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*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.  Please do not attach financial statements in lieu of completing this form.

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 Spouse 1 or Spouse 2) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last)

Relationship to Clients: \_\_\_\_\_

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

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

Telephone Numbers: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Spouse 1 Legal Name: \_\_\_\_\_  
(first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last)

Spouse 2 Legal Name: \_\_\_\_\_  
(first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last)

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

**Spouse 1**

**Spouse 2**

Telephone Numbers: (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

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

Date of Birth/Age: \_\_\_\_\_

Former/Maiden Names: \_\_\_\_\_

Referred by: \_\_\_\_\_

<u>Spouse 1</u>	<u>Spouse 2</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?:  Yes  No  Yes  No

\*WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975 (or 02/1961 – 05/07/1975 for a veteran who served “in country”/boots on the ground during that period); Persian Gulf–08/1990

## 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. Former Spouses:**

Spouse 1 Spouse 2

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>Spouse 1</u>	<u>Spouse 2</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** *Attach more pages if necessary.*

List all children and use **complete legal names**.

Total number of children: \_\_\_\_\_

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

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

Adopted \_\_\_\_\_ (date of adoption) (court granting adoption)

Deceased \_\_\_\_\_  Yes  No  
(date of death) (child has surviving children?)

(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

If this child has any children (biological or adopted), list **legal names** and ages:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

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

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

Adopted \_\_\_\_\_ (date of adoption) (court granting adoption)

Deceased \_\_\_\_\_  Yes  No  
(date of death) (child has surviving children?)

(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

If this child has any children (biological or adopted), list **legal names** and ages:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

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

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

Adopted \_\_\_\_\_ (date of adoption) (court granting adoption)

Deceased \_\_\_\_\_  Yes  No  
(date of death) (child has surviving children?)

(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

If this child has any children (biological or adopted), list **legal names** and ages:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

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

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

Adopted \_\_\_\_\_ (date of adoption) (court granting adoption)

Deceased \_\_\_\_\_  Yes  No  
(date of death) (child has surviving children?)

(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

If this child has any children (biological or adopted), list **legal names** and ages:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

## **SECTION 5. HEALTH-RELATED ISSUES**

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

### **Spouse 1**

### **Spouse 2**

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

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

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

Do you have any of the following health care coverage?

### **Spouse 1**

### **Spouse 2**

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

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>
<i>(sample)</i>			
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>
<i>(sample)</i>				
Acme Insurance	238-4-67	Skilled Care	\$ 3,000	\$300.00 per day
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Please describe any specific health-related problems.

**Spouse 1**

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**Spouse 2**

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Are there any known problems with memory or understanding?

Spouse 1:  Yes  No If yes, please explain: \_\_\_\_\_

Spouse 2:  Yes  No If yes, please explain: \_\_\_\_\_

	<b>Spouse 1</b>	<b>Spouse 2</b>
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

<b>Do you need help with the following?</b>	<b>Spouse 1</b>	<b>Spouse 2</b>
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?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Spouse 1:  Yes  No      Spouse 2:  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)?

Spouse 1:  Yes  No      Spouse 2:  Yes  No

Do you want to be an organ donor?

Spouse 1:  Yes  No

Spouse 2:  Yes  No

Do you want to be buried or cremated?

Spouse 1:  Buried  Cremated

Spouse 2:  Buried  Cremated

Are your final arrangements made?

Spouse 1:  Yes  No

Spouse 2:  Yes  No

Are your final arrangements paid for?

Spouse 1:  Yes  No

Spouse 2:  Yes  No

Whom do you want to make your medical decisions if you become unable to do so yourself?

- ❖ 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.

### **Spouse 1**

**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)

### **Spouse 2**

**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 6. FIDUCIARIES DURING LIFETIME**

Whom 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.

### **Spouse 1**

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

### **Spouse 2**

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

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

*Provide every page of the most recent monthly (or quarterly) statement (not a print-out of transactions).*   
If you do not receive statements by mail, ask the financial institution how to print statements from their website.

Name of Financial Inst (sample)	Account No.	Account Type	Current Value	Account Title
Big Country Bank	xxx-0518	Savings	\$ xx,xxx.xx	John and Jane Dough

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

**C. NON-RETIREMENT INVESTMENTS.** (Stocks, Bonds, 529 Plans, etc.). *Attach more pages if necessary.*

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

*Provide every page of the most recent monthly (or quarterly) statement (not a print-out of transactions).*   
If you do not receive statements by mail, ask the financial institution how to print statements from their website.

Name of Financial Inst (sample)	Account No.	Account Type	Current Value	Account Title
InvestPro	xxx-1124	Brokerage	\$ xx,xxx.xx	John and Jane Dough

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

\_\_\_\_\_ \$  
Is a pay/transfer on death beneficiary designated at the financial institution?  Yes  No

**D. BUSINESS INTERESTS. (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.).

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



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**E. LOANS MADE OR MORTGAGES HELD.**

If you have made a loan to anyone or are holding a mortgage for anyone, briefly describe the situation.

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



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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.

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**F. RETIREMENT ACCOUNTS.** (IRA, 401(k), 403(b), etc.). *Attach more pages if necessary.*

*Provide every page of the most recent monthly (or quarterly) statement (not a print-out 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.*

(sample)

Financial Institution: <u>Retirement Gurus</u>	Account Number: <u>xx-xxx-0518</u>
Value: <u>\$122,450.87</u>	
Primary Beneficiary: <u>Jane V. Dough</u>	Contingent Beneficiary: <u>John P. Dough, Jr.</u>

**Spouse 1**

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: \_\_\_\_\_

**Spouse 2**

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: \_\_\_\_\_

**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.*

  

*(sample)*

Name of Insurer: Security Insurance  
Insured: John P. Dough  
Face Value: \$10,000.00  
Primary Beneficiary: Jane V. Dough

Policy Number: xxx-xx-0518  
Owner: Jane V. Dough  
Cash Surrender Value: \$19,750.00  
Contingent Beneficiary: John P. Dough, Jr.

**Policies Owned By Spouse 1**

1. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

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

Cash Surrender Value: \$ \_\_\_\_\_

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

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

2. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

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

Cash Surrender Value: \$ \_\_\_\_\_

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

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

**Policies Owned By Spouse 2**

1. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

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

Cash Surrender Value: \$ \_\_\_\_\_

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

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

2. Name of Insurer: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured: \_\_\_\_\_

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
(sample)		
2020 Dodge Charger	\$30,000.00	John or Jane Dough
_____ : _____ (Vehicle)		
_____ : _____ (Vehicle)		
_____ : _____ (Vehicle)		
_____ : _____ (RV)		
_____ : _____ (Boat)		
Home Furnishings	\$_____	_____
Jewelry, Furs, etc.	\$_____	_____
_____ : _____ (other: collectibles, 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  NoHave 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 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.

Spouse 1:  Yes  No

Spouse 2:  Yes  No

If yes, please provide the following information:

### **A. Spouse 1**

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

### **B. Spouse 2**

<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:

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

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**\*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**

	<b>Spouse 1</b>	<b>Spouse 2</b>
Social Security:	\$ _____	\$ _____
Railroad Retirement:	\$ _____	\$ _____
Employment from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
Rental Income from: _____	\$ _____	\$ _____
Interest/Dividends:	\$ _____	\$ _____
<b>TOTAL <u>GROSS</u> MONTHLY INCOME:</b>	<b>\$ _____</b>	<b>\$ _____</b>

## **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) Credit card	US Bank	\$525.63
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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.

**Spouse 1: 1<sup>st</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**2<sup>nd</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**3<sup>rd</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**4<sup>th</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**Spouse 2: 1<sup>st</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**2<sup>nd</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**3<sup>rd</sup>**

(legal name)

\*(relationship)

(address)

(phone number)

**4<sup>th</sup>**

(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: \_\_\_\_\_, .

SPOUSE 1 SIGNATURE

DATE: \_\_\_\_\_, .

SPOUSE 2 SIGNATURE

### **DOCUMENTATION REQUIRED FOR INITIAL CONFERENCE**

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

- 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 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**. *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**.