

BOYER JACKSON, P.A.
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ESTATE PLANNING
QUESTIONNAIRE

The information contained in the following questionnaire is essential to aid us in devising an estate plan for you. Please complete the form to the best of your ability. All of the information which you provide will remain a part of your confidential client file.

Today's Date: _____

Name of Individual completing this form: _____

Relationship to Client (if not completed by Client): _____

Names of other persons attending this meeting: _____

Who referred you to our firm? _____

To which attorney were you referred? Edwin Boyer__ Mary Alice Jackson__ Teresa Bowman__

Andrew Boyer__ Boyer & Jackson, P.A. __

Have you or anyone in your family been to our firm before? If so, when? _____

Have you spoken to another attorney about this same matter? If so, who? _____

Name of person to be billed? _____

Preferred Method of Written Communication Mail () E-mail () Fax ()

A. PERSONAL DATA:

Client's Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Telephone: (H) _____ (C) _____ (O) _____

Secondary Address: _____

Date of Birth: _____ Social Security No.: _____ Veteran () Yes () No

U.S. citizen: () Yes () No If no, Country of Citizenship: _____

Phone : _____ Cell: _____ Email address: _____

Name of Partner/ Significant Other: _____

Address if different from above: _____

Telephone: (H) _____ (C) _____ (O) _____

B. GENERAL INFORMATION ABOUT THE CLIENT

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Are you currently married widowed divorced single

Do you own your home? If yes, is there a mortgage?

Whose names are listed on the deed to the homestead property? _____

Do you have investment/rental property or a vacation home? _____

How many children do you have? _____ (list names and contact info on last page)

Is anyone in the client's family disabled? If so, whom: _____

Current/Previous Occupation? _____

C. CURRENT DOCUMENTS

Do you have a Will? yes no If yes, what is the date of the Will? _____

Where is the will kept? _____

Who is the Personal Representative? _____

Did you create a Revocable Living Trust? yes no If yes, date of the Trust? _____

Where is the Trust kept? _____

Who is/are the Trustee(s)? _____

Are you the beneficiary of trust agreement(s) created by another? yes no

If yes, who established the trust? _____ On what date? _____

Please attach a copy of the trust agreement.

Do you have a Health Care Directive/Living Will? Yes No If yes, what is the date? _____

Who have you named as your health care decision maker(s)? _____

Do you have a Durable Power of Attorney? Yes No If yes, what is the date _____

Who is your designated as your Agent(s)? _____

Do you have Long Term Health Care Insurance

Carrier _____

Monthly Premium \$ _____

Benefit amount per day: _____ Elimination period: _____ Coverage period in years: _____

D. DISPOSITIVE INTENTIONS:

1. Partner/Significant other and Children:

- (a) Who do you wish to provide for primarily? Children _____ Partner _____
(b) Do you wish to treat all your children equally? () Yes () No

2. Grandchildren:

- (a) Do you wish to leave a specific amount of money or a percentage of your estate to your grandchildren? () Yes () No
(b) Do you wish to treat all your grandchildren equally? () Yes () No
(c) If you do not wish to treat all your grandchildren equally, why not?

(d) At what age do you want distributions to your grandchildren? (ie. a plan might provide "immediate" or "1/3 at age 25, 1/3 at age 30, 1/3 at age 35")

3. Charities: Do you want to leave a specific amount of money or other assets to any charity? () Yes () No

- (a) Name of charity: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Amount: _____
(b) Name of charity: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Amount: _____

4. Other Beneficiaries: Do you want your Will to benefit anyone other than significant other/partner, children, grandchildren, or a charity? () Yes () No If so, please list the name of beneficiary and relationship:

- (a) Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Amount: _____

(b) Name: _____ Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Amount: _____

D. EXECUTOR: Whom do you wish to serve as your Personal Representative (Executor)? This is the person who pays the creditors, goes to the probate court, and makes sure distributions to beneficiaries are made.

Client: First Choice: _____
Second Choice: _____

E. TRUSTEE: Whom do you wish to serve as your Trustee? This person would manage funds and make distributions to a beneficiary over a period of time.

