

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 spouse: _____ Maiden Name _____
first middle last

Date of birth of spouse: ____/____/____

Place of birth of spouse: _____
city state country

Social Security number of spouse: ____/____/____ **Driver's License #:** _____
(we need a copy)

U.S. citizen: Yes _____ No _____

Florida resident: Yes ____ No _____ If Yes, for how long? _____

Permanent address: _____
street address city state zip code County

Do you claim Florida homestead exemption? Yes _____ No _____

Telephone numbers: Home _____ Work _____ Cell phone _____

Email: _____

Did you enter into a "pre-nuptial" or "post-nuptial agreement"? Yes _____ No _____
If yes, please attach a signed copy with all subsequent modifications.

Have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin while you were married? Yes _____ No _____

If yes, which state(s)? _____

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

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:** _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

2. **Legal name:** _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

3. **Legal name:** _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

4. **Legal name:** _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

Alternate Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

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>

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

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.

<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). 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

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. 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.**

Assets

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				

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			

Liabilities

Creditor* <i>(*include amount of debt, assets 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))</i>	Client (only)	Jointly with Spouse	Jointly with Others	Total

Total liabilities:				

Net Worth

Your total Assets less your total Liabilities: \$_____

Lifetime Gifts

Have you ever made one or more gifts 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:

Name

Address

Telephone number

Accountant: _____

Investment advisor/broker: _____

Insurance agent: _____

Financial planner: _____

Trust Officer: _____

Banker: _____

May we speak with to your 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.

Date: _____

Signed: _____
Client

Date: _____

Signed: _____
Spouse (if applicable)

Client: _____



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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 **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.), specify the disposition: _____

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3. A **Do Not Resuscitate Order**? [] Yes [] No
4. An **Anatomical Gift Declaration** (i.e., a document designating the entire body or certain organs for transplantation, therapy, medical research or education).
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-
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5. A **Durable power of attorney** (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 middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

Alternate Attorney in Fact

Legal name: _____
first middle initial last

Current address: _____
street address city state zip county

Relationship to you & phone: _____

Email Address: _____

6. A **living will document**? [] Yes [] No (i.e., a document where you state your wishes about medical care in the event that you have an end-stage condition, 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 middle initial last

Current address: _____
street address city state zip code

Relationship to you & phone: _____

Email Address: _____

Alternate health care surrogate

Legal name: _____
first middle 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 middle initial last

Current address: _____
street address city state zip code

Relationship to you & phone: _____

Email Address: _____

Successor Pre-Need Guardian

Legal name: _____
first middle initial last

Current address: _____
street address city state zip code

Relationship to you & phone: _____

Email Address: _____

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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 applicable)