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Tips for Using the Online Form

To move through the form fields, use the TAB key to move forward and SHIFT + TAB to move back.

Use the mouse or SPACE key to select YES/NO and other check boxes.

The fields will adjust the font size to allow for longer text.

The larger fields will allow multiple lines. They will adjust automatically or you may use the ENTER key to add a new line.

To Submit Feedback or for Support Using This Online Form Contact:

Shelley Patterson
shelley@estatetaxlawyers.com
305.932.2000

Welcome!

You are about to begin the process of estate planning. In order for us to make this process more pleasant for you, we must begin by obtaining as much information as possible regarding your personal estate. Although this questionnaire covers a lot of information, it is necessary to the estate planning process and its completion will enable us to keep costs down for you.

The following questions are designed to facilitate this process, not to intimidate you. Please answer all of the questions to the best of your ability. We have found that having this data available at the initial conference greatly aids both you and us in focusing on estate planning issues. If you do not have certain information you may notify us at a later date.

- If a question does not pertain to you, enter "N/A".
- If information is the same for the spouse, enter "Same".
- If you need more space, pages have been provided at the end of this document for additional information.
- You may complete this form in one of two ways:
 - Option 1: type the information into this fillable form, save the document to your computer, and print the document.
 - Option 2: print the document and write in the requested information.
- **When you have completed the form to the best of your ability, please sign the signature page and return the document to our firm in person or by mail to:**

Nelson & Nelson, PA
2775 Sunny Isles Boulevard, Suite 118
North Miami Beach, FL 33160

To submit this form by email, please scan the documents including the signed signature page and contact our office for instructions about using our SECURE email system.

If you have any problems using this form or understanding certain questions, please feel free to contact our office.

Let's get started!

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Estate Planning Questionnaire

General Information

Date: _____

Client Name: _____

Referred By: _____

General Information

Client Information

1. Full Name:

2. Social Security Number (optional):

3. Home Address:

Street Address

City, State, Zip

County

4. How long have you resided at this residence?

5. Telephone Numbers:

Mobile

Home

Home Fax

Vacation Home

Vacation Fax

Other Phone

Other Fax

6a. E-mail address for general correspondence:

6b. E-mail address for billing:

Spouse/Significant Other Information

1. Full Name:

2. Social Security Number (optional):

3. Home Address:

Street Address

City, State, Zip

County

4. How long have you resided at this residence?

5. Telephone Numbers:

Mobile

Home

Home Fax

Vacation Home

Vacation Fax

Other Phone

Other Fax

6a. E-mail address for general correspondence:

6b. E-mail address for billing:

Client Information

10. Marital Information:

(Provide copy of previous post nuptial agreement(s) if any.)

Currently married? Yes No
Same sex marriage? Yes No

Spouse Name

Date of Marriage

If married, have you and/or your spouse signed a pre- or post-marriage contract? (If yes, please furnish a copy.)

Yes No

Have you or your spouse been widowed?

(If yes and a federal estate tax return or a state death tax return was filed, please furnish a copy.)

Yes No

Any prior marriages? Yes No

11. Most Recent Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

12. Other Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

Are you making payments pursuant to a divorce or property settlement order? (If yes, please furnish a copy.)

Spouse/Significant Other Information

10. Marital Information:

(Provide copy of previous post nuptial agreement(s) if any.)

Currently married? Yes No
Same sex marriage? Yes No

Spouse Name

Date of Marriage

If married, have you and/or your spouse signed a pre- or post-marriage contract? (If yes, please furnish a copy.)

Yes No

Have you or your spouse been widowed?

(If yes and a federal estate tax return or a state death tax return was filed, please furnish a copy.)

Yes No

Any prior marriages? Yes No

11. Most Recent Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

12. Other Prior Marriage:

Spouse Name

Date of Marriage Date Terminated

Terminating Event

Obligations pursuant to a Marriage Settlement Agreement

Are you making payments pursuant to a divorce or property settlement order? (If yes, please furnish a copy.)

CLIENT NAME: _____

Client Information

13. Citizenship and Domiciliary:

U.S. Citizen? Yes No
U.S. Resident? Yes No

Citizenship Country (If other than U.S.)

Date you became a domiciliary of the Florida:

If married, have you lived in any of the following states while married to each other? Check all appropriate states.

