



**II. WILL**

**2.01** Location of original Will \_\_\_\_\_

**2.02** Preparer .1) Name \_\_\_\_\_ .2) Address \_\_\_\_\_

**2.03** Date of .1) Will \_\_\_\_\_ .2) Codicil \_\_\_\_\_ .3) Separate Writing \_\_\_\_\_

**2.04** Place of signing Will: .1) City \_\_\_\_\_ .2) County \_\_\_\_\_ .3) State \_\_\_\_\_

**2.05** Notary, if any .1) Name \_\_\_\_\_ .2) State \_\_\_\_\_

**2.06** Witnesses to Will: (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required.)

**Will Witness A**

**Will Witness B**

Name	.1.1 _____	.2.1 _____
Address	.1.2 _____	.2.2 _____
City	.1.3 _____	.2.3 _____
State	.1.4 _____	.2.4 _____
Zip	.1.5 _____	.2.5 _____
Phone	.1.6 _____	.2.6 _____

**2.07** Witnesses to Codicil: (Circle letter of witness, if known, who could most conveniently travel to the courthouse to swear to the execution of the Will, if required.)

**Codicil Witness A**

**Codicil Witness B**

Name	.1.1 _____	.2.1 _____
Address	.1.2 _____	.2.2 _____
City	.1.3 _____	.2.3 _____
State	.1.4 _____	.2.4 _____
Zip	.1.5 _____	.2.5 _____
Phone	.1.6 _____	.2.6 _____

*Note: For witnesses to additional Codicils, use separate sheet and place check here*

**2.08** Did decedent leave a Surviving Spouse? Yes \_\_\_\_ No \_\_\_\_ (If "No", provide date of death \_\_\_\_\_ **and** death certificate.) If "Yes", provide the following:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Marriage to Decedent: \_\_\_\_\_

**2.09** Has spouse been married continuously to decedent since the date of marriage above? Yes \_\_\_\_ No \_\_\_\_

**2.10** If the decedent died leaving a Will, are any of the decedent's children, or children of a deceased child, not named as a beneficiary in the Will? Yes \_\_\_\_ No \_\_\_\_

**2.11** Are any heirs omitted such that there may be a will contest? Yes \_\_\_\_ No \_\_\_\_ . If so, they may want to open probate so will contest is in probate.

**2.12** Did decedent leave written instructions regarding cremation, funeral, disposition of remains, or anatomical donation? Yes \_\_\_\_ No \_\_\_\_ . If "Yes" please provide a copy of those instructions.

**2.13** Did decedent create any trusts during lifetime? Yes \_\_\_\_ No \_\_\_\_ If "Yes" please provide a copy of each trust document.

**2.14** If married, did decedent and decedent's spouse have a prenuptial or postnuptial agreement? Yes \_\_\_\_ No \_\_\_\_ . If "Yes" please provide the original of the document and any amendments.

**2.15** Elective Share – Give Memo to surviving spouse as personal representative or trustee re: elective-share rights. Yes \_\_\_\_ No \_\_\_\_

**2.16** Advise re: independent counsel for individual rights if spouse is personal representative and/or trustee. Yes \_\_\_\_ No \_\_\_\_

**2.17** Notes, comments, questions, or pending items:

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**III. DECEDENT**

**3.01** .1) Full name (as shown in Will) \_\_\_\_\_

.2) Any other name(s) (or indicate "none") used by decedent in legal documents (deeds, etc.) \_\_\_\_\_

**Indicate Family Tree in this space (names, ages, relationships)**

**3.02** Place of death (hospital name, home, etc.): .1) \_\_\_\_\_

.2) City \_\_\_\_\_ .3) County \_\_\_\_\_ .4) State \_\_\_\_\_

**3.03** Date of death (attach copy of death certificate, if available): \_\_\_\_\_

**3.04** Year Florida residence established \_\_\_\_\_ (attach declaration of domicile, if available)

**3.05** Residence: .1) Last residence street address \_\_\_\_\_

.2) City \_\_\_\_\_ .3) County \_\_\_\_\_ .4) State \_\_\_\_\_

.5) Zip \_\_\_\_\_ .6) Homestead? Yes \_\_\_\_\_ No \_\_\_\_\_ .5) Copy of deed? \_\_\_\_\_

**3.06** .1) Age at death \_\_\_\_\_ .2) Date of birth \_\_\_\_\_ .3) Place of Birth \_\_\_\_\_

**3.07** .1) Social Security #. \_\_\_\_\_ .2) Medicare #. \_\_\_\_\_

**3.08** Names, ages, and addresses of all children (living or deceased) and any surviving spouse. (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)

<b>Name</b>	<b>Age*</b>	<b>Relation</b>	<b>Address</b>
.1.1 _____	.1.2 _____	.1.3 _____	.1.4 _____
.2.1 _____	.2.2 _____	.2.3 _____	.2.4 _____
.3.1 _____	.3.2 _____	.3.3 _____	.3.4 _____
.4.1 _____	.4.2 _____	.4.3 _____	.4.4 _____
.5.1 _____	.5.2 _____	.5.3 _____	.5.4 _____

*\*Birth date, if minor*

**3.09** (Names, ages, addresses, and social security numbers of estate and/or trust beneficiaries (living or deceased).

*Also include any named in 3.08 above who are beneficiaries. (Indicate by note any person who is deceased, has been declared incapacitated, or is in the armed services, or any minor whose disabilities have been removed.)*

<b>Name</b>	<b>Age*</b>	<b>Relation</b>	<b>Address</b>
.1.1 _____	.1.2 _____	.1.3 _____	.1.4 _____
.2.1 _____	.2.2 _____	.2.3 _____	.2.4 _____
.3.1 _____	.3.2 _____	.3.3 _____	.3.4 _____
.4.1 _____	.4.2 _____	.4.3 _____	.4.4 _____
.5.1 _____	.5.2 _____	.5.3 _____	.5.4 _____

*\*Birth date, if minor*

**3.10** How was title to decedent's home or condominium (homestead) owned as shown on deed, mortgage, title policy, or tax bill? \_\_\_\_\_

**3.11** Safe-deposit box:

.1) Name of bank \_\_\_\_\_ .2) Box No. \_\_\_\_\_

.3) City \_\_\_\_\_ .4) State \_\_\_\_\_

.5) Joint signatory (if any) \_\_\_\_\_

**3.12** Did decedent have (if "Yes" attach description or explanation):

Assets subject to rapid or severe deterioration or perishable property: Yes \_\_\_ No \_\_\_

Assets especially susceptible to theft, destruction, damage, or injury: Yes \_\_\_ No \_\_\_

An interest in a partnership: Yes \_\_\_ No \_\_\_

A sole proprietorship: Yes \_\_\_ No \_\_\_

An interest in a small business corporation: Yes \_\_\_ No \_\_\_

Substantial obligations payable within the next 30 days: Yes \_\_\_ No \_\_\_

Valuable assets that are presently in the possession of another person or in a location that is not secure: Yes \_\_\_ No \_\_\_

**3.13** Accountant(s):

1. Decedent's lifetime accountant

Name \_\_\_\_\_ Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

2. Accountant subsequently selected to prepare various estate returns

Name \_\_\_\_\_ Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**3.14** Decedent's stockbroker or investment advisor:

Name \_\_\_\_\_ Account Number \_\_\_\_\_

Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**3.15** If decedent was engaged actively in operation of his or her own business, describe business and person(s) now operating business and proposed method of future operation:

\_\_\_\_\_  
\_\_\_\_\_

**3.16** The last personal income tax return (IRS form 1040) filed by decedent was for income received during the year \_\_\_\_\_ and the return was filed on or about \_\_\_\_\_.

*(A copy of the most recently three (3) filed returns should be furnished to the attorney)*

**3.17** Was decedent at the time of death regularly required to file tax returns with any other state or country? (If so, give state and due date of next return.)

Personal income tax return State	Yes	No	Due Date
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Intangible personal property tax return State	Yes	No	Due Date
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Tangible or commercial personal property tax return State	Yes	No	Due Date
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Other (Explain)	Yes	No	Due Date
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**3.18** Lifetime gifts: Did decedent make any lifetime gifts in excess of the annual exclusion amount? Yes \_\_\_ No \_\_\_ If "Yes" during what year(s)? \_\_\_\_\_

Did decedent ever file a form 709 United States Gift Tax Return? Yes \_\_\_ No \_\_\_

If "Yes" for what year(s) was a return filed? \_\_\_\_\_

**3.19** What is the approximate total value of all assets belonging to decedent (and 50% of jointly-owned assets), including all life insurance owned by the decedent? \$ \_\_\_\_\_

IF TAXABLE ESTATE: Need DR-313 and Notice of Federal Estate Tax Return Due \_\_\_\_\_

IF NON-TAXABLE ESTATE: Need DR-312 and Affidavit of No FLA. Estate Tax Due \_\_\_\_\_

**3.20** Did decedent have a company pension or profit-sharing plan, annuity, Keogh plan, 401k or Individual Retirement Account (IRA)? Yes \_\_\_\_ No \_\_\_\_

If "Yes", describe on Summary of Assets Item 13 below. *NOTE: It is important that no election of periodic or lump sum payment of proceeds be made before the attorney can consider the estate tax and income tax consequences of such election.*

**3.21** Was there a mortgage on any property in which decedent owned an interest?

Yes \_\_\_\_ No \_\_\_\_ . If "Yes", please provide a copy of the mortgage or loan documents and payment schedule. See Summary of Assets Item 1 below.

Name of mortgage creditor \_\_\_\_\_

Payment address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Loan number \_\_\_\_\_ Payable (monthly, quarterly, etc.) \_\_\_\_\_

Next payment due \_\_\_\_\_ Amount \_\_\_\_\_ Approximate balance \_\_\_\_\_

Legal description of mortgaged property (or provide copy) \_\_\_\_\_

**3.22** Did decedent owe any other creditors? Yes \_\_\_\_ No \_\_\_\_ . If "Yes" please describe below the information requested and also whether the obligation is secured by any of decedent's assets?

<b>Payee</b>	<b>Payment Due and Amt</b>	<b>Type</b>	<b>Estimated Balance</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3.23** If decedent did not operate his or her own business (see 3.15 above), list decedent's occupation or, if retired, his or her former occupation.

**3.24** List any employee benefits (other than annuities and IRAs) due upon death of decedent:

<b>Company Name &amp; Address</b>	<b>Description of Benefit</b>
_____	_____
_____	_____
_____	_____

**3.25** Did decedent own any real estate in another state or country? Yes \_\_\_\_ No \_\_\_\_.  
If "Yes", please indicate the non-Florida location on Summary of Assets Item I below.

**3.26** Have the homestead and other exemptions' applications (and applications for "greenbelt") if applicable) been filed with the property appraiser in the appropriate county where the decedent owned an interest in real property? Yes \_\_\_\_ No \_\_\_\_

**3.27** Are any benefits due from the Social Security Administration, the Veterans' Administration or any branch of the armed forces of the United States? (Life insurance, burial expense reimbursement, headstone/marker, etc.) Yes \_\_\_\_ No \_\_\_\_

**3.28** If decedent was medically discharged or retired from any branch of the armed forces, was the decedent's death the result of a service-related disability? Yes \_\_\_\_ No \_\_\_\_

**3.29** Have appropriate claims been filed on all policies, including Medicare, for medical care and hospitalization benefits for decedent? Yes \_\_\_\_ No \_\_\_\_

**3.30** Notes, comments, questions, or pending items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SUMMARY OF ASSETS**

APPROXIMATE VALUE AND NATURE OF ASSETS OWNED BY DECEDENT INDIVIDUALLY, JOINTLY OR IN REVOCABLE TRUST

As to each listed asset, indicate form of ownership as "J" (joint), "I" (individually), "POD" or "TOD" (payable or transfer on death), "RT" (revocable trust), "TBE" (tenants by the entirety), or "UNK" (unknown). ATTACH SUPPLEMENTAL SHEETS AS NECESSARY.

**1. REAL ESTATE:** (indicate J, I, POD, TOD, RT, TBE, or UNK) Provide a copy of a document showing the legal description, if available. If the property is rented, provide a copy of the lease or a separate sheet with the name and address of the tenant, date and amount of next rent payment, and ending date of the lease, plus any options to renew. If any of the real estate is outside Florida or outside the U.S., please indicate the state or country.

Address	Type of building	Approx market value	Vacant, rented or occupied	Mortgage balance, next payment date and amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**2. STOCKS AND BONDS\*:** (indicate J, I, POD, TOD, RT, TBE, or UKN) If in a brokerage account, provide a copy of the statement covering date of death, if available, and only indicate total value of account.

Company name	No. of shares	Approx share value	Approx total value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Did decedent own any Treasury Bonds redeemable at par in payment of federal estate taxes? ("Flower" Bonds) Yes \_\_\_\_\_ No \_\_\_\_\_

**3. MORTGAGES AND NOTES RECEIVABLE:** (indicate J, I, POD, TOD, RT, TBE, or UKN)  
 Provide a complete copy of the documents and payment schedule, if available.

Payor name and address	Original document date	Next pmt date and amount	Approx current balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**4. BANK, ETC. ACCOUNTS OR CERTIFICATES OF DEPOSIT:** (indicate J, I, POD, TOD, RT, TBE or UKN) Provide a copy of a statement that includes the date of death, if available:

Bank	Account Number	Joint owner if any	Checking, savings, CD, etc.	Approx balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. CASH: (belonging to decedent)**

Location	Person in possession	Amount
_____	_____	_____
_____	_____	_____

**6. INSURANCE ON DECEDENT'S LIFE:** (provide the attorney with a complete copy of the policy)

Company	Policy number	Beneficiary	Location of original policy	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**7. AUTOMOBILES OWNED:** (indicate J, I, POD, TOD, RT, TBE, or UKN) *NOTE: Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS ALSO NAMED AS INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.*

Make	Model	Year	Lender's name, date and amount of next payment and approx balance on loan	Approx wholesale value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**8. AUTOMOBILES LEASED:** *NOTE: Decedent's automobiles should be parked, locked, and secured unless a family member WHO IS A CO-LESSEE AND IS ALSO NAMED AS INSURED ON THE INSURANCE POLICY is using the automobile. If the automobile is being used, please immediately advise the lawyer.*

Make and year	Name of co-lessee, if any	Lease end date	Lessor's name and address for payments	Date and amt of next payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**9. JEWELRY, ART OBJECTS, ANTIQUES, FURS, AND OTHER VALUABLE ITEMS:**

Description	Location	Person in possession	Insurance coverage	Approx value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**10. OTHER ASSETS NOT DESCRIBED Above:** (indicate J, 1, POD, TOD, RT, TBE, or UNK)

Description	Location	Person in possession	Insurance coverage	Approx value
<u>Clothes (if nominal value, so indicate)</u>	_____	_____	_____	_____
<u>Ordinary home furnishings &amp; furniture</u>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**11. INSURANCE (OTHER THAN LIFE) COVERAGE:** (indicate name of additional insured or UKN)

Coverage and Company	Policy number	Agent	Limits and coverage*	Paid through
Automobile (describe)	_____	_____	_____	_____
Homeowners	_____	_____	_____	_____
Umbrella	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Is there sufficient insurance coverage of all assets in which decedent had an interest at time of death?

**12. TRUSTS IN WHICH DECEDENT HAD ANY INTEREST:** (provide a complete copy, if available)

Current Trustee	Address	Date	Decedent's Interest	Approx value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**13. PENSION, RETIREMENT OR PROFIT-SHARING PLAN, ANNUITY, KEOGH, MA, 401K DECEDENT OWNED AT TIME OF DEATH:** (provide a copy of the pension documents, statements, and beneficiary designations, as applicable)

Company	Beneficiary	Type	Death benefit amount	Currently in pay status?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**14. OTHER PERTINENT INFORMATION:**

**.01) Gifts:** Persons to whom decedent made gifts of over \$13,000 (\$3,000 prior to 1982; \$10,000 from 1982-2002; \$11,000 from 2003-2007; and \$12,000 – year 2008):

Name of Donee	Amount	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

**.02) Were gift tax returns filed?** Yes \_\_\_ No \_\_\_; provide copies of all returns (Complete Form 4506 Request for Gift Tax Returns and Income Tax Returns, Form 2848 Power of Attorney, if necessary)

**.03) Did decedent make any "strings-attached" transfers described in Sections 2035-2038 of the Code?** Yes \_\_\_\_ No \_\_\_\_ If "Yes", describe: \_\_\_\_\_.

**.04) Did decedent possess any general power of "appointment?"** Yes \_\_\_\_ No \_\_\_\_ If "Yes", give brief description: \_\_\_\_\_.

**.05) Did decedent inherit property from anyone who died within the last 10 years?** Yes \_\_\_\_ No \_\_\_\_ If "Yes", give details: \_\_\_\_\_.

**.06) Was the decedent a beneficiary of a trust** (other than decedent's revocable trust) at the time of decedent's death? Yes \_\_\_\_ No \_\_\_\_ If "Yes", complete the following:

Description of trust: \_\_\_\_\_

Trustee: \_\_\_\_\_ Interest: \_\_\_\_\_

**.07) Was the decedent beneficiary under the will of another at the time of decedent's death?** Yes \_\_\_\_ No \_\_\_\_ If yes, complete the following:

Testator: \_\_\_\_\_ Probate Case Number: \_\_\_\_\_

Description of decedent's interest: \_\_\_\_\_

**.08) Decedent's Hospitalization Policies (including Medicare):**

Company	Policy Number	Location of Policy
_____	_____	_____
_____	_____	_____

\*\*\*\*\*

I have completed this form this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, to the best of my knowledge.

\_\_\_\_\_  
Signature

# What are ... Your Worries? Your Opportunities? Your Strengths?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Worries	
We've found that these are the common obstacles and issues people like you are facing. Circle all that are relevant to you, and add others if needed.	
<ul style="list-style-type: none"> <li>Unstable cash flow.</li> <li>Loss of money in the market.</li> </ul>	<ul style="list-style-type: none"> <li>Paying the least amount of income and estate taxes to the government.</li> <li>Unpredictability of government</li> </ul>
<ul style="list-style-type: none"> <li>Health concerns and staying healthy longer.</li> <li>Cost of Health Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Dealing with overload of information.</li> <li>Stress of internet, emails, texts, etc.</li> <li>Not enough time for vacation.</li> </ul>
<ul style="list-style-type: none"> <li>Providing for children's and grandchildren's Education</li> </ul>	<ul style="list-style-type: none"> <li>Making sure my family is well provided and their safety and health.</li> </ul>
<ul style="list-style-type: none"> <li>Dealing with grief and loss of loved one.</li> <li>Fear of dying.</li> </ul>	<ul style="list-style-type: none"> <li>How do I invest to preserve my assets?</li> </ul>
<ul style="list-style-type: none"> <li>Overwhelming amount of financial and other details at death of loved one.</li> </ul>	<ul style="list-style-type: none"> <li>Dealing with children and grandchildren equally/fairly at my death.</li> </ul>

Opportunities	
As well as obstacles, you have many opportunities you'd like to be freed up to focus on. Circle those that apply to you, and feel free to add others that fit.	
<ul style="list-style-type: none"> <li>Time to spend with children and grandchildren.</li> </ul>	<ul style="list-style-type: none"> <li>Time to pursue education.</li> </ul>
<ul style="list-style-type: none"> <li>Time to travel and spend more time with spouse.</li> </ul>	<ul style="list-style-type: none"> <li>Time to work out and be healthier.</li> </ul>
<ul style="list-style-type: none"> <li>More time for volunteering.</li> </ul>	<ul style="list-style-type: none"> <li>Good business and staff in place.</li> </ul>
<ul style="list-style-type: none"> <li>Able to provide for children and grandchildren's education.</li> </ul>	<ul style="list-style-type: none"> <li>Good Advisors to help me with financial and legal decisions.</li> </ul>
<ul style="list-style-type: none"> <li>Healthy enough to enjoy retirement.</li> </ul>	<ul style="list-style-type: none"> <li>Enough money to live comfortably and provide for children.</li> </ul>

Strengths	
You have many talents, capabilities, and skills that you'd like to reinforce and maximize. Circle those that best represent you and add others if needed.	
<ul style="list-style-type: none"> <li>Great children, successful, and great relationship with grandchildren.</li> </ul>	<ul style="list-style-type: none"> <li>Intelligent.</li> </ul>
<ul style="list-style-type: none"> <li>Solid family values and deep love for family.</li> </ul>	<ul style="list-style-type: none"> <li>Good reputation with your business and clients.</li> </ul>
<ul style="list-style-type: none"> <li>Great business people and successful in career.</li> </ul>	<ul style="list-style-type: none"> <li>High degree of integrity.</li> </ul>
<ul style="list-style-type: none"> <li>Good health.</li> </ul>	<ul style="list-style-type: none"> <li>Good quality time with spouse and family.</li> </ul>
<ul style="list-style-type: none"> <li>Willing to understand need help.</li> </ul>	<ul style="list-style-type: none"> <li>Creative and smart decision making.</li> </ul>

Top 3 Dangers	Goal
1	
2	
3	

Top 3 Opportunities	Goal
1	
2	
3	

Top 3 Strengths	Goal
1	
2	
3	

## NOTES: