

The Law Office of Kathleen Flammia

ESTATE PLANNING INFORMATION GATHERING

PART 1: FAMILY DATA

Full name: _____

Spouse's: _____

Other or former names: _____

Spouse's: _____

Social security number: _____

Spouse's: _____

Home address: _____

County: _____

Spouse's (if not the same): _____

If you have moved to Florida from another state, name the state and years of residence there:

Date you moved to Florida: _____

Do you have other residences in Florida? Yes: ___ No: ___

Contact information:

(Home phone): _____ (Work phone): _____

(Fax): _____

(Cell): _____ (Email): _____

Spouse's number: _____

Birthdate: _____ Birthplace: _____

Spouse's Birthdate: _____ Spouse's Birthplace: _____

Date of Marriage to Spouse: _____

Are you a U.S. citizen? Yes: _____ No: _____

If U.S. citizen other than by birth, state date of citizenship: _____

Is your Spouse a U.S. Citizen? Yes: _____ No: _____ Year of citizenship: _____

Driver's license number: _____

Occupation: _____

Spouse's: _____

Employer: _____

Spouse's: _____

Are you currently exercising a power of appointment? Yes: _____ No: _____

Do you have children (**including stepchildren, foster or adopted children**)?

Yes: _____ No: _____

If yes, please provide the following information for each:

Name (as it should appear)	Living?	Age	Birthdate	Married?	Address	Phone Number
	Yes/No			Yes/No		
	Yes/No			Yes/No		
	Yes/No			Yes/No		
	Yes/No			Yes/No		
	Yes/No			Yes/No		
	Yes/No			Yes/No		

For each child, state the name of the child's other parent if not your present spouse. _____

Do you have children in college? Yes: _____ No: _____

Do you anticipate sending a child or children to college in the future? Yes: _____ No: _____

Do your children own any valuable assets? Yes: _____ No: _____

If so, name the child and the approximate value of the asset:

Name of child:	Approximate Value:

Do you have dependents other than minor children? Yes: _____ No: _____

If so, please provide name, age, and residence:

Name:	Age:	Residence:

Guardian of Children- The most important purpose of a will for most younger people is the appointment of a guardian for their children under age 18. All people with children should have wills for this purpose.

Name of Guardian: _____

Address: _____

Phone Number: _____

Alternate Guardian: _____

Address: _____

Phone Number: _____

Do you have any grandchildren? Yes: _____ No: _____

If so, please provide names, ages/birthdates, and names of parents:

Name:	Age:	Birthdate:	Names of parents:

Please list the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Address:
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

List, as well, the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Address:
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

Do you presently have a Will? Yes: _____ No: _____

If so, what is the date on the Will? _____

Was it signed in Florida? Yes: _____ No: _____ If not, where? _____

If you need a will, who do you want to serve as your Personal Representative and alternate:

1. _____

Address: _____

Phone Number: _____

2. _____

Address: _____

Phone Number: _____

Does your spouse presently has a Will? Yes: _____ No: _____

If so, what is the date on the Will? _____

Was it signed in Florida? Yes: _____ No: _____ If not, where? _____

If Spouse needs a will, who is to serve as their Personal Representative and alternate?

1. _____

Address: _____

Phone Number: _____

2. _____

Address: _____

Phone Number: _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: _____ No: _____

If so, what is the date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes: _____ No: _____

If so, what is the date of the trust? _____

Have you signed a prenuptial or postnuptial agreement? Yes: _____ No: _____

If so, what is the date of the agreement and name of the spouse involved? _____

Please provide the following information regarding your former marriages:

Name of former spouse	Living?	Date of Death or Divorce agreement
	Yes/No	
	Yes/No	
	Yes/No	

Please provide the following information regarding your spouse's former marriages:

Name of former spouse	Living?	Date of Death or Divorce agreement
	Yes/No	
	Yes/No	
	Yes/No	

A health care surrogate is an adult who is appointed to make healthcare decisions for you when you become unable to make them for yourself

---Spouse #1---

If you are interested in a Health Care Surrogate, please list the names and addresses of the person or persons who will make your healthcare decisions:

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

---Spouse #2---

If you are interested in a Health Care Surrogate, please list the names and addresses of the person or persons who will make your healthcare decisions:

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

A HIPAA Release lists those adults who are given your permission to obtain information regarding your status from the Doctor, Hospital, etc.

---Spouse #1---

If you are interested in a HIPAA Release, please list the names and addresses of the person or persons who will make your healthcare decisions:

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

---Spouse #2---

If you are interested in a HIPAA Release, please list the names and addresses of the person or persons who will make your healthcare decisions:

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

A Pre-Need Guardian is the person named in a written declaration to serve as guardian in the event of the incapacity of the declarant

---Spouse #1---

If you are interested in a Pre-Need Guardian, please list the names and addresses of the person or persons who will make your healthcare decisions:

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

---Spouse #2---

If you are interested in a Pre-Need Guardian, please list the names and addresses of the person or persons who will make your healthcare decisions:

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

A Durable Power of Attorney is a written instrument by which one person authorizes another to take specific actions for him or her, as stated in the instrument; authority is extended to periods of disability and incompetency

---Spouse #1---

If you are interested in a Durable Power of Attorney please list the name of the person who will be named your attorney-in-fact and an alternate (if desired):

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

---Spouse #2---

If you are interested in a Durable Power of Attorney please list the name of the person who will be named your attorney-in-fact and an alternate (if desired):

1. Name and Relationship to you: _____

Address: _____

Phone: _____

2. Name and Relationship to you: _____

Address: _____

Phone: _____

3. Name and Relationship to you: _____

Address: _____

Phone: _____

PART II
ASSETS AND LIABILITIES

ASSETS

A. Liquid assets: cash (dividends, etc.); savings accounts; checking accounts; money market accounts; certificates of deposit; mutual funds:

Item/ How it is Titled/ Account Number	Name/Address of Bank	Value	Who is the beneficiary?