- Arizona New Mexico
- California Texas
- Idaho Washington
- Louisiana Wisconsin
- Nevada

What other states have you previously resided in during your current marriage:

Spouse/Significant Other Information

13. Citizenship and Domiciliary:

U.S. Citizen? Yes No
U.S. Resident? Yes No

Citizenship Country (If other than U.S.)

Date you became a domiciliary of the Florida:

If married, have you lived in any of the following states while married to each other? Check all appropriate states.

- Arizona New Mexico
- California Texas
- Idaho Washington
- Louisiana Wisconsin
- Nevada

What other states have you previously resided in during your current marriage:

Children and Other Dependents

Please use the line below the "Child's Name" throughout this section to indicate if the child is DECEASED, ADOPTED or DISABLED.

1. Children Born To Both Spouses of Current Marriage:

| <i>Child's Name and Status</i> | <i>Spouse's Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> | <i>Birth Date</i> | <i>Names of Child's Children and Ages</i> |
|------------------------------------|----------------------|----------------|---------------------------------|-------------------|---|
| a.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| b.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| c.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| d.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| e.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |

2. Other Children of Client from Prior Marriage:

| <i>Child's Name and Status</i> | <i>Spouse's Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> | <i>Birth Date</i> | <i>Names of Child's Children and Ages</i> |
|------------------------------------|----------------------|----------------|---------------------------------|-------------------|---|
| a.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| b.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| c.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |

3. Other Children of Spouse from Prior Marriage:

| <i>Child's Name and Status</i> | <i>Spouse's Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> | <i>Birth Date</i> | <i>Names of Child's Children and Ages</i> |
|------------------------------------|----------------------|----------------|---------------------------------|-------------------|---|
| a.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| b.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| c.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |

4. Other Dependents and Persons Who Live In the Household:

| <i>Child's Name and Status</i> | <i>Spouse's Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> | <i>Birth Date</i> | <i>Names of Child's Children and Ages</i> |
|------------------------------------|----------------------|----------------|---------------------------------|-------------------|---|
| a.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| b.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |
| c.) _____ _____ | _____ | _____ | T _____ E _____ | _____ | _____ |

5. Disabled or Special Needs Beneficiaries:

For any special needs beneficiaries listed above, describe their disability.

| <i>Beneficiary's Name</i> | <i>Disability or Special Need Description</i> | <i>Birth Date</i> | <i>Relationship</i> |
|---------------------------|---|-------------------|---------------------|
| a.) _____ | _____ | _____ | _____ |
| b.) _____ | _____ | _____ | _____ |
| c.) _____ | _____ | _____ | _____ |

6. Do any of your children receive governmental support or benefits?

Yes No

7. Do you provide primary or other major financial support to adult children or other?

Yes No

Family Advisors

Accountant, Life Insurance Agent, Stock Broker, Banker, and Safe Deposit Box

1. Accountant:

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|-------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | _____ | E-mail _____ |

2. Life Insurance Agent:

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|-------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | _____ | E-mail _____ |

3. Stock Broker:

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|-------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | _____ | E-mail _____ |

4. Trust Officer and/or Banker:

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|-------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | _____ | E-mail _____ |

5. Safe Deposit Box and Location:

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|-------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | _____ | E-mail _____ |

Selection of Estate and Trust Representatives

Have you or your spouse completed estate planning documents previously?

If yes, please provide document copies.

Yes No

The first portion of the information needed to design your unique estate plan focuses on naming the persons who will act for you in the event of your disability or your death.

Guardians

If a child is under the age of 18 and if both parents should die, then the court will appoint a guardian of the person and a guardian of the property for that child. Often a single person or couple serves in both capacities. A parent may nominate those guardians in his will, and the court will give weight (but will not be bound) by that nomination.

If you have any children under the age of eighteen (18), list in order of preference whom you wish to be guardian (individuals or couples).

