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ESTATE PLANNING QUESTIONNAIRE

Conflict of Interest (LSG): Yes ___ No ___ Long time prior attorney? _____

Any undue influence concerns: _____

1. Client's name: _____
Last First M.

SS#: _____

Other names known by: _____

Date of birth: _____ Place of birth: _____

Employed: Yes ___ No ___ If so, name and address? _____

Occupation, former if retired _____

U.S. Citizen: Yes ___ No ___

Medications: _____

Appearance: _____

Medical History: _____

Any significant issues? _____

If not, then resident alien _____ non-resident alien _____

Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ How Long ___ Date of Marriage _____

Where living when married? _____ Prior marriages Yes ___ No ___

2. Name of spouse: _____
Last First M.

SS#: _____

Prior marriages: Yes ___ No ___

Other names known by: _____

Date of Birth: _____ Place of Birth: _____

Employed: ___ Yes ___ No ___ If so, name and address? _____

Occupation, former if retired _____

U.S. Citizen (Yes) ___ (No) ___ Medications: _____

If not, then resident alien ___ non-resident alien _____

3. Do you have a prenuptial agreement? Yes ___ No

4. Are you interested in referrals for insurance needs? Yes ___ No ___ Did LSG advise? Yes ___ No

4a. Do you have an umbrella policy? Yes ___ No

5. Are you and/or your spouse currently a defendant in a lawsuit?
Yes ___ No ___ If yes, then please explain.

5a. LSG. Briefly discuss new bankruptcy law -

* 12 or more creditors - involuntary bankruptcy - need 3 to agree

* 12 or less - only need one

5b. Creditors

6. Do you have any obligations under a divorce decree from a prior marriage? Yes ___ No ___

7. Do you anticipate an inheritance? Yes ___ No

8. Names of children (also adopted) and/or grandchildren (also adopted) in descending order:
(Any children you have not advised me about? Yes ___ No ___) (OCCUPATIONS)

NAME & SPOUSE'S
NAME, IF ANY
GRANDCHILD

DATE OF BIRTH

SOC SEC #

ADDRESS

Consider out of wedlock children, a trust, parental control, ability to be treated differently, income and education planning.

9. Are any beneficiaries disabled? Yes ___ No ___
Are any beneficiaries non-U.S. Citizens? Yes ___ No ___ If so, then whom? _____

10. Do you want adopted children to be treated the same as biological children? Yes ___ No ___

11. If any of the above children were born of a previous marriage, then indicate child's name and parent's name and address.

Child's Name: _____ Parent's Address: _____

Consider common law marriage, assets of deceased spouse have been properly probated and divorce.

12. Do you presently have a will or trust in force? Yes ___ No ___
If yes, please attach copy or provide information as to location of will and/or trust.

13. Name, address and telephone number of Advisors:

C.P.A.	Address	Phone #
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Broker

Trust Advisor	Address	Phone #
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14. Safety deposit box -under names: _____

CONTENTS	DEPOSITORY	ADDRESS
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15. Name of funeral home: _____

Cremation: Yes ___ No ___

Pre-paid funeral: Yes ___ No ___

Note: You may give me burial instructions which should not be maintained with your will since a will is read and executed after burial has taken place.

16. If retired, then explain briefly the type and nature of any retirement program under which you may now, or in the future, be entitled to benefits: _____

17. List any debts and/or mortgages for which you or the estate is now obligated:

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>CREDITORS</u>	<u>DATE DUE</u>
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18. Do you own property in a foreign country? Yes ___ No ___ Where _____

19. LIST OF ASSETS:

DESCRIPTION	Approximate Value		WIFE	TOTAL
	TITLED	HUSBAND		
Real Estate:	_____			

Cash/Checking CD's/Savings:	_____			
Money Markets	_____			
Stocks/Bonds Notes/Mtgs	_____			

Life Ins. Annuities	_____			
IRAs/Pension Plans	(Please attach copy of designation of beneficiary form)			
Candidate for Life Settlement?				
Business Interests Corp/Partnerships Ltd. Partnerships	_____			
Furnishings	_____			
Motor Vehicles	_____			
(LSG Advise of TBE and exposure)	_____			
Jewelry and Art	_____			
Other Valuable Items	_____			
TOTAL:				

20. Homestead:
 (a) To spouse: Yes ___ No___; To children: Yes ___ No ___; JWROS ___; TC ___
 (b) Direct sale of homestead: Yes ___ No ___
 (c) Explain Save our Home Cap: Yes ___ No _____

21. (a) If you desire any specific items of real or personal property or cash bequeathed to a particular individual or individuals, then indicate same on Separate Writing.

(b) How do you want you emails and passwords handled?

22. Indicate the individual or individuals to whom you wish the remainder of your estate assets to be distributed:

NAME (WITH DOB)	SSN	SHARES
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. Do you want drug abuse provision? Yes ___ No _____

24. Do you want pet provision? Yes ___ No _____

25. (A) If taxable estate, then discuss family and marital trust and how assets should be invested.
 (B) Who are trustees? _____
 (C) Marital-Outright ___ QTIP ___ POA ___
 (D) Should children and grandchildren be beneficiaries of family trust? _____
 (E) Gifting of QTIP Marital Trust after first spouse's death? _____
 (F) Discuss limiting family trust in light of higher exemption amounts so spouse receives adequate property.
 (G) Total Return Trust ___ vs. Income ___
 (H) Prudent investors rules apply: Yes ___ No ___
 (I) Power to Adjust: Yes ___ No ___
 (J) 5/5 Power or QTIP: Yes ___ No ___ (do not use if sprinkle trust)
 (K) Consider lifetime QTIP, sever jt. ten., gifts, if spouse doesn't have credit shelter amt.