B. Other personal property (everything except liquid assets): private corporation stocks and bonds (publicly listed); unlisted stocks and bonds; government bills, notes, and bonds; commodities; automobiles; other vehicles (airplanes, boats, motorcycles, recreational vehicles); precious metals; safe deposit contents; household goods, furniture, and appliances; china, crystal, and silver; jewelry (watches, wedding and engagement rings); furs and clothing; art works, photographs, letters, medals, collectibles, family heirlooms, artifacts, and antiques; tools and machinery; computers and electronic equipment; sports equipment (camping, hiking, cycling, skiing, fishing, etc.); hobbies; camera, video, and recording equipment; books; musical instruments; valuable livestock/animals; pets; money owed to you (personal loans, etc.); vested interest in profit sharing plan, stock options, etc.; limited partnerships; trust interest; vested interest in retirement plans, IRAs, death benefits, annuities; life insurance; miscellaneous personal property not already listed.

NOTE: Separately identify valuable items. Categorize less valuable items (for example, "all of my clothing," "all of my household possessions," etc.). Household possessions can include furniture,

Item Identification and How it is Titled	Location	Value	Who is the beneficiary?

appliances, tools, etc. State where listed assets are located (for example, provide the address or, if applicable, state "at my residence." List shares of stock by number of shares, name of company, and type of stock (for example, 100 shares of General Electric common). When listing the value of the asset, first list the total value, then subtract any debt owing on the asset and list the net value of the asset. If the asset is a life insurance policy, IRA, or retirement plan, identify any primary or contingent beneficiaries listed on the policy, account, or plan. Take into account accrued income tax liability when valuing a retirement plan.

C. Business personal property: patents, copyrights, trademarks, and royalties; business ownerships such as partnerships, sole proprietorships, corporations, etc. (list by name and type of business); miscellaneous receivables (such as mortgages, deeds of trust, or promissory notes held by you; rents due from income-producing property owned by you; payments due for professional or personal services or property sold by you that are not fully paid by the purchaser):

Item Identification and How it is Titled	Location	Value	Who is the beneficiary?

D. Real estate: agricultural land; boat/marina slip; cemetery plots; condominiums; cooperatives; timeshares; duplexes; houses; mobile homes; rental properties; undeveloped land; vacation homes:

NOTE: Describe real property by listing its address or location, including the street address or apartment number or acreage in a specified county. The legal description does not have to be provided. If the real property includes personal items such as farm tools or animals, include them in the description, specifically listing expensive items such as cattle or a tractor. If the items are relatively inexpensive, such as tools in a shed on otherwise vacant land, state "along with all personal property located on the property." Subtract any mortgage or other debt owing on the asset.

Property Address (including county)	How is it titled?	Value

TOTAL NET VALUE OF ALL ASSETS	_____
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LIABILITIES

NOTE: To reach the net value of assets listed above, you should already have listed and subtracted the debt on the asset. Therefore, you should include below only those liabilities not taken into account above. Do not include regular monthly bills such as those for utilities, telephone, and credit cards, but do take into account whether you have guaranteed any obligations of someone else (even if you don't expect to have to pay).

A. Personal property debts (personal loans with banks, major credit card debt, etc.) and other personal debts:

Item Description:	Amount Due	Due Date

B. Taxes (include only past and currently due taxes - do not include future or estimated estate taxes):

Item Description:	Amount Due	Due Date

C. Other liabilities (such as legal judgments, guarantees, accrued child support, etc.):

Item Description:	Amount Due	Due Date

TOTAL LIABILITIES	_____
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NET WORTH	<hr/> <hr/>
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PART III
INCOME AND HEALTH ISSUES

Annual income and source of income (wages, rents, dividends, etc.): _____

Spouse's: _____

Describe your health (good, fair, poor) and any illnesses that you suffer from: _____

Provide the same information for your spouse: _____

State the name and contact information for your physician: _____

Spouse's: _____

Do you have health insurance? Yes: ___ No: ___ If yes, please provide the name of the company and contact information: _____

Please provide the same information for your spouse: _____

Do you have disability insurance? Yes: ___ No: ___ If yes, please provide the name of the company and the value of the insurance: _____

Provide the same for your spouse: _____

PART IV
CONSULTANTS

Name and contact information for your attorney: _____

Spouse's, if different: _____

Name and contact information for your accountant: _____

Spouse's, if different: _____

Name and contact information for your insurance agent: _____

Spouse's, if different: _____

Name and contact information for your investment advisor (broker, banker, etc.): _____

Spouse's, if different: _____

DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

1. Prior and present Wills
2. Trust instruments in which client is grantor, trustee, or beneficiary
3. Most recent Income tax return (Only needed for funding)
4. Gift tax returns (all)
5. Deeds to property (Only needed for Funding)
6. Mortgages
7. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
8. Government, municipal, and corporate bonds
9. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
10. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
11. Stockholder or partnership agreements
12. Pension and profit-sharing plans and summary of current benefits
13. Leases
14. Instruments under which client has any interest or power of appointment
15. Prenuptial, postnuptial, or separation agreements
16. Judgments of dissolution of marriage
17. Court orders or agreements under which client is obligated to provide support
18. Wills of other family members, if pertinent
19. Employment contracts
20. Powers of attorney
21. Living will and designation of health care surrogate.