



1455 Court Street  
Clearwater, Florida 33756  
727.449.9800  
www.lawyergriffin.com

**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\_\_\_  
If so I need a copy of the divorce decree and the settlement agreement.
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:

---

CPA	Address	Phone #
-----	---------	---------

---

Broker

---

Trust Advisor	Address	Phone #
---------------	---------	---------

14. Safety deposit box -under names: \_\_\_\_\_

---

CONTENTS	DEPOSITORY	ADDRESS
----------	------------	---------

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>
--------------------	---------------	------------------	-----------------

---

18. Do you own property in a foreign country? Yes\_\_\_ No\_\_\_ Where\_\_\_\_\_

19. LIST OF ASSETS:

DESCRIPTION	<u>Approximate Value</u>			TOTAL
	TITLED	HUSBAND	WIFE	

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 investor's 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 \_\_\_

Gifts to spouses of 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 \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Client's signature

\_\_\_\_\_  
 Client's signature