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Date: _____

ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

First Person

Second Person (if any)

1. Full Name: _____
Social Security No.: _____
Date of Birth: _____
Place of Birth: _____
Father's Name: _____
Mother's Name: _____

2. Clients' Address: _____
City: _____ State: _____ Zip Code: _____
Home Telephone No.: _____
U.S. Citizen: Yes _____ No _____ Yes _____ No _____
County in which you reside: _____ County in which you reside: _____
Resident of Florida since what year? _____ Resident of Florida since what year? _____

3. Date of Marriage, if any: _____

4. Occupation: _____
Employer: _____
Work Telephone No.: _____

5. Names of children of present relationship, whether natural or adopted:

A. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Telephone #: _____
Email: _____

Address: _____

Grandchildren: _____

B. _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Telephone #: _____

Email: _____

Address: _____

Grandchildren: _____

C. _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Telephone #: _____

Email: _____

Address: _____

Grandchildren: _____

6. Names of children of prior relationship (indicate who is the parent):

A. _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Telephone #: _____

Email: _____

Address: _____

Grandchildren: _____

B. _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Telephone # _____

Email: _____

Address: _____

Grandchildren: _____

C. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Telephone #: _____
Email: _____
Address: _____
Grandchildren: _____

7. Name of Accountant/CPA: _____ Telephone No. _____

8. Name of Broker: _____ Telephone No. _____

9. Preferred funeral home, if any: _____

Cremation: First Person: Yes _____ No _____ Second Person: Yes _____ No _____

Preferred Cemetery: _____

Do you have a pre-paid funeral plan? Yes _____ No _____

Are either of you an organ donor? Yes _____ No _____

GOALS AND OBJECTIVES

1. Whom do you want to:

A. Serve as your Personal Representative (executor) to be in charge at your death?

Name: _____

Relationship (if any): _____

Address: _____

Telephone #: _____ Email: _____

B. If that person (or financial institution) can not serve for any reason, who would be your next choice?

Name: _____

Relationship (if any): _____

Address: _____

Telephone #: _____ Email: _____

C. Name of Guardian for any minor children?

Name: _____

Relationship (if any): _____

Address: _____

Telephone #: _____ Email: _____

D. Any specific gifts of property or money to any persons or charities? Yes _____ No _____

I give: _____ to _____

I give: _____ to _____

I give: _____ to _____

E. All other tangible personal property (automobiles, clothing, furniture, jewelry, etc) to be distributed?

First to Each other: Yes _____ No _____

Then to: Children as they agree? Yes _____ No _____

-OR- Specific child? Name: _____

Named individual? Name: _____

Address: _____

F. Receive the balance of your estate:

1. Each Other: Yes _____ No _____

2. Others: Name: _____

If Children, equally or in percentage?: _____

Additional Information: _____

2. Do any of your beneficiaries have any special needs (eg: have not completed their education, minors, health problems, disabilities) so that you may want additional information regarding a trust for their shares of the estate? Yes _____ No _____

3. Presently, do you have a Will: Yes _____ No _____ (if yes, please attach copies)

Presently, do you have a Trust: Yes _____ No _____ (if yes, please attach copies)

4. Would you like information regarding:

A. Living Will (document indicating that you do not want unnecessary life support systems):

Yes _____ No _____

B. Durable Power of Attorney: Yes _____ No _____

- C. Health Care Surrogate: Yes _____ No _____
 D. Organ Donation: Yes _____ No _____
 E. Living Trust: Yes _____ No _____

5. Have either of you received a substantial amount by inheritance? Yes _____ No _____
 If yes, who inherited, from whom and when: _____
 Approximate amount: _____

6. Do either of you anticipate receiving an inheritance? Yes _____ No _____
 If yes, give approximate amount and from whom: _____

ASSET INFORMATION

1. Florida and Out-of-State Real Estate: (please bring copies of deeds and tax bills with you)

	<u>Location</u>	<u>Name(s) on Deed</u>	<u>Value</u>
Home:	_____	_____	_____
Other:	_____	_____	_____

2. Bank Accounts (checking, savings, CD, Money Market Accounts)

<u>Location</u>	<u>Name(s) on Account(s)</u>	<u>Type of Account</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Stocks, Bonds and Mutual Funds:

<u>Company</u>	<u>Location of Certificate</u>	<u>Name(s) on Certificate</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. 401(k), 403(b), SEP, SIMPLE, Retirement Accounts:

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
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5. Annuities:

<u>Company</u>	<u>Annuitant</u>	<u>Beneficiary</u>	<u>Value</u>
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6. Other property, family business, assets or valuable items (describe): _____

7. Pensions or additional income sources:

<u>Company</u>	<u>Income Source</u>	<u>In Whose Name</u>	<u>Value</u>
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8. Automobiles / RVs / Motorcycles / Boats:

Year _____ Make _____ Name(s) on Title: _____

Year _____ Make _____ Name(s) on Title: _____

9. Life Insurance Policies:

<u>Insured</u>	<u>Name of Company</u>	<u>Type</u>	<u>Beneficiary</u>	<u>Contingent Beneficiary</u>	<u>Value</u>
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10. Have you made any gifts over \$14,000 per year per beneficiary or for which you filed gift tax returns?

Yes _____ No _____ To Whom: _____ Amount: _____

11. Safe Deposit Box:

Yes _____ No _____ (if yes, Location: _____)

Name on Box: _____

12. Do you have any debts which are secured by any asset (eg: automobile loan, real estate mortgage, etc)

Yes _____ No _____

<u>Name of Lender</u>	<u>What asset is held as security</u>	<u>Credit Life Insurance</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Special Requests / Notes:
