

BRITTON G. SWANK, P.A.

Elder Law Attorney

PROBATE / TRUST ADMINISTRATION CONFIDENTIAL LEGAL PLANNING FORM

The purpose of this form is to obtain information regarding the person who passed away, and also to obtain some information about you. We understand that some of this information is not available to you yet, but do your best.

Questions that do not apply to this situation may be marked "N/A". Please feel free to attach additional pages where space is insufficient or provide other relevant information.

If copies of documentation are requested, it will be highlighted like this. If you retain our firm, you must provide the documentation listed at the end of this form.

Please use **complete legal names** (*not nicknames*) for all people.

Were you referred to our firm: ☐ Yes ☐ No If yes, by whom?: Name: _____

If not referred, what made you choose our firm? _____

SECTION 1. NAMES AND CONTACT INFORMATION

Person Completing Form: _____
(first) (middle) (last)

Relationship to Decedent: _____

Home Address: _____

Email Address: _____

Telephone Numbers: _____
(home) (cell)

US Citizen?: ☐ Yes ☐ No

Florida Resident?: ☐ Yes ☐ No

Decedent Legal Name: _____
(first) (middle) (last)

Home Address: _____

Date of Birth: _____

Date of Death: _____

US Citizen?: ☐ Yes ☐ No

Florida Resident?: ☐ Yes ☐ No

Military Service?: ☐ Yes ☐ No Military Branch: _____

During Wartime?: ☐ Yes ☐ No

***World War II** 12/7/1941–12/31/1946; **Korean Conflict** 6/27/1950–1/31/1955; **Vietnam War** 11/1/1964–5/7/1975 for Veterans who served "in country" as of January 5, 2021 (or **Vietnam Era** 8/5/1964–5/7/1975); **Gulf War** 8/2/1990 through a future date to be set by law or Presidential Proclamation).

SECTION 2. DECEDENT'S MARITAL INFORMATION

A. If widowed: Name of deceased spouse: _____

(date of birth)

(date and location of death)

Name of deceased spouse: _____

(date of birth)

(date and location of death)

B. If divorced: Name of former spouse: _____

(date of divorce)

(state of divorce)

Name of former spouse: _____

(date of divorce)

(state of divorce)

Did the decedent ever live in a community property state while married? Yes ☐ No ☐ If yes, circle all that apply:

Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

SECTION 3. DECEDENT'S ESTATE PLANNING DOCUMENTS

Please provide a complete copy of each signed document.

Revocable Living Trust: ☐ Yes ☐ No

Last Will and Testament: ☐ Yes ☐ No

Codicil to Last Will and Testament: ☐ Yes ☐ No

Pre/Post Nuptial Agreement: ☐ Yes ☐ No

Do you have custody of the **original** estate planning documents? ☐ Yes ☐ No

If no, who has custody of them? _____

Be advised that a beneficiary receiving an inheritance can jeopardize certain government benefits.

Does any beneficiary receive Medicaid, Food Stamps, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or other government benefits? Yes ☐ No ☐.

If yes, identify the person and indicate the type of benefit they receive: _____

SECTION 4. DECEDENT'S CHILDREN

List all children (biological and adopted) of the decedent and use **complete legal names**.

1. _____ Child of decedent and _____
(legal name of child) (date of birth)

(address) (phone number)

(email address)

☐ Deceased Date: _____ City and State: _____

If deceased, list the following information for each of this deceased child's children (biological or adopted):

a. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

b. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

2. _____ Child of decedent and _____
(legal name of child) (date of birth)

(address) (phone number)

(email address)

☐ Deceased Date: _____ City and State: _____

If deceased, list the following information for each of this deceased child's children (biological or adopted):

a. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

b. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

3. _____ Child of decedent and _____
(legal name of child) (date of birth)

(address) (phone number)

(email address)

☐ Deceased Date: _____ City and State: _____

If deceased, list the following information for each of this deceased child's children (biological or adopted):

a. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

b. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

4. _____ Child of decedent and _____
(legal name of child) (date of birth)

(address) (phone number)

(email address)

☐ Deceased Date: _____ City and State: _____

If deceased, list the following information for each of this deceased child's children (biological or adopted):

a. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

b. _____
(legal name) (date of birth)

(address) (phone number)

(email address)

Attach more pages if necessary.

SECTION 5. DECEDENT'S ASSETS

Florida does not impose an estate tax; however, all Florida residents are subject to the Federal estate tax. Each individual has an estate tax exemption amount, which is the total value they can transfer through their estate—both during their lifetime and at death—without incurring a tax liability. The exemption amount is \$13,990,000 for a person who dies in 2025. If the total value of the decedent's assets (not just probate assets) may come close to the estate tax exemption amount, please contact the firm immediately.

A. REAL ESTATE. Include real property that the decedent owned in their name only, or with another individual. *Provide a copy of each deed (or other proof of ownership) and most recent property tax bill.*

1. **Homestead** Address: _____

Names as they appear on Deed or Title: _____

Fair Market Value: \$ _____ Outstanding Mortgage: \$ _____

Is this a manufactured home? ☐ Yes ☐ No ***If yes:***

Does the decedent own the ground? ☐ Yes ☐ No

Does the decedent own a share in the park? ☐ Yes ☐ No

Is the park a co-op? ☐ Yes ☐ No

Is this dwelling occupied? ☐ Yes ☐ No If yes, by whom? _____

2. **Non-Homestead** Address: _____

Names as they appear on Deed or Title: _____

Fair Market Value: \$ _____ Outstanding Mortgage: \$ _____

Is this a manufactured home? ☐ Yes ☐ No ***If yes:***

Does the decedent own the ground? ☐ Yes ☐ No

Does the decedent own a share in the park? ☐ Yes ☐ No

Is the park a co-op? ☐ Yes ☐ No

Is this dwelling occupied? ☐ Yes ☐ No If yes, by whom? _____

3. **Non-Homestead** Address: _____

Names as they appear on Deed or Title: _____

Fair Market Value: \$ _____ Outstanding Mortgage: \$ _____

Is this a manufactured home? ☐ Yes ☐ No ***If yes:***

Does the decedent own the ground? ☐ Yes ☐ No

Does the decedent own a share in the park? ☐ Yes ☐ No

Is the park a co-op? ☐ Yes ☐ No

Is this dwelling occupied? ☐ Yes ☐ No If yes, by whom? _____

Attach more pages if necessary.

B. BANK/CREDIT UNION ACCOUNTS. (Checking, Savings, CDs etc.)

(EXAMPLE OF HOW TO COMPLETE)

Bank/Credit Union: Big Country Bank Account Type: Checking Number: xxx2751
Account Title: John P. Dough Current Balance: \$7,392.51
Is a pay-on-death beneficiary designated at the financial institution? If yes, who is it?: Jon P. Dough, Jr.

1. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

2. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

3. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

4. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

5. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

Does the decedent have a safe deposit box? ☐ Yes ☐ No. If yes:

Name of financial institution and branch address: _____

Whose names are on the bank card for access?: _____

Box Number: _____ Where is the key located?: _____

C. NON-RETIREMENT INVESTMENTS. (Stocks, Bonds, Annuities, 539 Plans, etc.).
DO NOT LIST RETIREMENT ASSETS HERE; list retirement assets in Section F.

(EXAMPLE OF HOW TO COMPLETE)

Financial Institution: InvestPro Account Type: Brokerage Number: xxx7315

Account Title: John P. Dough Current Balance: \$35,902.12

Is a pay-on-death beneficiary designated at the financial institution? If yes, who is it?: Jon P. Dough, Jr.

1. Financial Institution: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

2. Financial Institution: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

3. Financial Institution: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a pay-on-death (POD) beneficiary designated at the financial institution? If yes, who is it? _____

Is the POD beneficiary alive? ☐ Yes ☐ No

D. BUSINESS INTERESTS. (Corporations, Partnerships, Limited Liability Corporations, etc.)

Please provide a short description with the name, location, percentage owned, names of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.).

E. MORTGAGES HELD or LOANS MADE.

Attach more pages if necessary.

If the decedent is holding a mortgage for anyone, complete the following:

Borrower Name: _____

Loan Date: _____ Principal Amount: \$ _____ Interest Rate: _____%

Begin Date: _____ End Date: _____

Monthly payment: \$ _____ Current Balance Due \$ _____

If the decedent made a loan to anyone, including a beneficiary, briefly describe the situation.

F. RETIREMENT ACCOUNTS. (IRA, 401(k), 403(b), etc.).

Attach more pages if necessary.

(EXAMPLE OF HOW TO COMPLETE)

Financial Institution: Retirement Gurus

Account Number: xxxx-34-78

Current Value: \$122,450.87

Primary Beneficiary: Jane V. Dough

Contingent Beneficiary: Jon P. Dough, Jr.

1. Financial Institution: _____

Account Number: _____

Value: \$ _____

Did the decedent take their required minimum distribution for the year of death? ☐ Yes ☐ No ☐ Unknown

Primary Beneficiary: _____

Contingent Beneficiary: _____

Is the primary beneficiary alive? ☐ Yes ☐ No

Is the contingent beneficiary alive? ☐ Yes ☐ No

2. Financial Institution: _____

Account Number: _____

Value: \$ _____

Did the decedent take their required minimum distribution for the year of death? ☐ Yes ☐ No ☐ Unknown

Primary Beneficiary: _____

Contingent Beneficiary: _____

Is the primary beneficiary alive? ☐ Yes ☐ No

Is the contingent beneficiary alive? ☐ Yes ☐ No

3. Financial Institution: _____

Account Number: _____

Value: \$ _____

Did the decedent take their required minimum distribution for the year of death? ☐ Yes ☐ No ☐ Unknown

Primary Beneficiary: _____

Contingent Beneficiary: _____

Is the primary beneficiary alive? ☐ Yes ☐ No

Is the contingent beneficiary alive? ☐ Yes ☐ No

4. Financial Institution: _____

Account Number: _____

Value: \$ _____

Did the decedent take their required minimum distribution for the year of death? ☐ Yes ☐ No ☐ Unknown

Primary Beneficiary: _____

Contingent Beneficiary: _____

Is the primary beneficiary alive? ☐ Yes ☐ No

Is the contingent beneficiary alive? ☐ Yes ☐ No

G. LIFE INSURANCE. (Whole Life, Term Life, Group Insurance). *Attach more pages if necessary.*

Did the decedent own, or was the decedent insured by, any life insurance policies?

(EXAMPLE OF HOW TO COMPLETE)

Name of Insurer: Security Insurance Policy Number: xxxx-0518
Insured: John P. Dough Owner: John P. Dough
Face Value: \$10,000.00 Cash Surrender Value: \$19,750.00
Primary Beneficiary: Jane V. Dough Contingent Beneficiary: Jon P. Dough, Jr.

1. Name of Insurer: _____ Policy Number: _____
Insured: _____ Owner: _____
Face Value: \$ _____ Date of Death Value: \$ _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Is the primary beneficiary alive? ☐ Yes ☐ No Is the contingent beneficiary alive? ☐ Yes ☐ No

2. Name of Insurer: _____ Policy Number: _____
Insured: _____ Owner: _____
Face Value: \$ _____ Date of Death Value: \$ _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Is the primary beneficiary alive? ☐ Yes ☐ No Is the contingent beneficiary alive? ☐ Yes ☐ No

3. Name of Insurer: _____ Policy Number: _____
Insured: _____ Owner: _____
Face Value: \$ _____ Date of Death Value: \$ _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Is the primary beneficiary alive? ☐ Yes ☐ No Is the contingent beneficiary alive? ☐ Yes ☐ No

4. Name of Insurer: _____ Policy Number: _____
Insured: _____ Owner: _____
Face Value: \$ _____ Date of Death Value: \$ _____
Primary Beneficiary: _____ Contingent Beneficiary: _____
Is the primary beneficiary alive? ☐ Yes ☐ No Is the contingent beneficiary alive? ☐ Yes ☐ No

H. PERSONAL PROPERTY (Motor Vehicles, Boats, Jewelry, Art). *Attach more pages if necessary.*

Description	Fair Market Value	How Titled
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(SAMPLE OF HOW TO COMPLETE)

2020 Dodge Charger:	\$30,000.00	John Dough
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_____: \$ _____
(Vehicle)

Where is this vehicle located?: _____

_____: \$ _____
(Vehicle)

Where is this vehicle located?: _____

_____: \$ _____
(Vehicle)

Where is this vehicle located?: _____

_____: \$ _____
(RV)

Where is this located?: _____

_____: \$ _____
(Boat)

Where is this located?: _____

Home Furnishings \$ _____

Jewelry, Furs, etc. \$ _____

_____: \$ _____
(other: collectibles, etc.)

_____: \$ _____
(other: collectibles, etc.)

Does the decedent own any firearms regulated by the 1968 Gun Control Act? ☐ Yes ☐ No

*Short-barrel rifles, short-barrel shotguns, machine guns, silencers, including parts, destructive devices (e.g., hand grenades and other explosive ordnance), other "exotic firearms" (pen guns, etc.).

Did the decedent have a plan for distributing the firearms after their death? ☐ Yes ☐ No

If yes, please explain: _____

Does the decedent have a storage unit? ☐ Yes ☐ No. If yes:

Name of storage facility and address: _____

Who has access?: _____ When does the lease term end?: _____

What are the contents?: _____

SECTION 6. DECEDENT'S DEBTS and LIABILITIES

Enter the outstanding balance of the decedent's debt (mortgages, vehicle loans, credit card debt, unpaid medical expenses).

<u>Description/Type of Debt</u>	<u>Creditor</u>	<u>Balance</u>
<i>(SAMPLE OF HOW TO COMPLETE)</i>		
<i>Credit card</i>	<i>US Bank</i>	<i>\$525.63</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Did anyone personally incur expenses for the decedent's final arrangements? ☐ Yes ☐ No

_____	\$ _____	_____
(Name of Payor)	(Amount Paid)	(Paid To)
_____	\$ _____	_____
(Name of Payor)	(Amount Paid)	(Paid To)
_____	\$ _____	_____
(Name of Payor)	(Amount Paid)	(Paid To)
_____	\$ _____	_____
(Name of Payor)	(Amount Paid)	(Paid To)

Did the decedent have any pending legal issues at the time of their death? ☐ Yes ☐ No

If yes, please explain: _____

SECTION 7. INFORMATION ABOUT YOU

Please be aware that Florida law prohibits a convicted felon from serving as the Personal Representative of a decedent's Last Will and Testament. Also, in almost all Formal Administration probate proceedings, Florida judges will generally require the Personal Representative to be bonded, despite language in the Will to the contrary. During your consultation, please let the attorney know if you believe you may have a problem qualifying to serve as a Personal Representative or being bonded.

Have you ever been bonded? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been charged with fraud, misrepresentation, or perjury in a judicial or administrative proceeding? ☐ Yes ☐ No

If yes, please explain: _____

Have you ever been convicted in any state or foreign jurisdiction of abuse, neglect, or exploitation of an elderly person or disabled adult? ☐ Yes ☐ No

If yes, please explain: _____

I certify that the information provided is true and correct to the best of my knowledge. I will not hold Britton G. Swank, P.A., Attorney Swank, or any member of her staff responsible for any errors or omissions that I may have made in completing this form.

DATE: _____

CLIENT SIGNATURE

DOCUMENTATION REQUIRED IF RETAINED

You will be required to provide copies of the following documentation:

- ☐ Deed (or proof of ownership) and most recent property tax bill for all real property.
- ☐ Date of death statement for each bank/credit union account.
- ☐ Date of death statement for each investment account.
- ☐ Business agreement documents and date of death account statements.
- ☐ Mortgage or loan documents where the decedent was the lender.
- ☐ Date of death statement for each retirement account and proof of beneficiary designations.
- ☐ Life insurance policy summary and proof of beneficiary designations.
- ☐ Motor vehicle, RV, and boat Certificates of Title.
- ☐ Proof of the decedent's debts and liabilities.
- ☐ Proof of expenses paid for the decedent's final arrangements.