



DAILY
MONFORT
& TOUPS

ESTATE PLANNING - ELDER LAW - TAX LAW

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ESTATE PLANNING QUESTIONNAIRE

Client Name(s)

Date

This questionnaire was developed for use by our firm in designing comprehensive estate plans for clients. 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 prior permission.

FAMILY INFORMATION

Personal (If answers are not applicable or the same, please write “N/A” or “same”):

	Client #1	Client #2 (Spouse)
Full Name		
Maiden or Previous Name		
Residence Address		
County of Residence		
Phone Number		
Email Address		
Date of Birth		
Social Security Number (Last 4)		

Children (Attach Additional Page if Necessary):

	Child #1
Full Name	
Parents (if Different from Above)	
Date of Birth	
Residence Address	
County of Residence	
Phone Number	
Email Address	
Name of Child’s Spouse (if any)	
Date of Marriage	
Grandchildren (Names and Dates of Birth)	

	Child #2
Full Name	
Parents (if Different from Above)	
Date of Birth	
Residence Address	
County of Residence	
Phone Number	
Email Address	
Name of Child’s Spouse (if any)	
Date of Marriage	
Grandchildren (Names and Dates of Birth)	

Child #3	
Full Name	
Parents (if Different from Above)	
Date of Birth	
Residence Address	
County of Residence	
Phone Number	
Email Address	
Name of Child's Spouse (if any)	
Date of Marriage	
Grandchildren (Names and Dates of Birth)	

Child #4	
Full Name	
Parents (if Different from Above)	
Date of Birth	
Residence Address	
County of Residence	
Phone Number	
Email Address	
Name of Child's Spouse (if any)	
Date of Marriage	
Grandchildren (Names and Dates of Birth)	

Child #5	
Full Name	
Parents (if Different from Above)	
Date of Birth	
Residence Address	
County of Residence	
Phone Number	
Email Address	
Name of Child's Spouse (if any)	
Date of Marriage	
Grandchildren (Names and Dates of Birth)	

Does any family member have special needs? Yes No

If yes, list who and explain:

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ASSETS

For the purposes of this questionnaire, it is not important to include the value of your assets or provide account numbers. Information like the name of the agency or institution you use or the address of any of your properties will suffice:

	Description
Bank Account(s) Checking, Saving, or Money Market	
Brokerage Account(s) Stocks, Bonds, Mutual Funds, etc.	
Retirement Account(s) TSP, IRAs, 401(k) Plans, etc.	
Life Insurance Term, Universal, or Whole Life	
Property (Non-Homestead) Mortgages or Leases payable to you.	
Business Interests Companies you own in whole or in part	
Motor Vehicles Cars, Boats, Airplanes, etc.	
Other Any other property of significant value	

FIDUCIARY PREFERENCES

Please list the **names, addresses, and phone numbers**, of the individuals you have identified to serve as your fiduciaries in the following listed situations (if you are a couple filling out this questionnaire and would like to designate different individuals, please specify that as well). It is also recommended that you list one or more successor(s) or backup individuals if your primary becomes unavailable, however, it is not required:

	Primary Person(s)	Successor
Personal Representative (PR) Also known as an <i>Executor</i> , is an individual you trust to oversee administering your estate and settling your financial affairs.		
Trustee Individual (or company) is set forth in your trust and/or will (for trusts created at death) to manage property held in trust.		
Age of Inheritance Age 18 or older and may be split.		

<p>Guardian Guardian for children. You may indicate either an individual or a couple. When naming a couple as guardian, list the individual first who you would want to have custody in the event the couple divorces.</p>		
<p>Attorney-In-Fact (POA) Individual is set forth in your durable power of attorney to act on your behalf and manage your financial affairs should you become incapacitated or otherwise unable to communicate.</p>		
<p>Health Care Surrogate (HCS) Individual to make healthcare decisions for you should you become incapacitate or otherwise unable to communicate. It is recommended to have a trusted surrogate in relatively close geographic proximity vs. a surrogate halfway across the country.</p>		

ACKNOWLEDGEMENT

Our law firm endeavors to provide the highest quality legal service to our clients in achieving their estate planning objectives effectively and efficiently. In order to achieve this objective, we must rely on the accuracy and completeness of the information you furnish in this questionnaire when we formulate recommendations for the creation and/or revision of your estate plan. Consequently, if the information supplied in this questionnaire is either inaccurate or incomplete, our recommendations may be inappropriate, or possibly even counterproductive, and the representation may require additional time and expense to complete. Therefore, in responding to this questionnaire, we ask that you take the time and effort necessary to answer each question fully and accurately, to supply us with the information necessary to provide the highest quality and most cost-efficient representation we can in helping you meet your estate planning objectives.

By submitting this questionnaire to us by mail, facsimile, or electronic transmission, you state that the information provided in this questionnaire is, to the best of your knowledge and belief, accurate and complete.