

Law Firm of Michael W. Porter

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ESTATE PLANNING QUESTIONNAIRE

Thank you for contacting our firm to assist you with the preparation of your estate plan. Please complete this confidential questionnaire to furnish information which will be used at your initial conference and in the preparation of your estate planning documents. Thorough answers will result in more accurate estate planning documents.

Personal Information

Your full name: _____ SS#: _____

Your date of birth: _____ Your place of birth: _____

US citizen? Yes No

Florida resident? Yes No

Marital status: Single? Divorced? Married? Widowed?

Place of marriage: _____ Date of marriage: _____

Spouse's full name: _____ SS#: _____

Spouse's date of birth: _____ Spouse's place of birth: _____

US citizen? Yes No

Florida resident? Yes No

Have either of you been married previously? Yes No

Home address: _____

City, state & zip: _____

Home telephone #: (____) _____

Your work phone #: (____) _____ Your cell phone: (____) _____

Your email address: _____

Spouse's work phone: (____) _____ Spouse's cell phone: (____) _____

Spouse's email address: _____

Children or Next of Kin

Please list information for all of your children, and if NONE, list information for each of the persons whom you wish to name as beneficiaries of your estate.

Do either of you have any children from a previous relationship? Yes No

Are any of your children adopted? Yes No

(If so, please check the appropriate boxes below.)

1. Name: _____ Relationship: _____

Date of birth: _____ Email address: _____

Address: _____

From a prior relationship? Adopted? Date and place? _____



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Children or Next of Kin continued

2. Name: _____ Relationship: _____
Date of birth: _____ Email address: _____
Address: _____
 From a prior relationship? Adopted? Date and place? _____
3. Name: _____ Relationship: _____
Date of birth: _____ Email address: _____
Address: _____
 From a prior relationship? Adopted? Date and place? _____
4. Name: _____ Relationship: _____
Date of birth: _____ Email address: _____
Address: _____
 From a prior relationship? Adopted? Date and place? _____
5. Name: _____ Relationship: _____
Date of birth: _____ Email address: _____
Address: _____
 From a prior relationship? Adopted? Date and place? _____

(Continue on a separate page if necessary)

Financial Considerations

- 1. Do you own any real estate in another state or country?** Yes No

If so, where? _____

Please bring copies of deeds to all real estate in which you own an interest to your appointment.

- 2. Have you established any trusts?** Yes No

Name of trust: _____
Date of trust: _____ Trust value: \$ _____

Name of trust: _____
Date of trust: _____ Trust value: \$ _____

- 3. Do you have any powers of appointment?** Yes No

Details: _____

- 4. Do you or your spouse have any legal obligations to be paid from your estate after your death, such as child support or alimony?** Yes No
(If so, please bring copies of papers detailing said obligation).

- 5. Do you have a pre-nuptial agreement with your spouse, or ex-spouse?** Yes No
(If so, please bring a copy to your appointment)

- 6. Have you, or your spouse, ever owned property in a community property state?**
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Alaska or Wisconsin)

Yes No If so, which state(s)? _____

Describe community property: _____



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Financial Considerations continued

7. Do you wish to include any funeral or cremation instructions in your will? If so, please describe.

You: Cremation? [] Burial? [] Your spouse: Cremation? [] Burial? []

Details (include any prearrangements): _____

Persons/Organizations to be named in your Will or Trust Agreement

BENEFICIARIES: You may direct that your entire estate will go to one or more persons or organizations. Additionally, you may make specific gifts of specific assets or of a percentage of your estate. If you make specific gifts, you also must designate who will receive all the remainder of your assets.

Do you wish to make a specific to a specific person? [] Yes [] No

If so, please describe the person or persons and specific assets: _____

Designate the recipients to receive all of your assets (or estate) and the shares to each, if more than one or all of the remainder of your estate after making specific devises: [] All to spouse.