Client: First Choice: _____
Second Choice: _____

F. GUARDIAN: If you have a minor or disabled child or children, whom do you wish to act as Guardian?

Client: First Choice: _____
Second Choice: _____

G. DURABLE POWER OF ATTORNEY

Please use full legal names including middle initials

Attorney-in-Fact Name: _____ Relationship : _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____ E-mail address: _____

Alternate's Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____ E-mail address: _____

H. ADVANCED HEALTH CARE DIRECTIVE

Please use full legal names including middle initials

Health Care Surrogate Name: _____ **Relationship :** _____

Address: _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Phone: _____ **Work:** _____ **Cell:** _____ **E-mail address:** _____

Alternate's Name: _____ **Relationship:** _____

Address: _____

City: _____ **State:** _____ **County:** _____ **Zip:** _____

Phone: _____ **Work:** _____ **Cell:** _____ **E-mail address:** _____

I. INCOME INFORMATION

INCOME: Please list **ALL** amounts of **gross** monthly income which apply:

CLIENT

Work Earnings _____

SS Retirement _____

SS Disability _____

Veterans benefit _____

Private Pension _____

Annuity _____

Public Employ. Pension _____

RR Retirement _____

Rental Income _____

Interest & Dividends _____

Partner/ Significant Other

Work Earnings _____

SS Retirement _____

SS Disability _____

Veterans benefit _____

Private Pension _____

Annuity _____

Public Employ. Pension _____

RR Retirement _____

Rental Income _____

Interest & Dividends _____

J. ASSET INFORMATION

Do you own your own home? If so, what is the fair market value? _____

Is there any life insurance on the client or the partner? If so, what is the total due upon death and to whom is it payable? _____

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Estimated Value of all other assets (stocks, bonds, IRA's, mutual funds)

Total Value _____

Please list additional pertinent information, if any, you feel may aid the attorney in devising your estate plan.

Child's Name #1: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____

Date of Birth: _____ Email address: _____

Child's Name #2: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____

Date of Birth: _____ Email address: _____

Child's Name #3: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: _____ Cell: _____ Work: _____

Date of Birth: _____ Email address: _____

TO HELP YOU PLAN:

IMPORTANT ISSUES TO DISCUSS WITH YOUR FAMILY AND /OR YOUR ATTORNEY

1. Do you want to leave property (other than personal items) to specific people?

2. Are there any reasons why you might not want the disposition of your property to pass through the Probate Court, where it is a public record? For example: if you are "cutting out" some of your heirs or making an unequal distribution that they might not approve or would challenge.

3. Are there any reasons you might want your money held in a trust NOW, for example, to avoid demands on you; to discourage certain creditors; to avoid the need for a conservator of your estate or a power of attorney.

4. How important to you is it that your money (or money you leave behind) NOT be used for expenses such as long-term care, for which benefits are available when a person does not have funds to pay for care?

5. Have you thought about, and discussed with your partner/ family, what you feel about care such as life support systems (feeding tubes, respirators, etc.) if you are in a persistent coma or terminal and unconscious or unable to communicate? What about whether you would want other normal procedures in that situation, such as antibiotics or other treatments for illness, surgery, etc.? Who should make those decisions if you cannot? Should the same person be responsible for day-to-day care decisions if you are not terminal?

6. Have you thought about how your affairs would be handled if you were incapacitated during your lifetime? Who can you trust to handle financial matters?

7. Is there anyone who depends on you who would need help if you were disabled?

8. Do you have pets, and if so, who would care for them if you were disabled, or after your death? Would someone know to check on them if you were in a hospital?

9. Are there people you care about and want to remember you, but to whom you do not intend to leave any of your property?

10. With respect to your personal effects, furniture, etc. do you have strong feelings about who should get what after your death, or are you content to let those you leave behind solve things among themselves? Are they likely to argue, and have you discussed this with them?

11. Have you made arrangements or discussed your funeral, cremation, or memorial service? Do you have a funeral contract? A burial plot? Are you concerned that family or friends might not agree about this, and that you should choose which person will decide? Should a religious leader or other person be consulted?

12. Are there important memories, information, ideas or beliefs you want to pass on to your children, family or others?

USE THIS SPACE TO LIST ANY SPECIFIC ITEMS YOU WISH TO LEAVE TO SPECIFIC BENEFICIARIES IF YOU WISH IT TO BE INCLUDED IN YOUR ESTATE PLANNING DOCUMENTS:

NAME:

ITEM:
