

# T.J. HEINEMANN, P.A.

## ESTATE PLANNING QUESTIONNAIRE

**Note: This information must be as complete and accurate as possible so we can properly develop your estate plan and/or an effective asset protection methodology. All information disclosed herein will be maintained in strict confidence. If you cannot answer a certain question, circle it to indicate that it is applicable and we can discuss the details later if necessary.**

**PERSONAL INFORMATION**

**DATE:**

1. Marital Status			
<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
		<input type="checkbox"/> Separated or contemplating divorce	
2. Your Name (First, Middle, Last)		Soc. Sec. No.	Date of Birth
3. Spouse's Name (First, Middle, Last)		Soc. Sec. No.	Date of Birth
4. Home Address (Number, Street)		City	State Zip
5. Mailing Address If Different From Above (Number, Street)		City	State Zip
6. Home Phone		Your Cell Phone	Spouse's Cell Phone
(     )		(     )	(     )
7. Your Employer		Your Occupation	
8. Spouse's Employer		Spouse's Occupation	
9. Your Email Address		Spouse's Email Address	

Circle or fill in your answers (attach sheets or use the back if necessary to clarify)	You	Your Spouse
1. Are you a U.S. citizen? .....	Yes No	Yes No
2. Do you have a will or trust now? .....	Yes No	Yes No
3. Are you expecting to receive property or money from (circle all that apply): .....	Gift/Inheritance/ Lawsuit/Other:	Gift/Inheritance/ Lawsuit/Other:
If so, approximately how much? .....	\$	\$
4. How many living children do you have? .....		
5. Are all your children legally yours (i.e. natural born or legally adopted)? .....	Yes No	Yes No
6. How many stepchildren do you have? .....		
7. In which state do you vote? .....		
8. Which state issued your driver's license? .....		
9. In which state is your car registered? .....		
10. In which state(s) do you own real estate? .....		
11. Do you pay state income tax? If yes, to which state? .....		
12. In which state/country do you plan to retire/live permanently? .....		
13. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
14. Do you have a pre-nuptial or post-nuptial agreement? .....	Yes No	Yes No
15. Do you have a divorce decree affecting your retirement assets or other property rights? .....	Yes No	Yes No
<b>If "yes" to questions 2, 14 or 15, please bring these documents to your appointment</b>		

Your Children/Grandchildren – List the information for your children and indicate how many grandchildren you have from each child.

Name	Telephone	Age (Date of Birth)	Child of this Marriage?	Married? Y or N	Number of Grandchildren

**FINANCIAL INFORMATION (attach additional sheets or use the back if necessary – approximate values are fine for now)**

1. Do you own a home or any other real estate? Indicate which is your residence/homestead with "RES".

Description and Location	Titled in whose name? (Indicate if Jointly Owned)	Purchase Price	Market Value	Mortgage Amount	Market Value - Mortgage Equity
Total Net Value					

2. Do you own any other titled property such as a car, boat, airplane etc.?

Description	Titled in whose name? (Indicate if Jointly Owned)	Market Value	Less Mortgage	Equity
Total Net Value				

3. Do you have any checking accounts?

Name of Bank	Titled in whose name? (Indicate if Joint and/or Beneficiary Designated)	Approx. Balance
Total Value		

4. Do you have any other interest bearing accounts (savings, money market) and/or CD's?

Name of Bank	Titled in whose name? (Indicate if Joint and/or Beneficiary Designated)	Approx. Balance
Total Value		

5. Do you own any stocks, bonds or mutual funds (including interests in closely-held companies i.e. S-Corps, LLCs or partnerships)?

Number Shares	Name of Security or Institution	Titled in whose name? (Indicate if Joint and/or Beneficiary Designated)	Purchase Price	Current Value
Total Value				

6. Do you have any IRAs, pension plans or profit sharing plans?

Description/Location	Designated Beneficiaries and Alternates	Current Value
Total Value		

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	1 <sup>st</sup> Designated Beneficiary	2 <sup>nd</sup> Designated Bene.	Death Benefit
Total Value					

8. Does anyone owe you money?

Description	Approx. Value	
Total Net Value		

9. Do you have any special items of value such as coin collections, antiques, jewelry, etc.?

Description	Approx. Value	
Total Net Value		

10. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate.....\$ \_\_\_\_\_

11. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description	Approx. Amount
Total Debt	

12. Total value of everything you (and your spouse) own (add totals of line 1 thru line 10 above) ..... \$ \_\_\_\_\_

13. Total amount you (and your spouse) owe (total of line 11 above)..... \$ \_\_\_\_\_

14. **TOTAL NET ESTATE VALUE** (subtract line 13 from line 12) .....

15. Do you have a safe deposit box?

Location	Titled in whose name?

**MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM**

1. Personal Representative/Executor: Manages the probate and settlement of your estate. Can be your spouse, adult children, trusted friends, and/or a corporate fiduciary. **Unrelated individuals must reside in the State of Florida to qualify as your PR.**

**For You**

**For Your Spouse**

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

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

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

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

2. Successor Personal Representatives: Alternate to your PR – the Successor PR serves in the event your personal representative dies/resigns/is unable to serve; Can be your spouse, adult children, trusted friends, and/or a bank/trust company.

**For You**

**For Your Spouse**

1st Successor: Name: \_\_\_\_\_

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

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

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

2nd Successor: Name: \_\_\_\_\_

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

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

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

3. Trustee: Manages the assets and administration of your trust. Should be someone with financial responsibility and experience. If you are creating a trust naming your spouse as both the beneficiary and trustee, you **should** also name a co-trustee to make discretionary distributions in the event your spouse can't because of adverse tax consequences. **Individuals need NOT be Florida residents to serve as a Trustee.**

**For You**

**For Your Spouse**

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

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

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

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

4. Successor Trustee (or Co Trustee): Back-up to Trustee. Steps in if your first Trustee dies/resigns. Can be your adult children, trusted friends, and/or a bank.

**For You**

**For Your Spouse**

1st Successor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

2nd Successor: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries: The Personal Representative should be bonded  Yes  No The Trustee should be bonded  Yes  No Your estate or trust pays for the bond.

5. Guardians for Your Minor Children: Responsible adult/couple who will raise your children if something happens to you. If naming a couple, indicate which of them you wish to remain guardian in the event the couple divorces.

**For You**

**For Your Spouse**

1st Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

2nd Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

3rd Choice: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

**BENEFICIARIES OF YOUR ESTATE**

1. Specific Gifts to Individuals: Do you want to give any specific assets or cash gifts to family members or other individuals?  Yes  No

Do you wish to leave a separate written list leaving certain personal items to specific individuals?  Yes  No If yes, you can prepare the list after you sign your Will and update it from time to time using the form we will provide for you. This avoids having to amend your Will later to add additional bequests of tangible personal property. The list cannot be used to gift cash, stock or real estate; it's only effective for bequests of tangible personal property i.e. jewelry, artwork, furniture etc. – even an automobile.

Name of Person	Description of Asset or Amount of Cash	Alternate Beneficiary

2. Specific Gifts to Charities/Organizations  
Do you want to make any gifts (cash or a specific item) to a charity, foundation, or religious or fraternal organization?

Name of Organization	Description of Gift	Alternate Beneficiary

3. Remainder Beneficiaries  
To whom do you wish to leave the remainder of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage, however, the percentages are easier, and must add to 100 percent.

Name of Person/Organization	Amount/Percentage	Alternate Beneficiary

4. Distribution provisions - Do you want your beneficiaries to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? A beneficiary's inheritance can be held in trust and managed for them until they reach any age you chose (25, 30, 35, etc.) to be used for their health, education, maintenance and support until that time. You can also make outright distributions in stages (i.e 1/3 @ 30, 1/2 @ 35 and rest @ 40) or not mandate outright distributions at all, opting instead to rely upon the discretion of your chosen Trustee. These methods are designed to protect the inheritance against waste or the beneficiary's creditors. Do you wish to protect their inheritance in the event they become addicted to alcohol or illegal drugs? If you chose to rely on the Trustee's discretion to make outright distributions, do you want to give the beneficiary the power to serve as or appoint a Trustee or Co-Trustee after reaching a certain age?

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5. If a beneficiary dies, do you want that beneficiary's share to go to his/her children? (i.e. *Per Stirpes*) Yes  No  If "No", do you want that beneficiary 's share to be divided among the other living beneficiaries? (i.e. *Per Capita*) Yes  No  Someone else?

6. Do you want to ensure that children from a previous marriage receive a share of your estate? **Your Children** Yes  No  **Your Spouse's** Yes  No

7. List Dependents Who Require Special Care – or write "N/A" if not applicable  
Do you want to provide for luxuries and other extras to supplement government benefits for those with special needs?  Yes  No

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8. Alternate Beneficiaries  
Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount/Percentage

9. Disinheriting Relatives  
Are there any relatives that you specifically do not want to receive anything from your estate?

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**SPECIAL INSTRUCTIONS/ PLANNING FOR INCOMPETENCY**

1. Keeping/Selling Assets

If necessary to pay for your care, do you want certain assets sold first? Last? Are there certain potential buyers you want contacted first?

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2. Medical Care

Do you want to be in  (or avoid ) a certain hospital/nursing home – which one? \_\_\_\_\_

A <b>Living Will</b> makes your wishes known to family and doctors regarding life support and the following decisions in the event you become terminally ill or injured with no reasonable hope for recovery. Do you want a living will?	<b>You</b>	<b>Your Spouse</b>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer the following for your Living Will:

If you have a terminal condition or are in a persistent vegetative state, as diagnosed by two (2) medical doctors, do you want:	<b>You</b>	<b>Your Spouse</b>
Your life artificially prolonged by machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition (Food) if it must be administered by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydration (Water) if it must be administered by tube?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Transfusions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Organ Transplants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

A **Designation of Health Care Surrogate** gives broader protection for your medical care. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so, provide the following:

**For You**

**For Your Spouse**

1st Choice: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

2nd Choice: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

3rd Choice: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

