

LAUER LAW, P.A.**ESTATE PLANNING QUESTIONNAIRE
(Married Clients)**

Please either print this form and bring the completed form to your appointment or download this form and email the electronically completed form to slauer@verolaw.org before your appointment.

I. Family & Employment Data

DATE: _____

Husband's Name

Other Names Used: _____

Salutation: _____

Social Security No.

Date of Birth
Yes No

U.S. Citizen

Employer

Title

Wife's Name

Other Names Used: _____

Salutation: _____

Social Security No.

Date of Birth
Yes No

U.S. Citizen

Employer

Title

Home Address

Second Home Address

Husband's Work Address

Wife's Work Address

Home Phone No.

Home E-mail

Husband's Phone

Wife's Phone

 Prior Marriages?

 Premarital or Postmarital Agreement?

 Ever lived in a community property state?

 Husband's Parents:

 Wife's Parents:

Children & Grandchildren

	Children - Name and Address	M/F	Marital Status	Spouse's Name	SS#	Date of Birth
1.	_____	_____	_____	_____	_____	_____

	Grandchildren:					
	a. _____	_____	_____	_____	_____	_____

	b. _____	_____	_____	_____	_____	_____

	c. _____	_____	_____	_____	_____	_____

2.	_____	_____	_____	_____	_____	_____

	Grandchildren:					
	a. _____	_____	_____	_____	_____	_____

	b. _____	_____	_____	_____	_____	_____

	c. _____	_____	_____	_____	_____	_____

3.	_____	_____	_____	_____	_____	_____

	Grandchildren:					
	a. _____	_____	_____	_____	_____	_____

	b. _____	_____	_____	_____	_____	_____

	c. _____	_____	_____	_____	_____	_____

4.	_____	_____	_____	_____	_____	_____

	Grandchildren:					
	a. _____	_____	_____	_____	_____	_____

	b. _____	_____	_____	_____	_____	_____

	c. _____	_____	_____	_____	_____	_____

Are any of the children or grandchildren adopted? Yes No

Any other dependents? _____

II. Current Estate Planning Documents

Do clients have a Will?	Yes	No
Do clients have a Power of Attorney?	Yes	No
Do clients have a Designation of a Healthcare Surrogate?	Yes	No
Do clients have a Living Will?	Yes	No
Are clients the Grantor, Trustee, or Beneficiary of any trust?	Yes	No
If yes, explain:		

For Clients who would like a Designation of a Health Care Surrogate:

A Designation of a Health Care Surrogate is a written document in which you designate someone to make health care decisions on your behalf, receive information about your health, or both. We suggest that clients designate their surrogate and an alternate who assumes her duties if the original surrogate is not willing, able, or reasonably available to perform his or her duties. Often clients choose their spouse as a primary and a child or their children as alternate. If you would like more than one person to act as a surrogate, you may allow them to act independently of one another or you may require them to act jointly.

In preparing a Designation of a Health Care Surrogate, we include the addresses and phone numbers of the primary and the alternate health care surrogates as recommended by the Florida legislature in Florida Statute § 765.203. If you would like to designate a health care surrogate, please provide the names, addresses, and phone numbers of the surrogates, if different from your address.

Primary Surrogate 1

Name: _____
Address: _____
City, State, & Zip code: _____
Phone Number: _____

Alternate Surrogate 1

Name: _____
Address: _____
City, State, & Zip code: _____
Phone Number: _____

Primary Surrogate 2 (if applicable)

Name: _____
Address: _____
City, State, & Zip: _____
Phone Number: _____

Alternate Surrogate 2 (if applicable)

Name: _____
Address: _____
City, State, & Zip: _____
Phone Number: _____

III. Other Professional Advisors

Accountant

Trust Officer

Investment Advisor/Financial Planner

Insurance Agent

IV. Gift Tax Filings

Have clients ever filed a gift tax return?	Husband:	Yes	No
If yes, obtain copies.	Wife:	Yes	No

V. List of Assets and Debts

Approximate Market Value

<u>Assets</u>	<u>Institution</u>	<u>Husband's Name</u>	<u>Wife's Name</u>	<u>Joint With Right of Survivorship</u>
Primary residence	_____	_____	_____	_____
Mortgage debt	_____	_____	_____	_____
Other residences	_____	_____	_____	_____
Mortgage debt	_____	_____	_____	_____
Other real property	_____	_____	_____	_____
Mortgage debt	_____	_____	_____	_____
Tangible personal property (furnishings, antiques, artwork, jewelry, automobiles)	_____	_____	_____	_____
Cash and cash equivalents	_____	_____	_____	_____
Marketable securities	_____	_____	_____	_____
Stocks	_____	_____	_____	_____
Mutual Funds	_____	_____	_____	_____
Bonds	_____	_____	_____	_____
Other	_____	_____	_____	_____
Partnership Interests	_____	_____	_____	_____
Closely-Held Businesses	_____	_____	_____	_____
IRAs	_____	_____	_____	_____
Keogh Plan	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
Employee Benefits	_____	_____	_____	_____
Vested Pension/ Profit Sharing	_____	_____	_____	_____
401(k) Plan or 403(b) Plan	_____	_____	_____	_____
Stock Option Plan	_____	_____	_____	_____
Deferred Compensation (non-qualified)	_____	_____	_____	_____
Other company plan with death benefit	_____	_____	_____	_____
Possible Inheritances	_____	_____	_____	_____
Other Assets	_____	_____	_____	_____
Other Debts	_____	_____	_____	_____
Other Liabilities	_____	_____	_____	_____

Are any of the assets listed above owned jointly with another individual? Yes ___ No ___

Life Insurance (list each policy)

<u>Company</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Value</u>	<u>Death Benefit</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____