1. Proposed Guardian of the Person

| <i>Name and Relationship</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|------------------------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| _____ | _____ | Fax _____ |
| | | E-mail _____ |

2. Proposed Guardian of the Property (If Different From #1)

| <i>Name and Relationship</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|------------------------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| _____ | _____ | Fax _____ |
| | | E-mail _____ |

3. Alternate Guardian of the Person

| <i>Name and Relationship</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|------------------------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| _____ | _____ | Fax _____ |
| | | E-mail _____ |

4. Alternate Guardian of the Property (If Different From #3)

| <i>Name and Relationship</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|------------------------------|----------------|-----------------------------|
| _____ | _____ | Phone _____ |
| _____ | _____ | Fax _____ |
| | | E-mail _____ |

Personal Representatives and Trustees

1. Personal Representative/Executor of Your New Wills & Successor Personal Representative

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|---|----------------|-----------------------------|
| a) <i>Initial Personal Representative</i> | | |
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | | E-mail _____ |
| b) <i>Co-Personal Representative (if any)</i> | | |
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | | E-mail _____ |
| c) <i>Successor Personal Representative</i> | | |
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | | E-mail _____ |

2. Trustee & Successor Trustee over any Trusts to be Created in Your New Estate Plan:

Usually the settlor will be the trustee of his or her own trust. Both spouses can serve jointly as co-trustees, which allows continued control of your jointly-held assets after establishing individual trusts for each spouse.

| <i>Name</i> | <i>Address</i> | <i>Telephone and E-mail</i> |
|-------------------------------|----------------|-----------------------------|
| a) <i>Initial Trustee</i> | | |
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | | E-mail _____ |
| b) <i>Co-Trustee (if any)</i> | | |
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | | E-mail _____ |
| c) <i>Successor Trustee</i> | | |
| _____ | _____ | Phone _____ |
| | _____ | Fax _____ |
| | | E-mail _____ |

Selection of Powers of Attorney and Health Care Surrogates

Client Information

1. Powers of Attorney:

If you were unable to make financial decisions, whom would you want to make those decisions for you?

Attorney-in-Fact Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Do you want to authorize your attorney-in-fact to make gifts on your behalf during your incapacity?

Yes No

Gifting Power Details (e.g., only annual exclusion gifts):

2. Health Care Surrogates:

If you were unable to make decisions, whom would you want to make decisions for you regarding your medical treatment?

Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Do you want to authorize your surrogate or other fiduciary to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

Yes No

Spouse/Significant Other Information

1. Powers of Attorney:

If you were unable to make financial decisions, whom would you want to make those decisions for you?

Attorney-in-Fact Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Do you want to authorize your attorney-in-fact to make gifts on your behalf during your incapacity?

Yes No

Gifting Power Details (e.g., only annual exclusion gifts):

2. Health Care Surrogates:

If you were unable to make decisions, whom would you want to make decisions for you regarding your medical treatment?

Full Name

Street Address

City, State, Zip

Relationship

Instructions or Guidelines

Do you want to authorize your surrogate or other fiduciary to take whatever steps are necessary to keep you in a personal residence rather than a nursing home?

Yes No

Client Information

In making distributions during any period of time that the client is incapacitated, the successor trustee shall give primary consideration to:

- Disabled client.
- Disabled client and then other spouse.
- Disabled client, then other spouse, then descendants.

3. Living Will:

If terminally ill, do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means?

- Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

- Yes No

Spouse/Significant Other Information

In making distributions during any period of time that the client is incapacitated, the successor trustee shall give primary consideration to:

- Disabled client.
- Disabled client and then other spouse.
- Disabled client, then other spouse, then descendants.

3. Living Will:

If terminally ill, do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means?

- Yes No

Do you want to provide that your organs and tissues should be made available for transplant purposes?

- Yes No

Distributions of Personal Property and Specific Gifts

Client Information

1. Personal Property Memorandum:

Do you want to provide that your tangible personal property be distributed according to a written list that you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

- Spouse, then children equally.
- Spouse, then to balance of trust.
- Spouse, then other named individuals.
- Children.
- To the balance of the trust.
- Other named individuals: List names:

2. Specific Gifts:

List any specific gifts of real estate or cash gifts you wish to make either to individuals or charities.

Individual or Charity

Street Address

City, State, Zip

Amount or Property

Are these gifts to be made even if other spouse is alive?

Yes No

Spouse/Significant Other Information

1. Personal Property Memorandum:

Do you want to provide that your tangible personal property be distributed according to a written list that you may prepare later?