DISCUSS CREDITOR ISSUES IF TRANSFERRING ASSETS INTO SEPARATE TRUSTS DISCUSS DISINHERITANCE OF SPOUSE

26. List any religious, charitable or other organizations to receive any portion of your estate:

NAME	ADDRESS	AMOUNT/ITEM
_____	_____	_____
_____	_____	_____
_____	_____	_____

Charitable giving, charitable interest and/or tax planning, CLT, CRT, CRAT, CRUT, NIMCRUT, outright gifts (during life and death), private foundations and pooled income funds.

27. Have you ever lived in the following community property states?

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

28. List the name, address & relationship of the person(s) you wish to serve as per. rep. and successor:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Per. Rep. Comp. No. _____ 733.617 _____ Other _____

29. List the name, address and relationship of the person or persons you wish to serve as your trustee and successor: **(NOTE: CONFIRM THAT IF THE PER. REP. AND TRUSTEE ARE SAME PERSON THEN NOTICE WILL HAVE TO BE GIVEN TO ALL TRUST BENES)**

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: If you name an out-of-state trustee, then consider state income tax consequences.

Independent Trustee Comp. Yes _____ No _____ T'ee - Benef. Yes _____ No _____
Amount _____ Amount _____

Do you authorize a Corporate Trustee to invest in affiliated services and products? Yes _____ No _____

30. Do you want a designated representative to receive accountings for a beneficiary after your death?
Yes _____ No _____

If so then whom? Name _____ Name _____

Address _____ Address _____

1. Can not represent beneficiary if trustee.
2. Can not represent beneficiary if also beneficiary unless:
 - (a) Named specifically by settlor: or
 - (b) The person is beneficiary's spouse, grandparent, descendant of grandparent of beneficiary or the beneficiary's spouse.

IF A TRUSTEE RESIDES IN ARIZONA, CALIFORNIA, DELAWARE GEORGIA, HAWAII, NEW HAMPSHIRE, NEW MEXICO, OREGON OR VIRGINIA CHECK WITH CPA REGARDING STATE INCOME TAX.

31. Do you want the 360 RAP (nonjudicial modification is available) or do you want the common law RAP whereby the nonjudicial modification is not available if waived in the agreement? Do you want availability of decanting?

32. If you have minor children, then list the name, address and relationship of the person or persons you wish to serve as the guardian:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU WANT TO NAME A GUARDIAN FOR THE HOMESTEAD PROPERTY? IF SO WHOM?

33. List any other information you feel may be helpful in the analysis of your estate plan which has not been covered herein:

34. Apportionment of estate taxes and GST issues. Also discuss paying estate taxes on death of first spouse to die.

35. Discuss elective share:

36. Have you established any trusts? Yes ___ No ___ If so, approximate value? _____
Are you the beneficiary of any trust? Yes ___ No ___ If yes, copy and approximate value, _____
Do you have a power of appointment? Yes ___ No ___

37. Have you made any gifts over \$10,000 prior to 2007, \$12,000 in 2007 and \$13,000 in 2008, per beneficiary, for which you filed or should have filed gift tax returns?

Yes ___ No ___

(a) Need gifts to spouse to equalize estate at least to the applicable credit amount.

(b) Charitable/schedule of gifts:

•Does client want to start a gift program?

•Does client have appreciating property to gift?

•Is client custodian of the gift client made until beneficiary reaches maturity? Gift will be included in custodian's estate.

•Making interest-free or below market loan may create gift.

•Gift of insurance can be included in donor's estate if 3 years have not passed.

•Will gifts to children reduce parent's control over children? "He who has the gold makes the rules."

(c) Is the client the beneficiary of the trust?

(d) Does the client have any powers of appointment that need to be exercised? Is client named in any documents?

(e) Have any trusts been created by client?

(f) Is there a shareholder's agreement?

38. Durable Power of Attorney: Immediately Effective ___ Springing _____

Attorney-in-fact: _____

Successor: _____

Gifts to lineal descendants: Yes ___ No ___

Do you want the poa to have the power to amend or revoke your trust? Yes ___ No ___

39. Durable Health Care Power of Attorney:

Attorney-in-fact: _____

Successor: _____

Do you want anatomical gifts? Yes ___ No ___

40. Do you want Living Wills (food and water)? Yes ___ No ___

Do you want intravenous food and water to be discontinued? Yes ___ No ___

41. Original documents: LSG safe ___ Client ___

42. Joint representation letter: Yes ___ No ___

- 43. Use of revocable trust discussed? Yes___ No_____
- 44. Did clients choose revocable trust? Yes_____ No _____
- 45. Medicaid planning? Yes_____ No_____ LSG advise re: Referral? Yes_____ No_____
- 46. Advise re: long term care partnership insurance Yes _____ No _____
- 47. Remind client re: ethical will or client's wishes Yes _____ No _____
- 48. If trust then does client want LSG to help fund the trusts? Yes_____ No_____ (Highly recommended)
(Rate is @ \$150 an hour for paralegal time and LSG rate for attorney time).

The undersigned acknowledges that this Estate Planning Questionnaire is complete and accurate in all respects; that no information is being withheld; that Ms. Griffin is relying upon this furnished data, and that if this questionnaire is not complete, then the proposed recommendations cannot be relied upon.

Dated this ____ day of _____, 200_____.

Client's signature

Client's signature