	first	m	iddle initial	last			
Current addr	ess:						
		street address	city	state	zip code		
Relationship to you & phone:							

Email Address:_____

PRIVACY RULE

Any information given to us by any one spouse or relating to planning is accessible to the other spouse. Each spouse has the right to independent legal counsel with respect to planning. The transfer of assets with respect to estate planning could affect marital rights.

We will do your planning based upon the information described in this form. If you wish for us to verify any of this information, please let us know. We will be pleased to review any deeds, mortgages, account statements, or other confirmatory documentation, if requested. The specific ownership and designation of assets, liabilities and beneficiary designations must be coordinated properly for estate planning documents to function as intended.

The undersigned has reviewed this form and believe(s) it to be accurate and true.

Date:	Signed:	
	Client	
Date:	Signed:	
	Spouse (if applica	ble)
	PHONE: (352) 505-5878 • FAX: (352) 505-5713 E-MAIL SABINA@HOMETOWNLAWFIRM.COM	