ALTERNATE BENEFICIARIES: Designate the beneficiaries of your assets in the event that any of those designated above not survive you. If any recipient who dies before you do is a blood relative, his or her gift shall go to his or her children in equal shares, unless you specify otherwise: [] All to our children equally.

PERSONAL REPRESENTATIVE (PR): (or Executor): The person who will be responsible for carrying out the terms of your will. To be qualified to serve as personal representative under Florida law, this person must be: 1) over the age of 18; 2) have no felony convictions; and 3) be either a Florida resident; or your spouse; or a person related to you by blood, or their spouse; or your legally adopted child or parent.

Your PR's name: _____ Relationship: _____

Your PR's Address: _____

Your Alternate PR's name: _____ Relationship: _____

Your Alternate PR's Address: _____

Spouse's PR's name: _____ Relationship: _____

Spouse's PR's Address: _____

Spouse's Alternate PR's name: _____ Relationship: _____

Spouse's Alternate PR's Address: _____

GUARDIAN: The person to be appointed by the Court to be guardian of your minor children should it be necessary (i.e. both natural parents deceased): (same qualifications as personal representative)

Name: _____ Relationship: _____

Address: _____

ALTERNATE GUARDIAN In the event the guardian cannot serve, or declines to serve:

Name: _____ Relationship: _____

Address: _____



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Persons/Organizations to be named in your Will or Trust Agreement continued

TRUST: In the event that you desire to leave assets to someone "in trust", please complete the following. A trust may also be created by your will for the management of your estate on behalf of a person or persons who may not be capable of managing property (i.e.: due to age {minors under 18} or incapacity).

TRUSTEE: The person who will manage and invest trust assets as well as exercising discretion as to disbursements from the trust.

Name: _____ Relationship: _____

Address: _____

Successor trustee name: _____ Relationship: _____

Address: _____

At what age (or at what event) do you want the trustee to distribute the assets to the beneficiary or beneficiaries free of trust? Age: _____ or Event: _____

Alternate trust beneficiary or beneficiaries: (in the event that your beneficiary or beneficiaries pass away before reaching said age or event) _____

Planning for Incapacity

A) **Durable power of attorney (DPOA):** A document by which you may give authority to another person (an "Agent") to act on your behalf, and sign documents concerning financial and/or medical matters. List names as they appear on their drivers license or other government ID for each of your agents below.

Do **you** want a DPOA? Yes No

Agent's name: _____ Relationship: _____

Address: _____

Alternate agent's name: _____ Relationship: _____

Address: _____

Does **your spouse** want a DPOA? Yes No

Agent's name: _____ Relationship: _____

Address: _____

Alternate agent's name: _____ Relationship: _____

Address: _____

B) **Living Will:** A declaration of your intention to have life prolonging procedures withheld or withdrawn should you be diagnosed by two physicians with a "terminal condition", an "end stage condition" or a "persistent vegetative state", with no reasonable medical probability of recovery.

Do **you** want a Living Will? Yes No

Does **your spouse** want a Living Will? Yes No



Planning for Incapacity continued

C) **Health Care Surrogate Designation:** A declaration naming someone to act on your behalf concerning medical decisions only in the event that your attending physician determines that you lack the capacity to make such decisions.

Do **you** want a **Health Care Surrogate Designation**? Yes No

Surrogate's name: _____ Telephone number: _____
Address: _____
Alternate surrogate's name: _____ Telephone number: _____
Address: _____

Does **your spouse** want a **Health Care Surrogate Designation**? Yes No

Surrogate's name: _____ Telephone number: _____
Address: _____
Alternate surrogate's name: _____ Telephone number: _____
Address: _____

This confidential questionnaire will be used to assist us during your appointment and in the preparation of your estate planning documents. It has **no legal effect** as to the disposition of your assets after your death or incapacity.

If you have any questions in completing this form, please do not hesitate to contact us.

Date: _____

Your signature: _____

Your spouse's signature: _____

