



Business | Estate Planning | Real Estate | Family | Personal Injury

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## ESTATE PLANNING QUESTIONNAIRE

Directions: This questionnaire may seem intimidating and time consuming but not all of the questions will apply to you. This questionnaire is very thorough to cover as much information as possible up front. This information may be helpful to gather for your personal use. All information you provide is confidential and is protected from forced disclosure by the attorney-client privilege. If you have any questions regarding this questionnaire, please feel free to contact me at (305) 484-3611 or angelo@counselawflorida.com.

### **PART I: PERSONAL DATA**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work #: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Did you use any other names?: \_\_\_\_\_  
Annual household Income: \_\_\_\_\_

### **PART 2: YOUR CHILDREN'S INFORMATION**

Name	Age	Date of Birth	Circle One	City/State of Residence
_____	_____	_____	Biological / Adopted	_____
_____	_____	_____	Biological / Adopted	_____
_____	_____	_____	Biological / Adopted	_____
_____	_____	_____	Biological / Adopted	_____

For each child, state the name of the child's other parent if not your present Spouse

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

### **PART 3: YOUR GRANDCHILDREN'S INFORMATION**

**If does not apply, please continue to next page**

Name	Age	Date of Birth	Names of Parents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PART 4: PREVIOUS PLANS**

**Please provide the following information regarding any former marriages**

Name of Former Spouse	Are they Living?	Date of Death or Divorce
_____	_____ Yes/No	_____
_____	_____ Yes/No	_____

Do you presently have a Will? \_\_\_\_\_ Yes/No

If so, what is the date on the Will? \_\_\_\_\_

What state was it signed in? \_\_\_\_\_

Amended Will or Codicil? \_\_\_\_\_ Yes/No

If so, what is the date on the Amendment or Codicil? \_\_\_\_\_

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? \_\_\_\_\_ Yes/No

If so, what is the name and date of the trust? \_\_\_\_\_

**PART 5: YOUR DISPOSITIVE PLAN**

Please describe in general terms how you wish to distribute your property under your will

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**Please attach additional pages if need to continue and note the answer as Part 5**

If your children are beneficiaries, do you want the property to be distributed to your children outright or in trust until a certain date?

\_\_\_\_\_ Outright

\_\_\_\_\_ In Trust until reach age \_\_\_\_\_, then Outright

\_\_\_\_\_ In Trust with distributions at various ages and amounts

\_\_\_\_\_ Percent at age \_\_\_\_\_

\_\_\_\_\_ Percent at age \_\_\_\_\_

\_\_\_\_\_ Remaining share at age \_\_\_\_\_

If your grandchildren are beneficiaries, do you want the property to be distributed to your grandchildren outright or in trust until a certain date?

\_\_\_\_\_ Outright

\_\_\_\_\_ In Trust until reach age \_\_\_\_\_, then Outright

\_\_\_\_\_ In Trust with distributions at various ages and amounts

\_\_\_\_\_ Percent at age \_\_\_\_\_

\_\_\_\_\_ Percent at age \_\_\_\_\_

\_\_\_\_\_ Remaining share at age \_\_\_\_\_

**PART 6: YOUR DESIGNEES**

**EXECUTOR**

Name of Executor: \_\_\_\_\_  
1st Alternate Executor: \_\_\_\_\_  
2nd Alternate Executor: \_\_\_\_\_  
3rd Alternate Executor: \_\_\_\_\_

**TRUSTEE**

Name of Trustee: \_\_\_\_\_  
1st Alternate Trustee: \_\_\_\_\_  
2nd Alternate Trustee: \_\_\_\_\_  
3rd Alternate Trustee: \_\_\_\_\_

**GUARDIAN**

Name of Guardian: \_\_\_\_\_  
1st Alternate Guardian: \_\_\_\_\_  
2nd Alternate Guardian: \_\_\_\_\_  
3rd Alternate Guardian: \_\_\_\_\_

**POWER OF ATTORNEY**

Name of Power of Attorney: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

1st Alternate Power of Attorney: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**HEALTH CARE AGENT**

Name of Health Care Surrogate: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

1st Alternate Health Care Surrogate: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**PART 7: YOUR ASSETS**

**Please check all that apply**

- \_\_\_ Cash
- \_\_\_ Real Estate  
Including any real property on which you or your Spouse are an owner, joint owner or have an interest in any manner, including property purchased in recreational developments and time-shares
- \_\_\_ Brokerage or Mutual Fund Accounts
- \_\_\_ Stocks, Bonds, or Other Securities  
Including securities not in a brokerage account, mutual fund, or retirement fund
- \_\_\_ Closely Held Business Interests

Including sole proprietorships, professional practices, corporations, spouseships, limited liability companies and spouseships, joint ventures, and other non-publicly traded business entities

\_\_\_\_\_ **Business Property**

Including patents, copyrights, trademarks, and royalties, etc

\_\_\_\_\_ **Retirement Benefits**

\_\_\_\_\_ **Life Insurance**

\_\_\_\_\_ **Annuities**

\_\_\_\_\_ **Motor Vehicles**

\_\_\_\_\_ **Boats**

\_\_\_\_\_ **Airplanes**

\_\_\_\_\_ **Cycles**

\_\_\_\_\_ **Safe Deposit Boxes**

\_\_\_\_\_ **Miscellaneous**

**Please circle/describe all that apply**

Household furniture, furnishings and fixtures, electronics and computers, antiques, artwork, collections, sporting goods, firearms, jewelry and other personal items, livestock

Other \_\_\_\_\_ Other \_\_\_\_\_

Other \_\_\_\_\_ Other \_\_\_\_\_