

WINDSOR LAW FIRM, P.L.L.C.

ESTATE PLANNING

CLIENT INFORMATION FORM

Jane Windsor

1/1/2014

ESTATE PLANNING CLIENT INFORMATION FORM

INSTRUCTIONS: Answer all questions truthfully and completely. The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf, or unless otherwise required by law.

NOTE – If you are filling this out for another party please answer as if you are that party. The attorney Client Privilege does not apply until the other party consents to representation.

Date: _____

Today's date: _____

Whom may we thank for your referral to our office? _____

Do you have an old will? Yes No (If yes, please have a copy with you.)

PERSONAL INFORMATION

1. Name: _____

2. Spouse's name: _____

3. Home Address (include zip code): _____

4. Home telephone number: _____

5. Work telephone number: _____

6. Husband's Place of employment _____

7. Address _____

8. Wife's Place of employment _____

9. Address: _____

10. Name(s) as you wish it (them) to appear on your will(s): _____

11. County in which you reside: _____

12. Are you a resident of Florida? Yes No If yes, since _____.

13. Other ways to reach you?

Fax: () _____
Email: _____

14. Retired? Yes No

15. Marital Status: Single Divorced (please mark H or W or both)
 Married Widowed

16. Date/Place of Birth:

Husband: _____

Wife: _____

17. Parent's names:

Husband: _____

Wife: _____

18. Your Social Security numbers:

Husband: _____

Wife: _____

19. Children or next of kin: Please list all children, and if none, then list all persons whom you may wish to name as Beneficiaries of your estate.

A. Name: _____
Relationship: _____
Date of birth (children only): _____
Address: _____

B. Name: _____
Relationship: _____
Date of birth (children only): _____
Address: _____

C. Name: _____
Relationship: _____
Date of birth (children only): _____
Address: _____

20. Are any of your children adopted? Yes No

21. Your CPA (if any):

Name: _____

Address: _____

22. Your stock broker/financial advisor (if any):

Name: _____

Address: _____

23. Your desired funeral arrangements:

A. Do you have any present arrangements? Yes No

B. Do you have a pre-paid funeral plan? Yes No

C. Preferred funeral home (if any):

Name: _____

Location: _____

D. Do you desire cremation? Yes No

GOALS AND OBJECTIVES

1. Whom do you want to serve as your personal representative (Executor of Will)?

Name: _____

Relationship: _____

Address: _____

2. If the above named cannot serve for any reason, who would be your next choice?

Name: _____

Relationship: _____

Address: _____

3. Do you have certain personal items, property, gifts, etc. That you would like to leave to specific people?

If so, please list here:

- A. I give: _____
To: _____
Address: _____
- B. I give: _____
To: _____
Address: _____
- C. I give: _____
To: _____
Address: _____
- D. I give: _____
To: _____
Address: _____
- E. I give: _____
To: _____
Address: _____
- F. I give: _____
To: _____
Address: _____
- G. I give: _____
To: _____
Address: _____
- H. I give: _____
To: _____
Address: _____
- I. I give: _____
To: _____
Address: _____

4. To whom do you wish to receive the balance of your estate (if there is more than one beneficiary, please list the portions you are leaving them in fractions or percentages):

-
5. Do any of your beneficiaries have any special needs (e.g., have not completed their education, are minors, have health problems, etc.)? Yes No

If yes, list here: _____

6. A living will: A document indicating that you do not want unnecessary life support systems to sustain your life should you have an incurable or irreversible condition that would otherwise cause death in a short period of time.

A health care surrogate: A document that will indicate who will make health care decisions for you if you are unable.

First Agent

Name: _____

Relationship: _____

Address: _____

Telephone No. _____

Second Agent

Name: _____

Relationship: _____

Address: _____

Telephone No. _____

A durable power of attorney: A document that will become or remain effective should a person later become disabled.

First Agent

Name: _____

Relationship: _____

Address: _____

Second Agent

Name: _____

Relationship: _____

Address: _____

ASSET INFORMATION

1. Please list your bank accounts:

A. Bank Name: _____

2014 Fourth Street · Sarasota, Florida 34237 · janewindsor.attorney@gmail.com

Location of bank: _____
Name(s) on account: _____
Type of account: _____
Approximate value of account: _____

B. Bank Name: _____
Location of bank: _____
Name(s) on account: _____
Type of account: _____
Approximate value of account: _____

C. Bank Name: _____
Location of bank: _____
Name(s) on account: _____
Type of account: _____
Approximate value of account: _____

2. Do you have a safe deposit box? Yes No
If yes:

Location: _____
Name(s) on box: _____

3. Do you own any real estate? Yes No
If yes:

A. Type of real estate: Home Lot Other
If other, please list: _____
Location: _____
Name(s) on deed: _____
Approximate value: _____

B. Type of real estate: Home Lot Other
If other, please list: _____
Location: _____
Name(s) on deed: _____
Approximate value: _____

C. Type of real estate: Home Lot Other
If other, please list: _____
Location: _____
Name(s) on deed: _____
Approximate value: _____

D. Type of real estate: Home Lot Other
If other, please list: _____
Location: _____
Name(s) on deed: _____
Approximate value: _____

4. Do you have any insurance policies: Yes No
If yes:

A. Insured: _____
Name of company: _____
Beneficiary: _____
Contingent beneficiary (if any): _____

B. Insured: _____
Name of company: _____
Beneficiary: _____
Contingent beneficiary (if any): _____

5. Do you have any stocks and/or bonds: Yes No
If yes:

Company: _____
Date & date due: _____
Where located: _____
Name(s) on certificate(s): _____
Approximate value: _____

6. Have you made any gifts over \$10,000.00 per year per beneficiary or for which you filed gift tax returns? Yes No

7. Have you established any trusts? Yes No

8. Are you the beneficiary of any trust? Yes No

9. Do you have a power of appointment? Yes No

10. Do you have any annuities oil pensions: Yes No
If yes:

A. Name of company: _____
Annuitant: _____

Beneficiary: _____

- B. Name of company: _____
Annuitant: _____
Beneficiary: _____

11. Do you have any debts which are secured by any assets (e.g., automobile loan, real estate mortgage, etc.)? Yes No

If yes:

- A. Name of lender: _____
What asset is held as security: _____
Credit Life Insurance: _____
- B. Name of lender: _____
What asset is held as security: _____
Credit Life Insurance: _____
- C. Name of lender: _____
What asset is held as security: _____
Credit Life Insurance: _____
- D. Name of lender: _____
What asset is held as security: _____
Credit Life Insurance: _____

12. Automobiles/Boats/Motorcycles that you own:

- A. Year & make: _____
Name(s) on title: _____
- B. Year & make: _____
Name(s) on title: _____
- C. Year & make: _____
Name(s) on title: _____
- D. Year & make: _____
Name(s) on title: _____

13. Please list any other information that you feel is important or would like to discuss:

