

BRITTON G. SWANK, P.A.

Elder Law Attorney

CONFIDENTIAL LEGAL PLANNING FORM

This confidential legal planning form is designed to gather the information necessary to review and provide advice regarding your legal and long-term planning needs.

Whether you are a new or an established client, we find this form essential and ask your indulgence in completing it fully. The questions that do not apply to your situation may simply be ignored. *Please feel free to attach additional pages where space is insufficient, or provide other information you think is relevant.*

If documentation is requested, please check the box indicating you provided it. ☐ We will not accept copies of financial statements in lieu of this form being completed.

Not only does this completed form help you get the most out of your conference, it also creates a handy resource because your essential information is all in one place. Family members have also found this completed form to be a great help in a crisis.

Please use **complete legal names** (*not nicknames*) for all people (i.e. Robert Glenn Johnson *not* Bobby Johnson).

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(if other than clients) (first) (middle) (last)

Relationship to Clients: _____

Home Address: _____

Email Address: _____

Telephone Numbers: (home) _____ (cell) _____

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

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

Home Address: _____

	Husband	Wife
Telephone Numbers: (home)	_____	_____
(cell)	_____	_____

Email Address: _____

Date of Birth/Age: _____

Former/Maiden Names: _____

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

If not, how did you find our firm?: _____

<u>Husband</u>	<u>Wife</u>
US Citizen?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Florida Resident?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Service?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Military Branch: _____	_____
During Wartime?: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

***World War II** 12/7/1941–12/31/1946; **Korean Conflict** 6/27/1950–1/31/1955; **Vietnam War** 11/1/1963–5/7/1975 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. MARITAL INFORMATION

A. Date and Place of Marriage _____
 (date) (city) (state or province)

B. During your marriage, did you reside in the following states? ☐ Yes ☐ No. If yes, circle all that apply:
 Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

C. <u>Former Spouses:</u>	<u>Husband</u>	<u>Wife</u>
Name of former spouse:		
	(date and place of marriage)	(date and place of marriage)
	(termination date / death or divorce)	(termination date / death or divorce)
	(any legal obligation to/from former spouse)	(any legal obligation to/from former spouse)

SECTION 3. ESTATE PLANNING DOCUMENTS

Please provide a complete copy of each **signed** document. ☐

	<u>Husband</u>	<u>Wife</u>
Pre or Post Marital Agreement:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revocable Living Trust:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Will and Testament:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Durable Power of Attorney:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Power of Attorney (or Surrogate):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify): _____ :	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

If no, who has custody of them?

SECTION 4. CHILDREN

List **all** children in birth order and use **complete legal** names. Total number of children: _____

1. **Legal** Name: _____
(first) (middle) (last)

(home address) (phone number)

(date of birth) (child of husband / wife / other) (marital status)

Special needs/disability or addiction issues? Yes ☐ No ☐ May we speak with child if needed? Yes ☐ No ☐

☐ Adopted Date: _____ Venue of Court: _____

☐ Deceased Date: _____ City and State: _____

Complete the following for each of this child's biological or legally adopted children:

a. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

b. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

c. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

2. **Legal** Name: _____
(first) (middle) (last)

(home address) (phone number)

(date of birth) (child of husband / wife / other) (marital status)

Special needs/disability or addiction issues? Yes ☐ No ☐ May we speak with child if needed? Yes ☐ No ☐

☐ Adopted Date: _____ Venue of Court: _____

☐ Deceased Date: _____ City and State: _____

Complete the following for each of this child's biological or legally adopted children:

a. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

b. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

c. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

3. Legal Name: _____
(first) (middle) (last)

(home address) (phone number)

(date of birth) (child of husband / wife / other) (marital status)

Special needs/disability or addiction issues? Yes ☐ No ☐ May we speak with child if needed? Yes ☐ No ☐

☐ Adopted Date: _____ Venue of Court: _____

☐ Deceased Date: _____ City and State: _____

Complete the following for each of this child's biological or legally adopted children:

a. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

b. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

c. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

4. Legal Name: _____
(first) (middle) (last)

(home address) (phone number)

(date of birth) (child of husband / wife / other) (marital status)

Special needs/disability or addiction issues? Yes ☐ No ☐ May we speak with child if needed? Yes ☐ No ☐

☐ Adopted Date: _____ Venue of Court: _____

☐ Deceased Date: _____ City and State: _____

Complete the following for each of this child's biological or legally adopted children:

a. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

b. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

c. _____
(legal name – first middle last) (date of birth) (special needs/disability or addiction issues)

Attach more pages if necessary.

SECTION 5. HEALTH-RELATED ISSUES

Please list your primary care physician's name, address, and phone number.

Husband

Wife

Physician's Name: _____

Address: _____

Business Phone: _____

Do you have any of the following health care coverage?

Husband

Wife

Medicare Part A & B?: ☐ Yes ☐ No ☐ Yes ☐ No

Medicare Part D?: ☐ Yes ☐ No ☐ Yes ☐ No

Medicare Supplement?: ☐ Yes ☐ No ☐ Yes ☐ No

Other?: ☐ Yes ☐ No ☐ Yes ☐ No

Long Term Care Insurance?: ☐ Yes ☐ No ☐ Yes ☐ No

Complete with information for Medicare Parts A, B, or D, and private health insurance:

<u>Person Insured</u>	<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Premium</u>
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(EXAMPLE OF HOW TO COMPLETE)

Husband or Wife	Best Insurance	xxx7890	Medicare Part D	\$ 100.00
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_____	_____	_____	_____	\$ _____
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_____	_____	_____	_____	\$ _____
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_____	_____	_____	_____	\$ _____
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_____	_____	_____	_____	\$ _____
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Complete with information for long-term care insurance:

<u>Person Insured</u>	<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>Daily Benefit</u>
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(EXAMPLE OF HOW TO COMPLETE)

Husband or Wife	Acme Insurance	xx-84-67	Skilled Care	\$ 500.00	\$300.00 / day
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_____	_____	_____	_____	\$ _____	\$ _____
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_____	_____	_____	_____	\$ _____	\$ _____
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_____	_____	_____	_____	\$ _____	\$ _____
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_____	_____	_____	_____	\$ _____	\$ _____
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Please describe any specific health-related problems.

Husband

Wife

Are there any known problems with memory or understanding?

Husband: ☐ Yes ☐ No If yes, please explain: _____

Wife: ☐ Yes ☐ No If yes, please explain: _____

	<u>Husband</u>	<u>Wife</u>
Able to physically sign name?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to speak?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to recognize friends and family?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cognizant of property and possessions?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to manage money?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Able to come to office and meet in person?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you need help with the following?

	<u>Husband</u>	<u>Wife</u>
Bathing?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feeding yourself?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using the toilet?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking medications?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using the telephone?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transferring from bed to chair?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is long-term care placement expected?: ☐ Yes ☐ No ☐ Yes ☐ No

If you are in cardiac or respiratory arrest, do you want to be resuscitated (given CPR)?

Husband: ☐ Yes ☐ No

Wife: ☐ Yes ☐ No

If you cannot speak for yourself, and two doctors determine you are terminally ill or in a persistent vegetative state, do you want your life artificially prolonged (i.e. feeding tube, respirator)?

Husband: ☐ Yes ☐ No

Wife: ☐ Yes ☐ No

Do you want to be an organ donor?

Husband: ☐ Yes ☐ No

Wife: ☐ Yes ☐ No

Do you want to be buried or cremated?

Husband: ☐ Buried ☐ Cremated

Wife: ☐ Buried ☐ Cremated

Are your final arrangements made?

Husband: ☐ Yes ☐ No

Wife: ☐ Yes ☐ No

Are your final arrangements paid for?

Husband: ☐ Yes ☐ No

Wife: ☐ Yes ☐ No

Whom do you want to make your medical decisions if you become unable to do so yourself?
Who will be your backup decision-makers?

- ❖ In a Designation of Health Care Surrogate with Living Will document, this person is referred to as “Surrogate”. Consider the ability of the person to handle this responsibility.
- ❖ It is possible to name more than one person in the role of Surrogate, but I strongly discourage it. I recommend that Surrogates be named in a specified order with only one Surrogate to serve at a time. This is to avoid confusion or hesitation by a healthcare provider about whom to take direction from and whether the consent of more than one Surrogate is required.

If you already wrote the phone number on this form, you do not need to do so again.

Husband

1st _____
(legal name) (phone number)

2nd _____
(legal name) (phone number)

3rd _____
(legal name) (phone number)

4th _____
(legal name) (phone number)

Wife

1st _____
(legal name) (phone number)

2nd _____
(legal name) (phone number)

3rd _____
(legal name) (phone number)

4th _____
(legal name) (phone number)

SECTION 6. FIDUCIARIES DURING LIFETIME

Whom do you want to handle your financial affairs during your life? Who will be your backup Agents?

- ❖ There may be a time when you are alive but unable to manage your financial affairs. This could be temporary or long-term, and could be an issue related to mental capacity or physical problems. A Durable Power of Attorney allows someone else to manage your financial affairs, and that person is referred to as your “Agent”. You must consider the trustworthiness and ability of the person to handle this responsibility.
- ❖ It is possible to name more than one person in the Agent’s role. Agents can be named individually in a specified order, as Co-Agents that must act together, or as Co-Agents that may act independently of each other.
- ❖ The authority granted to an Agent by a Durable Power of Attorney ends at your death.

If you already wrote the phone number on this form, you do not need to do so again.

Husband

1 st _____ (legal name)	_____
2 nd _____ (legal name)	_____
3 rd _____ (legal name)	_____
4 th _____ (legal name)	_____

Wife

1 st _____ (legal name)	_____
2 nd _____ (legal name)	_____
3 rd _____ (legal name)	_____
4 th _____ (legal name)	_____

SECTION 7. ASSETS OWNED

A. REAL ESTATE.

Provide a copy of each deed (or other proof of ownership) and the most recent property tax bill. ☐

1. **Homestead** Address: _____

Names as they appear on Deed or Title: _____

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

Is it a manufactured home? ☐ Yes ☐ No *If yes, please check below:*

Do you own the ground? ☐ Yes ☐ No Did you retire the Title? ☐ Yes ☐ No

Do you own a share of the park? ☐ Yes ☐ No Is the park a Co-Operative? ☐ Yes ☐ No

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

Names as they appear on Deed or Title: _____

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

Is it a manufactured home? ☐ Yes ☐ No *If yes, please check below:*

Do you own the ground? ☐ Yes ☐ No Did you retire the Title? ☐ Yes ☐ No

Do you own a share of the park? ☐ Yes ☐ No Is the park a Co-Operative? ☐ Yes ☐ No

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

Names as they appear on Deed or Title: _____

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

Is it a manufactured home? ☐ Yes ☐ No *If yes, please check below:*

Do you own the ground? ☐ Yes ☐ No Did you retire the Title? ☐ Yes ☐ No

Do you own a share of the park? ☐ Yes ☐ No Is the park a Co-Operative? ☐ Yes ☐ No

Attach more pages if necessary.

B. BANK/CREDIT UNION ACCOUNTS. (Checking, Savings, etc.) *Attach more pages if necessary.*

*Provide ALL PAGES of the most recent monthly (or quarterly) statement for each account (**not** a screenshot or PrintScreen list of transactions) to provide proof of account ownership and beneficiaries.* ☐

If you do not receive statements by mail, ask the financial institution how to print statements from their website.

(EXAMPLE OF HOW TO COMPLETE)

Bank/Credit Union: Big Country Bank Account Type: Checking Number: xx2751
Account Title: John P. Dough and Jane V. Dough Current Balance: \$7,392.51
Is a beneficiary designated at the financial institution? ☐ No ☒ Yes: John P. Dough, Jr.

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

Attach more pages if necessary.

C. NON-RETIREMENT INVESTMENTS. (Stocks, Bonds, Annuities, 529 Plans, etc.).

DO NOT LIST RETIREMENT ASSETS HERE; list retirement assets in Section F.

*Provide ALL PAGES of the most recent monthly (or quarterly) statement for each account (**not** a screenshot or PrintScreen list of transactions) to provide proof of account ownership and beneficiaries.* ☐

If you do not receive statements by mail, ask the financial institution how to print statements from their website.

(EXAMPLE OF HOW TO COMPLETE)

Financial Institution: InvestPro Account Type: Brokerage Number: xx3155
Account Title: John P. Dough and Jane V. Dough Current Balance: \$75,941.35
Is a beneficiary designated at the financial institution? ☐ No ☒ Yes: John P. Dough, Jr.

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

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

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? ☐ No ☐ Yes: _____

Attach more pages if necessary.

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

Please provide business agreement documents and the most recent financial statement. ☐

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

Provide the name of your corporate or business attorney if you have one. ☐

E. LOANS MADE OR MORTGAGES HELD.

If you have made a loan to anyone or are holding a mortgage for anyone, complete the following:

Provide a copy of the entire document (Promissory Note, Mortgage) that evidences the debt. ☐

1. Lender Name: _____

Borrower Name: _____

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

Begin Date: _____ End Date: _____

Monthly payment: \$ _____ Current Balance Due \$ _____
(List in Section 9)

If you have made a loan to a beneficiary, briefly describe the situation and whether any outstanding amount is forgiven at your death or will count as an advancement against their inheritance.

Attach more pages if necessary.

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

Provide ALL PAGES of the most recent monthly (or quarterly) statement for each account (**not** a screenshot or PrintScreen list of transactions). ☐

If you do not receive statements by mail, ask the financial institution how to print statements from their website.

Provide proof of primary and contingent beneficiary designations. ☐

If you do not have this information, ask the financial institution to provide it to you.

(EXAMPLE OF HOW TO COMPLETE)

Financial Institution: Retirement Gurus

Account Number: xxxx-3-478

Current Value: \$122,450.87

Primary Beneficiary: Jane V. Dough

Contingent Beneficiary: John P. Dough, Jr.

Husband

1. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

3. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Wife

1. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

3. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Attach more pages if necessary.

G. LIFE INSURANCE. (Whole Life, Term Life, Group Insurance).

Please provide the most recent annual statement or policy summary.

☐

If you do not have this information, ask the insurance company to provide it to you.

Provide proof of primary and contingent beneficiary designations.

☐

If you do not have this information, ask the insurance company provide it to you.

(EXAMPLE OF HOW TO COMPLETE)

Name of Insurer: Security Insurance

Policy Number: xxx-xx-0518

Insured: John P. Dough

Owner: _____

Face Value: \$10,000.00

Cash Surrender Value: \$19,750.00

Primary Beneficiary: Jane V. Dough

Contingent Beneficiary: Jon P. Dough, Jr.

Policies Owned By Husband

1. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Policies Owned By Wife

1. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Attach more pages if necessary.

H. PERSONAL PROPERTY (Motor Vehicles, Boats, Jewelry, Art).

Provide a copy of each motor vehicle / vessel title. ☐

Description	Fair Market Value	How Titled
<i>(EXAMPLE OF HOW TO COMPLETE)</i>		
<i>2020 Dodge Charger:</i>	<i>\$30,000.00</i>	<i>John or Jane Dough</i>
_____:	\$ _____	_____
(Vehicle)		
_____:	\$ _____	_____
(Vehicle)		
_____:	\$ _____	_____
(Vehicle)		
_____:	\$ _____	_____
(RV)		
_____:	\$ _____	_____
(Boat)		
_____:	\$ _____	_____
(Trailer)		
Home Furnishings	\$ _____	_____
Jewelry, Furs, etc.	\$ _____	_____
_____:	\$ _____	_____
(other: collectibles, etc.)		

Do you have a safe deposit box? ☐ Yes ☐ No If so, what is the box number? _____

Where is it located? _____

Whose names are on the card? _____

Do you have any pets? ☐ Yes ☐ No

Have you made arrangements for the care and expenses of your pets after your death? ☐ Yes ☐ No

If yes, please explain: _____

Do you 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.).

Do you have a plan for distributing the firearms after your death? ☐ Yes ☐ No

If yes, please explain: _____

SECTION 8. GIFTS and TRANSFERS WITHIN 60 MONTHS

Have you gratuitously transferred property to someone other than your spouse within the past 60 months? This includes adding another person's name to an asset or transferring an asset to another person without receiving fair market value.

Husband: ☐ Yes ☐ No

Wife: ☐ Yes ☐ No

If yes, please provide the following information:

A. Husband

<u>Recipient</u>	<u>Amount/Value of Gift</u>	<u>Date of Gift</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

B. Wife

<u>Recipient</u>	<u>Amount/Value of Gift</u>	<u>Date of Gift</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

Do you routinely make gifts for holidays or family celebrations? If yes, please explain:

Do you routinely make gifts to charitable or religious entities? If yes, please explain:

***If an application for Medicaid benefits is made, documentation of all gifts and transfers made within the prior 60 months must be provided. This is often referred to as the five-year rule. I will explain this during our conference.**

SECTION 9. GROSS INCOME

Provide verification of the current gross monthly income and deductions for each source of income. ☐

GROSS MONTHLY INCOME

	Husband	Wife
Social Security:	\$ _____	\$ _____
Railroad Retirement:	\$ _____	\$ _____
Employment from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
Rental Income from: _____	\$ _____	\$ _____
Loan Income from: _____	\$ _____	\$ _____
Interest/Dividends:	\$ _____	\$ _____
TOTAL <u>GROSS</u> MONTHLY INCOME:	\$ _____	\$ _____

SECTION 10. DEBT

Describe your debts (mortgages, vehicle loans, credit card debt, unpaid medical expenses).

<u>Description/Type of Debt</u>	<u>Creditor</u>	<u>Balance</u>
<i>(EXAMPLE OF HOW TO COMPLETE)</i>		
<i>Vehicle loan</i>	<i>Motor Finance</i>	<i>\$13,810.85</i>
<i>Credit card</i>	<i>US Bank</i>	<i>\$525.63</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Does your monthly income cover your monthly expenses?

☐ Yes ☐ No

SECTION 11. DISPOSITIVE PLANNING

To whom and how do you want your assets distributed after your death?

- ❖ Tangible personal property refers to household furnishings, appliances, fixtures, art, pictures, collectibles, clothing, jewelry, books, hobby and sporting goods, motor vehicles, and pets. You can have a separate writing to devise personal property to individuals or charities.
- ❖ Florida homestead property must pass to your heirs to be exempt from claims by your creditors. If you direct that homestead property be sold, the sale proceeds are subject to creditor claims.
- ❖ Sometimes, a client believes it will be easier to leave all of their assets to one person and for that person to distribute assets according to the client's wishes after their death. There are many reasons why this is not a good plan.

- ❖ Consider to whom your assets should go if a first-choice beneficiary predeceases you.

For example, assume your estate is to be divided among equally your children. If one of your children is deceased at the time of your death, how do you want their share distributed?

Would their share pass to their descendants, to your surviving children, or to another person?

- ❖ At what age would you want a minor beneficiary to receive assets?

Who would manage the minor beneficiary's share until they reach that age?

- ❖ Worst case scenario - all of your named beneficiaries predecease you.

Florida law would trace your family tree to determine who your natural heirs would be. If you do not want that, you can designate one or more people and/or charities as beneficiaries.

If you name a charity as a beneficiary, a copy of their IRS 501(c)(3) letter will be required.

- ❖ If a beneficiary is receiving certain public benefits, those benefits can be jeopardized by receiving an inheritance.

Do any of your beneficiaries receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, or other public benefits? Yes ☐ No ☐.

If yes, a copy of their Social Security Administration award letter is required.

1. _____ (beneficiary legal name – first middle last)	_____ (percentage)	_____ (what happens if they predecease you?)
2. _____ (beneficiary legal name – first middle last)	_____ (percentage)	_____ (what happens if they predecease you?)
3. _____ (beneficiary legal name – first middle last)	_____ (percentage)	_____ (what happens if they predecease you?)
4. _____ (beneficiary legal name – first middle last)	_____ (percentage)	_____ (what happens if they predecease you?)

Attach more pages if necessary.

SECTION 12. FIDUCIARIES AFTER DEATH

Who do you want to handle your financial affairs after your death?

- ❖ Consider the trustworthiness and ability of the person to handle this responsibility.
- ❖ In a Last Will and Testament, this person is referred to as “Personal Representative”.
*Florida law requires that a Personal Representative be a blood relative **or** a Florida resident.
- ❖ In a Trust, this person is referred to as “Trustee”. Anyone may serve as Trustee, the restriction for blood relation or Florida residency does not apply to a Trustee.
- ❖ It is possible to name more than one person in the role of Personal Representative and Trustee. They can be named individually in a specified order, as Co-Personal Representatives/Trustees that must act together, or as Co-Personal Representatives/Trustees that may act independently of each other.

If you already wrote an address and phone number on this form, you do not need to do so again.

Husband: 1st

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

2nd

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

3rd

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

4th

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

Wife: 1st

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

2nd

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

3rd

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

4th

_____ (legal name) _____ *(relationship)

_____ (address) _____ (phone number)

I certify that I have read and understood the information above. I acknowledge that I have answered truthfully and to my satisfaction. 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: _____, .

HUSBAND SIGNATURE

DATE: _____, .

WIFE SIGNATURE

DOCUMENTATION REQUIRED FOR CONFERENCE

Please provide *copies* of the following for both spouses.

Be sure to cover all but the last four digits of account numbers.

- ☐ A valid driver's license or other government-issued photo identification (front and back).
- ☐ A complete copy of each current signed estate planning document. See **Section 3**.
- ☐ A copy of each deed (or proof of ownership) and most recent property tax bill. See **Section 7A**.
- ☐ A complete copy (every page) of the most recent statement for each bank/credit union account. **If you do not receive statements by mail, ask the financial institution how to print statements from their website.** See **Section 7B**.
- ☐ A complete copy (every page) of the most recent statement for each non-retirement investment account. **If you do not receive statements by mail, ask the financial institution how to print statements from their website.** See **Section 7C**.
- ☐ A copy of business agreement documents and the most recent account statements. See **Section 7D**.
- ☐ A copy of loan or mortgage documents where you are the lender. See **Section 7E**.
- ☐ A complete copy (every page) of the most recent statement for each retirement account and proof of primary and contingent beneficiary designations. See **Section 7F**.
- ☐ A copy of the most recent life insurance annual statement or policy summary and proof of primary and contingent beneficiary designations. See **Section 7G**.
- ☐ A copy of each motor vehicle title. See **Section 7H**.
- ☐ A copy of each gross monthly income amount and any deductions. See **Section 9**.