

**LAUER LAW, P.A.**

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**ESTATE PLANNING QUESTIONNAIRE  
(Single Client)**

*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.*

DATE: \_\_\_\_\_

**I. Family & Employment Data**

\_\_\_\_\_  
Client's Name

Other Names Used: \_\_\_\_\_

Salutation: \_\_\_\_\_

\_\_\_\_\_  
Social Security No.      \_\_\_\_\_ Date of Birth      Yes       No   
U.S. Citizen

\_\_\_\_\_  
Employer      \_\_\_\_\_ Title

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

\_\_\_\_\_  
Second Home Address

\_\_\_\_\_  
Work Address

\_\_\_\_\_  
Home Phone      \_\_\_\_\_ Home E-mail

\_\_\_\_\_  
Cell Phone

Prior Marriages? \_\_\_\_\_

Parents: \_\_\_\_\_

**Children & Grandchildren**

	<b>Children - Name and Address</b>	<b>M/F</b>	<b>Marital Status</b>	<b>Spouse's Name</b>	<b>SS#</b>	<b>Date of Birth</b>
<b>1.</b>	_____	_____	_____	_____	_____	_____
	_____					
	<b>Grandchildren:</b>					
	<b>a.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>b.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>c.</b> _____	_____	_____	_____	_____	_____
	_____					
<b>2.</b>	_____	_____	_____	_____	_____	_____
	_____					
	<b>Grandchildren:</b>					
	<b>a.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>b.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>c.</b> _____	_____	_____	_____	_____	_____
	_____					
<b>3.</b>	_____	_____	_____	_____	_____	_____
	_____					
	<b>Grandchildren:</b>					
	<b>a.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>b.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>c.</b> _____	_____	_____	_____	_____	_____
	_____					
<b>4.</b>	_____	_____	_____	_____	_____	_____
	_____					
	<b>Grandchildren:</b>					
	<b>a.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>b.</b> _____	_____	_____	_____	_____	_____
	_____					
	<b>c.</b> _____	_____	_____	_____	_____	_____
	_____					

Are any of the children or grandchildren adopted? Yes  No

Any other dependents? \_\_\_\_\_

**II. Current Estate Planning Documents**

Does client have a Will?	Yes	No
Does client have a Power of Attorney?	Yes	No
Does client have a Designation of a Health Care Surrogate?	Yes	No
Does client have a Living Will?	Yes	No
Is client the Grantor, Trustee, or Beneficiary of any trust? If yes, explain:	Yes	No

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**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, single clients choose one of their children as primary and another child as an 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.

**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? Yes No  
If yes, obtain copies.

**V. List of Assets and Debts**

<u>Assets</u>	<u>Institution</u>	<u>Approximate Market Value</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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____