



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.

### SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form:

(if other than client)

(first)

(middle)

(last)

Relationship to Client:

Home Address:

Email Address:

Telephone Numbers:

(home)

(cell)

Client Legal Name:

(first)

(middle)

(last)

Home Address:

Email Address::

Telephone Numbers:

(home)

(cell)

Date of Birth / Age:

Former/Maiden Names:

Were you referred to our firm: ☐ Yes ☐ No If So, by whom?: Name: \_\_\_\_\_

If not referred, what made you choose our firm? \_\_\_\_\_

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. 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)

## **SECTION 3. ESTATE PLANNING DOCUMENTS**

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

Revocable Living Trust: ☐ Yes ☐ No

Last Will and Testament: ☐ Yes ☐ No

Durable Power of Attorney: ☐ Yes ☐ No

Health Care Power of Attorney (or Surrogate): ☐ Yes ☐ No

Living Will: ☐ Yes ☐ No

Other (specify): \_\_\_\_\_: ☐ Yes ☐ 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 and use **complete legal names**. **Total number of children:** \_\_\_\_\_

*Attach more pages if necessary.*

1. \_\_\_\_\_ Child of you and \_\_\_\_\_  
(legal name of child) (date of birth)

\_\_\_\_\_  
(address) (phone number)

☐ Adopted Date: \_\_\_\_\_ Venue of Court: \_\_\_\_\_

☐ Deceased Date: \_\_\_\_\_ City and State: \_\_\_\_\_

\_\_\_\_\_  
(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)  
May we speak with this child if needed? Yes ☐ No ☐

List the legal name and date of birth of each of this child’s children (biological or adopted):

a. \_\_\_\_\_  
(legal name) (date of birth)

b. \_\_\_\_\_  
(legal name) (date of birth)

c. \_\_\_\_\_  
(legal name) (date of birth)

d. \_\_\_\_\_  
(legal name) (date of birth)

2. \_\_\_\_\_ Child of you and \_\_\_\_\_  
(legal name of child) (date of birth)

\_\_\_\_\_  
(address) (phone number)

☐ Adopted Date: \_\_\_\_\_ Venue of Court: \_\_\_\_\_

☐ Deceased Date: \_\_\_\_\_ City and State: \_\_\_\_\_

\_\_\_\_\_  
(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)  
May we speak with this child if needed? Yes ☐ No ☐

List the legal name and date of birth of each of this child’s children (biological or adopted):

a. \_\_\_\_\_  
(legal name) (date of birth)

b. \_\_\_\_\_  
(legal name) (date of birth)

c. \_\_\_\_\_  
(legal name) (date of birth)

d. \_\_\_\_\_  
(legal name) (date of birth)

3. \_\_\_\_\_ Child of you and \_\_\_\_\_  
(legal name of child) (date of birth)

\_\_\_\_\_  
(address) (phone number)

☐ Adopted Date: \_\_\_\_\_ Venue of Court: \_\_\_\_\_

☐ Deceased Date: \_\_\_\_\_ City and State: \_\_\_\_\_

\_\_\_\_\_  
(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)  
May we speak with this child if needed? Yes ☐ No ☐

List the legal name and date of birth of each of this child’s children (biological or adopted):

a. \_\_\_\_\_  
(legal name) (date of birth)

b. \_\_\_\_\_  
(legal name) (date of birth)

c. \_\_\_\_\_  
(legal name) (date of birth)

d. \_\_\_\_\_  
(legal name) (date of birth)

4. \_\_\_\_\_ Child of you and \_\_\_\_\_  
(legal name of child) (date of birth)

\_\_\_\_\_  
(address) (phone number)

☐ Adopted Date: \_\_\_\_\_ Venue of Court: \_\_\_\_\_

☐ Deceased Date: \_\_\_\_\_ City and State: \_\_\_\_\_

\_\_\_\_\_  
(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)  
May we speak with this child if needed? Yes ☐ No ☐

List the legal name and date of birth of each of this child’s children (biological or adopted):

a. \_\_\_\_\_  
(legal name) (date of birth)

b. \_\_\_\_\_  
(legal name) (date of birth)

c. \_\_\_\_\_  
(legal name) (date of birth)

d. \_\_\_\_\_  
(legal name) (date of birth)

*Attach more pages if necessary.*

## SECTION 5. HEALTH-RELATED ISSUES

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

Physician's Name: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_

Do you have any of the following health care coverage?

Medicare Part A & B?: ☐ Yes ☐ No

Medicare Part D?: ☐ Yes ☐ No

Medicare Supplement?: ☐ Yes ☐ No

Other?: ☐ Yes ☐ No

Long Term Care Insurance?: ☐ Yes ☐ No

Please provide information for Medicare Parts A, B, or D, and private health insurance:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Premium</u>
(sample) Best Insurance	123-45-6789	Medicare Part D	\$ 100.00
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please provide the following information for long-term care insurance:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>Daily Benefit</u>
(sample) Acme Insurance	238-4-67	Skilled Care	\$ 3,000	\$300.00 per day
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Please describe any specific health-related issues. \_\_\_\_\_

Are there any known problems with memory or understanding? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_



## **SECTION 6. FIDUCIARIES DURING LIFETIME**

Who do you want to handle your financial affairs during your life?

- ❖ 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.

1 <sup>st</sup>	_____	_____
	(legal name)	(phone number)
2 <sup>nd</sup>	_____	_____
	(legal name)	(phone number)
3 <sup>rd</sup>	_____	_____
	(legal name)	(phone number)
4 <sup>th</sup>	_____	_____
	(legal name)	(phone number)

## **SECTION 7. ASSETS OWNED**

### **A. REAL ESTATE. *Attach more pages if necessary.***

- *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 this a manufactured home? ☐ Yes ☐ No

*If yes:*

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 this a manufactured home? ☐ Yes ☐ No

*If yes:*

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 this a manufactured home? ☐ Yes ☐ No

*If yes:*

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: xxx2751  
Account Title: John P. Dough and Jane V. Dough Current Balance: \$7,392.51  
Is a beneficiary designated at the financial institution? ☐ No ☒ Yes: Jon 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: \_\_\_\_\_

**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: xxx7315  
Account Title: John P. Dough and Jane V. Dough Current Balance: \$35,902.12  
Is a beneficiary designated at the financial institution? ☐ No ☒ Yes: Jon 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: \_\_\_\_\_

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

- Please provide a short description giving 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 business attorney if you have one.

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

☐

---

---

---

**E. LOANS MADE OR MORTGAGES HELD.** *Attach more pages if necessary.*

**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.

---

---

**F. RETIREMENT ACCOUNTS.** (IRA, 401(k), 403(b), 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) ☐
- If you do not receive statements by mail, ask the financial institution how to print statements from their website. ☐
- Please provide proof of primary and contingent beneficiary designations. ☐

(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: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

2. Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

3. Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

4. Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

5. Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_

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

- Please provide the most recent annual statement or policy summary. ☐
- Please provide proof of primary and contingent beneficiary designations. ☐

(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: \$ \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

2. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

3. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

4. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Insured: \_\_\_\_\_ Owner: \_\_\_\_\_  
Face Value: \$ \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_ Contingent Beneficiary: \_\_\_\_\_

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

*Please provide a copy of each motor vehicle title.*

☐

Description	Fair Market Value	How Titled
<i>(SAMPLE 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)		
Home Furnishings	\$ _____	_____
Jewelry, Furs, etc.	\$ _____	_____
_____ : \$ _____ (other: collectibles, etc.)		
_____ : \$ _____		

Do you have a safe deposit box? ☐ Yes ☐ No If Yes, 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 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 a 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. ☐ Yes ☐ No

If yes, please provide the following information:

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

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. INCOME**

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

### **GROSS MONTHLY INCOME**

Social Security: \$ \_\_\_\_\_

Railroad Retirement: \$ \_\_\_\_\_

Employment from: \_\_\_\_\_ \$ \_\_\_\_\_

Pension from: \_\_\_\_\_ \$ \_\_\_\_\_

Pension from: \_\_\_\_\_ \$ \_\_\_\_\_

IRA Distribution from: \_\_\_\_\_ \$ \_\_\_\_\_

IRA Distribution from: \_\_\_\_\_ \$ \_\_\_\_\_

Rental Income from: \_\_\_\_\_ \$ \_\_\_\_\_

Loan Income from: \_\_\_\_\_ \$ \_\_\_\_\_

Interest/Dividends: \$ \_\_\_\_\_

**TOTAL GROSS MONTHLY INCOME:** \$ \_\_\_\_\_

## **SECTION 10. DEBT**

Enter the outstanding balance of all of your debt (mortgages, vehicle loans, credit card debt, unpaid medical expenses).

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

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Does your monthly income cover your monthly expenses?

☐ Yes ☐ No

## **SECTION 11. DISPOSITIVE PLANNING**

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

- ❖ Consider to whom your assets should go if your first-choice beneficiaries predecease you.
- ❖ 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?
- ❖ 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. Your list must be signed and dated, and keep it with your original Trust or Will.
- ❖ Florida homestead property must pass to heirs to be exempt from claims by your creditors. If you direct the homestead property to be sold, the sale proceeds will be subject to creditor claims.

Please be advised that certain public benefits can be jeopardized by a recipient 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 ☐.

*A copy of the Social Security Administration award letter is required for proper planning.* ☐

If you are naming a charitable organization as a beneficiary, you need to contact them and request a copy of the Internal Revenue Service letter determining their tax-exempt status under Section 501(c)(3).

*A copy of the IRS 501(c)(3) letter is required for proper planning.* ☐

Any specific gifts of money, personal property, or real property to a specific person?

1. \_\_\_\_\_ (Money or Property) \_\_\_\_\_ (legal name)

What happens to the gift if the recipient dies before you? ☐ Lapse ☐ Recipient's Children ☐ Other  
If the property is sold during your life by your fiduciary, will the recipient receive the cash equivalent of the property's value at the time it was sold? ☐ Yes ☐ No

2. \_\_\_\_\_ (Money or Property) \_\_\_\_\_ (legal name)

What happens to the gift if the recipient dies before you? ☐ Lapse ☐ Recipient's Children ☐ Other  
If the property is sold during your life by your fiduciary, will the recipient receive the cash equivalent of the property's value at the time it was sold? ☐ Yes ☐ No

A. First-choice residuary beneficiaries: ☐ Spouse ☐ Children ☐ Spouse and Children

☐ Other \_\_\_\_\_

B. Second-choice residuary beneficiaries: ☐ Spouse ☐ Children ☐ Spouse and Children

☐ Other \_\_\_\_\_

C. Third-choice residuary beneficiaries: ☐ Spouse ☐ Children ☐ Spouse and Children

☐ Other \_\_\_\_\_



## **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.

<b>1<sup>st</sup></b>	_____	_____
	(legal name)	*(relationship)
	_____	_____
	(address)	(phone number)
<b>2<sup>nd</sup></b>	_____	_____
	(legal name)	*(relationship)
	_____	_____
	(address)	(phone number)
<b>3<sup>rd</sup></b>	_____	_____
	(legal name)	*(relationship)
	_____	_____
	(address)	(phone number)
<b>4<sup>th</sup></b>	_____	_____
	(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: \_\_\_\_\_,

\_\_\_\_\_  
CLIENT SIGNATURE

## **DOCUMENTATION REQUIRED FOR INITIAL CONFERENCE**

**Please provide *copies* of the following:**

- ☐ 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. Please cover all but the last 4 digits of the account number.**
- ☐ A complete copy (every page) of the most recent statement for each investment account. **If you do not receive statements by mail, ask the financial institution how to print statements from their website. See Section 7C. Please cover all but the last 4 digits of the account number.**
- ☐ A copy of business agreement documents and the most recent account statements. See **Section 7D. Please cover all but the last 4 digits of the account number.**
- ☐ 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. Please cover all but the last 4 digits of the account number.**
- ☐ 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**.