Yes No

Any property not listed on the memorandum should be distributed to:

- Spouse, then children equally.
- Spouse, then to balance of trust.
- Spouse, then other named individuals.
- Children.
- To the balance of the trust.
- Other named individuals: List names:

2. Specific Gifts:

List any specific gifts of real estate or cash gifts you wish to make either to individuals or charities.

Individual or Charity

Street Address

City, State, Zip

Amount or Property

Are these gifts to be made even if other spouse is alive?

Yes No

Distribution on Death of Both Spouses (if married)

- DIVIDE EQUALLY BETWEEN OUR CHILDREN AND THE DESCENDANTS OF ANY DECEASED CHILDREN.
- DIVIDE IN AMOUNTS SPECIFIED BELOW TO NAMED INDIVIDUALS and/or CHARITIES (must total 100%):

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

- DISTRIBUTE OUTRIGHT TO MY BENEFICIARIES:** Provides no protection from creditors, predators, or from themselves. However, beneficiary may be given the right to maintain the property in trust, which may give some protection from creditors and predators.
- STRUCTURED TRUST:** You determine how long the property is to remain in trust. During the period of time that the property is held in trust, it is available to the beneficiary for needs (health, education, maintenance, and support). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary’s needs. You may provide for a staggered distribution of principal, e.g., 1/3 at age 30, 1/3 at age 35, and the balance at age 40.

Please note that retention of property (i.e., principal/trust assets) in a “discretionary” trust can generally (a) leverage tax advantages by allowing property to descend to your descendants in a tax-efficient manner and (b) protect the retained principal and/or trust income from a beneficiary’s creditors (e.g., a former spouse, a tort claimant injured by the beneficiary, or a business partner involved in a beneficiary’s failed business venture).

You decide how the trust is designed. You also decide who should manage the property and carry out your distribution instructions.

INITIAL TRUSTEES OF TRUSTS FOR CHILDREN & TRUSTS FOR DESCENDANTS

Does beneficiary have the right to be a co-trustee and/or choose his or her own co-trustee?

- Yes No

If not, list who will serve as initial trustee(s):

DISTRIBUTIONS FOR THE BENEFIT OF CHILDREN & DESCENDANTS

- Mandatory income:
 - Upon trust creation; or
 - At specified age: 21 25 _____
- Mandatory principal:
 - Right to withdraw principal (ongoing) upon trust creation; and/or
 - At specified age: One-Third at 30, One-Third at 35, and One-Third at 40;
 - OR specify alternative ages
 - One-Third at _____, One-Third at _____, and One-Third at _____; and/or

- Upon the occurrence of specified events:
 - Graduation from degree program at an accredited college or university;
 - Marriage of beneficiary (and his or her child);
 - Purchase of a home; and/or
 - Start of a business or entry into an entrepreneurial enterprise of any nature requiring capital (only if beneficiary presents required business plan).

- Discretionary principal:
 - At specified ages: One-Third at 30, One-Third at 35, and One-Third at 40;
OR specify alternative ages
 One-Third at _____, One-Third at _____, and One-Third at _____; and/or
 - Upon the occurrence of specified events:
 - Graduation from degree program at an accredited college or university;
 - Marriage of beneficiary (and his or her child);
 - Purchase of a home; and/or
 - Start of a business or entry into an entrepreneurial enterprise of any nature requiring capital (only if beneficiary presents required business plan).

Should trusts for descendants other than your children (e.g., your grandchildren or your great-grandchildren) be structured differently from trusts created for your children?

- Yes No

If so, please list your preferences (e.g., different specified ages):

List your other desires:

Default Beneficiary

Whom do you want to receive your property in the remote event that no one listed above is alive to receive your property? Determining the remote contingent beneficiary is not so important that it should cause you to delay completion of your entire estate plan. It can always be changed at a later date.

In the remote event that no one listed above is alive to receive my property, I want my property distributed as follows:

- To each spouse's respective heirs-at-law.
- One-half to male's heirs-at-law and one-half to female's heirs at law.
- To the following named individuals and/or charities in the following specified amounts
(must total 100%):

Other Items to Include or Discuss

Obviously your estate plan should address all of your hopes, fears, and wishes. Please list any other items that you want included or want to discuss:

CLIENT NAME: _____

Funeral/Burial/Cremation Arrangements

Please list any arrangement you have (i.e., location of plots, type of service, etc.).

Elder Exploitation Protection

Client Information

1. Family Health History:

Does your family have a history of Alzheimer's, dementia or similar conditions?

- Yes No

What is your relationship to the relative that was diagnosed?

- Grandparent, maternal
- Grandparent, paternal
- Parent, mother
- Parent, father
- Sibling, brother
- Sibling, sister
- Aunt and/or uncle
- Cousin
- Other, describe below:

At approximately what age was your relative diagnosed?

How progressive was the disease?

- Severe Moderate Mild

Have you personally experienced or been diagnosed with Alzheimer's, dementia or similar conditions (other than not having as a good memory as when you were younger)?

- Yes No

2. Client Information:

Are you undergoing any treatment and/or taking any medications that may affect your mental capacities now or in the future?

3. Panel of Advisors and Physicians:

In an attempt to prevent elder exploitation, would you consider creating a panel of advisors and physicians (the Panel) who will meet with you periodically (i.e., annually) to evaluate your competency?

- Yes No Discuss at a later time

Spouse/Significant Other Information

1. Family Health History:

Does your family have a history of Alzheimer's, dementia or similar conditions?

- Yes No

What is your relationship to the relative that was diagnosed?

- Grandparent, maternal
- Grandparent, paternal
- Parent, mother
- Parent, father
- Sibling, brother
- Sibling, sister
- Aunt and/or uncle
- Cousin
- Other, describe below:

At approximately what age was your relative diagnosed?

How progressive was the disease?

- Severe Moderate Mild

Have you personally experienced or been diagnosed with Alzheimer's, dementia or similar conditions (other than not having as a good memory as when you were younger)?

- Yes No

2. Client Information:

Are you undergoing any treatment and/or taking any medications that may affect your mental capacities now or in the future?

3. Panel of Advisors and Physicians:

In an attempt to prevent elder exploitation, would you consider creating a panel of advisors and physicians (the Panel) who will meet with you periodically (i.e., annually) to evaluate your competency?

- Yes No Discuss at a later time

Asset and Liability Information

COMMENT: Separate schedules may be prepared to detail each asset, e.g., cash may be broken down into savings accounts, checking accounts, certificates of deposit, money market certificates, and liquid asset accounts, accompanied by the respective banking institution or investment firm in which each is held. The amount of detail required will depend on the size and nature of each individual estate. Please contact our office for assistance.

Household Income

Include all sources of income including social security, disability and other governmental benefits.

| | <i>Recipient</i> | <i>Source</i> | <i>For how many years?</i> | <i>Amount</i> |
|----|------------------|---------------|----------------------------|---------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

Cash Assets

Please list only those assets valued at over One Thousand Dollars (\$1,000.00). Estimate current value to the best of your knowledge. Assets of each spouse should be included.

| | <i>Bank Name</i> | <i>Type of Account</i> | <i>Names on Account</i> | <i>Account Number</i> | <i>Average Balance</i> |
|----|------------------|------------------------|-------------------------|-----------------------|------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |

Cash Assets (cont'd)

| | <i>Bank Name</i> | <i>Type of Account</i> | <i>Names on Account</i> | <i>Account Number</i> | <i>Average Balance</i> |
|----|------------------|------------------------|-------------------------|-----------------------|------------------------|
| 4. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |

Tangible Personal Property/Collectibles

Include autos, household furnishings, personal belongings and collectibles (estimate collective value). Individual items valued at over One Thousand Dollars (\$1,000.00) should be listed separately. For any collectibles, please indicate separately how property was acquired, latest appraisal and provide copy of any insurance coverage.

GUNS: Do you own one or more guns? If so, we should discuss a Gun Trust. Yes No

| | <i>Description</i> | <i>Owner</i> | <i>Cost at date of acquisition, if known</i> | <i>Present Value</i> |
|-----|--------------------|--------------|--|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 2. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 3. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 4. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 5. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 6. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 7. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 8. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 9. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 10. | _____ | _____ | _____ | _____ |
| | _____ | | | |

Intangible Personal Property

This type of property includes stocks, mutual funds, bonds, notes and mortgages receivable. Attach brokerage statements whenever possible and list only a summary of accounts where statements are provided.

| | <i>Description</i> | <i>Owner</i> | <i>Cost at date of acquisition, if known</i> | <i>Present Value</i> |
|-----|--------------------|--------------|--|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 2. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 3. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 4. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 5. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 6. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 7. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 8. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 9. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 10. | _____ | _____ | _____ | _____ |
| | _____ | | | |

Profile Relating to Your Online Accounts

Include the information to access your important online accounts.

| | <i>Web Site Address</i> | <i>Account Type (Personal, Business)</i> | <i>Account Username</i> | <i>Location of Password (i.e. home, safe deposit box, etc.) DO NOT provide password</i> |
|-----|-------------------------|--|-------------------------|---|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |
| 11. | _____ | _____ | _____ | _____ |
| 12. | _____ | _____ | _____ | _____ |
| 13. | _____ | _____ | _____ | _____ |
| 14. | _____ | _____ | _____ | _____ |
| 15. | _____ | _____ | _____ | _____ |
| 16. | _____ | _____ | _____ | _____ |
| 17. | _____ | _____ | _____ | _____ |
| 18. | _____ | _____ | _____ | _____ |
| 19. | _____ | _____ | _____ | _____ |
| 20. | _____ | _____ | _____ | _____ |

Real Estate

| | <i>Description (residence, unimproved acreage, etc.)</i> | <i>Location (County & State)</i> | <i>Cost at date of acquisition</i> | <i>Owner</i> | <i>Current Value</i> |
|----|--|--------------------------------------|------------------------------------|--------------|----------------------|
| 1. | _____ | _____ _____ _____ | _____ | _____ | _____ |
| 2. | _____ | _____ _____ _____ | _____ | _____ | _____ |
| 3. | _____ | _____ _____ _____ | _____ | _____ | _____ |
| 4. | _____ | _____ _____ _____ | _____ | _____ | _____ |

Business Interest

| | <i>Name</i> | <i>Form (Corporation, Partnership, other)</i> | <i>Value at Date of Acquisition</i> | <i>Owner</i> | <i>Value of Shares Owned</i> |
|----|-------------|---|-------------------------------------|--------------|------------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ | _____ |

Pension, Profit Sharing, Other Employee Benefits and Annuities

Indicate if any IRAs are "Roth IRAs".

| | <i>Company Name</i> | <i>Type</i> | <i>Owner</i> | <i>Value of Death Benefits</i> | <i>Principal (P) and Contingent (C) Beneficiaries</i> |
|-----|---------------------|-------------|--------------|--------------------------------|---|
| 1. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 2. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 3. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 4. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 5. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 6. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 7. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 8. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 9. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |
| 10. | _____ _____ | _____ | _____ | _____ | P - _____ C - _____ |

Trust Interests

Include trusts either created by you or under which you have an interest.

| | <i>Trustee</i> | <i>Beneficiary</i> | <i>Date Established</i> | <i>Settlor (Grantor)</i> | <i>Describe Beneficial Interest or Power of Appointment</i> | <i>Value</i> |
|----|----------------|--------------------|-------------------------|--------------------------|---|--------------|
| 1. | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ | _____ | _____ |

Expectancies

An "expectancy" is typically an anticipated inheritance or anticipated distribution from a trust.

| | <i>Expected by Whom</i> | <i>Expected From Whom (Relationship)</i> | <i>Type of Property</i> | <i>Value</i> |
|----|-------------------------|--|-------------------------|--------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

Miscellaneous Assets

List other assets that cannot be classified in another asset category.

| | <i>Description</i> | <i>Owner</i> | <i>Cost at date of acquisition if known</i> | <i>Present Value</i> |
|----|--------------------|--------------|---|----------------------|
| 1. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 2. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 3. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 4. | _____ | _____ | _____ | _____ |
| | _____ | | | |
| 5. | _____ | _____ | _____ | _____ |
| | _____ | | | |

Liabilities

Home mortgages, other mortgages, and revolving credit lines are examples of liabilities.

| <i>Type</i> | <i>Original Amount</i> | <i>Property which secures debt, if any</i> | <i>Date of Loan</i> | <i>Interest Rate</i> | <i>Creditor and Address</i> | <i>Term of Years</i> | <i>Current Balance</i> | <i>Current Payments</i> | <i>Who Signed Note</i> |
|-------------|------------------------|--|---------------------|----------------------|-----------------------------|----------------------|------------------------|-------------------------|------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |

Contingent Liabilities

Loan guarantees and lawsuits are examples of contingent liabilities.

| <i>Type</i> | <i>Original Amount</i> | <i>Property which secures debt, if any</i> | <i>Date of Loan</i> | <i>Interest Rate</i> | <i>Creditor & Address</i> | <i>Term of Years</i> | <i>Current Balance</i> | <i>Current Payments</i> | <i>Who Signed Note</i> |
|-------------|------------------------|--|---------------------|----------------------|-------------------------------|----------------------|------------------------|-------------------------|------------------------|
| 1. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ _____ _____ | _____ | _____ | _____ | _____ |

Bankruptcy

| <i>Type</i> <i>(Personal or Business; Chapter 7, 13, etc.)</i> | <i>Original Debt Amount</i> | <i>Date of Bankruptcy</i> | <i>Creditors</i> | <i>Result</i> <i>(Discharge, Dismissed)</i> |
|---|-----------------------------|---------------------------|-------------------------|--|
| 1. _____ | _____ | _____ | _____ _____ _____ | _____ |
| 2. _____ | _____ | _____ | _____ _____ _____ | _____ |
| 3. _____ | _____ | _____ | _____ _____ _____ | _____ |

Tax Liabilities

Have you or your spouse ever been audited? Yes No
 If so, please complete the following section.

| <i>Tax Years Audited</i> | <i>Deficiency Amount</i> | <i>Result</i> |
|--------------------------|--------------------------|---------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Criminal History

Have you, your spouse, a child of yours or a company with which you have been closely connected ever been charged with a crime? Yes No

If so, please complete the following section.

| | <i>Person/Business Charged</i> | <i>Date</i> | <i>Charge</i> | <i>State/Government Entity</i> | <i>Result/Note Any Outstanding Restitution or Obligations</i> |
|----|--------------------------------|-------------|---------------|--------------------------------|---|
| 1. | _____ | _____ | _____ | _____ | _____ |
| | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |
| | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |
| 5. | _____ | _____ | _____ | _____ | _____ |
| | _____ | | _____ | | _____ |
| | _____ | | _____ | | _____ |

Taxable Gifts

1. Were any gifts made by (either or both of) you during your lifetime for which a federal gift tax return (IRS Form 709) should be filed (i.e., gifts made by a donor which were in excess of \$3,000 per donee during any calendar year prior to 1982 and in excess of \$10,000 per donee during any calendar year after 1981)?

Yes No

2. If so, please describe the nature and amounts of these gifts in chronological order.

Were federal gift tax returns filed for such gifts?

Yes No

If so, please attach copies of all of your federal gift tax returns filed with the Internal Revenue Service.

Stock Options

1. Do you have any stock options from corporations that employed you or for which you served as an officer or director?

Yes No

2. If so, please describe.

3. Were Internal Revenue Code Section 83 elections made with respect to any such options?

Yes No

Insurance Issues

Life Insurance

| | <i>Insured</i> | <i>Company and Policy Number</i> | <i>Owner</i> | <i>Principal (P) and Contingent (C) Beneficiaries</i> | <i>Current Cash Value Net of any Policy Loans</i> | <i>Annual Premium</i> | <i>Face Value</i> |
|-----|----------------|--------------------------------------|--------------|---|---|---------------------------|-------------------|
| 1. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 2. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 3. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 4. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 5. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 6. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 7. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 8. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 9. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |
| 10. | _____ | Co. _____ No. _____ | _____ | P- _____ C- _____ | _____ | _____ | _____ |

Disability Insurance

| | <i>Insured</i> | <i>Company and Policy Number</i> | <i>Owner</i> | <i>Monthly or Other Benefits</i> | <i>Term of Disability Payments</i> |
|----|----------------|----------------------------------|--------------|----------------------------------|------------------------------------|
| 1. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 2. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 3. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 4. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |

General Liability Umbrella Insurance

| | <i>Insured</i> | <i>Company and Policy Number</i> | <i>Owner</i> | <i>Coverage</i> | <i>Underlying Coverage</i> |
|----|----------------|----------------------------------|--------------|-----------------|----------------------------|
| 1. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 2. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 3. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 4. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |

Long-Term Health Insurance

Client Name: _____

| | <i>Insured</i> | <i>Company and Policy Number</i> | <i>Owner</i> | <i>Coverage</i> | <i>Underlying Coverage</i> |
|----|----------------|----------------------------------|--------------|-----------------|----------------------------|
| 1. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 2. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |
| 3. | _____ | Co. _____ No. _____ | _____ | _____ | _____ |

Your Estate Planning Objectives and Concerns

Please rate the following as to how important they are to you.

Use the drop down box in the online form to specify: HIGH concern; SOME concern; LOW concern; N/A = no concern or not applicable; or write HIGH, SOME, LOW or N/A.

| DESCRIPTION | LEVEL OF CONCERN |
|---|------------------|
| 1. Desire to get affairs in order and to create a comprehensive plan to manage affairs in case of death or disability. | _____ |
| 2. Providing for and protecting a spouse. | _____ |
| 3. Providing for and protecting children. | _____ |
| 4. Providing for and protecting grandchildren. | _____ |
| 5. Disinheriting any children or descendants. | _____ |
| 6. Providing for charities at the time of death. | _____ |
| 7. Plan for the transfer and survival of a family business. | _____ |
| 8. Avoiding or reducing your estate taxes. | _____ |
| 9. Avoiding probate. | _____ |
| 10. Reduce administration costs at time of your death. | _____ |
| 11. Avoiding a guardianship ("living probate") in case of disability. | _____ |
| 12. Avoiding will contests or other disputes upon death. | _____ |
| 13. Protecting assets from lawsuits or creditors. | _____ |
| 14. Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons, and curiosity seekers. | _____ |
| 15. Plan for a child with disabilities or special needs, such as medical or learning disabilities. | _____ |
| 16. Protecting children's inheritance from the possibility of failed marriages. | _____ |
| 17. Protect children's inheritance in the event of a surviving spouse's remarriage. | _____ |
| 18. Provide that your death shall not be unnecessarily prolonged by artificial means or measures. | _____ |

OTHER CONCERNS:

Acknowledgment

We rely on the information you furnish us in making recommendations for the formulation and/or revision of your estate plan. If the information supplied is either inaccurate or incomplete, our recommendations may be inappropriate, or worse, harmful. We therefore rely upon you to take the necessary time and diligence to place in our hands data that can be used by us with confidence in helping you meet your objectives. We cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of inaccurate or incomplete data or personal information.

By signing below and/or by submitting this questionnaire to us by mail, by facsimile, or electronically, the person(s) identified below certify that the information supplied in this questionnaire is, to the best of his and/or her knowledge, accurate and complete.

CLIENT SIGNATURE

CLIENT SIGNATURE

The attorneys of Nelson & Nelson, P.A. periodically send information regarding estate planning and recent tax law updates via e-mail or postal mail. By submitting this form, you are agreeing to receive these updates from Nelson & Nelson, P.A. Nelson & Nelson, P.A. will not sell, rent, or loan our customer e-mail addresses to any third party.

PLEASE REMOVE ME FROM THE FOLLOWING LISTS:

E-MAIL **POSTAL MAIL**

Checklist of Documents to Examine in the Estate Planning Process

- Present and prior wills and other estate planning documents (powers of attorney, living wills, etc.)
- Trust instruments under which client is either grantor, trustee or beneficiary
- Income tax returns (most recent)
- Gift tax returns (all)
- Florida intangible tax return (most recent)
- Financial statements prepared by accountant
- Financial information submitted to lending institutions
- Real and personal property tax bills
- Deeds to property
- Mortgages
- Stock and bond certificates (or brokerage firm account statements if securities are held in such accounts)
- Government, municipal and corporate bonds
- Life and health insurance policies and annuities
- Savings account passbooks and certificates of deposit
- Governing documents of any corporations, partnerships, or limited liability companies
- Shareholder or other stock-related agreements
- Pension and profit-sharing plans
- Leases
- Instruments under which client has any interest or power of appointment
- Prenuptial or postnuptial agreements or separation agreements
- Judgments of dissolution of marriage
- Court orders or agreements under which client is obligated to provide support

Additional Information

Please use these pages for additional information.

Section Title:

Question no.:

Page No.:

Additional Information:

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