



Confidential Legacy Questionnaire
Non-Community Property States (including Florida)

Thank you for choosing Legacy Protection Lawyers to assist you with your Estate Planning needs. The information requested in this Legacy Questionnaire will help us understand your personal and financial situation so we can determine the most appropriate Estate Planning recommendations and approach for your specific situation. Please complete this questionnaire and submit it to us (either via website link, email, fax or regular mail) at least one business day prior to your Initial Legacy Consultation so our attorneys can review your information and be prepared to discuss your situation in detail.

COPIES OF DOCUMENTS TO BRING WITH YOU

- This completed Questionnaire
- Any existing Wills, Trusts, Powers of Attorney or other related documents.
- Any Premarital or Post-Marital Agreements, Community Property Agreements, or Property Settlement Agreement from a previous marriage
- Any “Buy-Sell” Agreements (shareholders agreements, partnership agreements, operating agreements, etc.).
- All filed gift tax returns (Form 709’s).

Legacy Protection Lawyers
Estate Planning Questionnaire

PERSONAL INFORMATION

DATE: _____

Married: Yes No (If no, please complete "Client" information only)

Client

Spouse

Full Name _____

Preferred Name for Estate Plan Documents _____

U.S. Citizen? Yes No (Specify) _____

Yes No (Specify) _____

Social Security # _____ - _____ - _____

_____ - _____ - _____

Birth Date _____ / _____ / _____

_____ / _____ / _____

Birth Place _____

Physical Address

_____ Street Address _____ City _____ State _____ Zip

Mailing Address
(If different)

_____ Street Address _____ City _____ State _____ Zip

Do you claim a homestead exemption? Yes No

Home Phone (____) _____ - _____

(____) _____ - _____

Mobile Number (____) _____ - _____

(____) _____ - _____

E-mail _____

Employer _____

Business Address _____

Business Phone (____) _____ - _____

(____) _____ - _____

Prefer to be contacted Home Phone Business Phone Mobile Phone Email

Previously Married? Yes No

Yes No

Date of Current Marriage _____ / _____ / _____

City / State _____

Premarital or Post-Marital Agreement? (If yes, please provide a copy)

Yes No

CHILDREN

Please continue on back if necessary.

Children – Full Names

Birth Date

Telephone

1. Son Daughter : _____

____ / ____ / ____ (____) ____ - ____

Address: _____

Child of Client, Spouse or Both: _____

Spouse's Name: _____

No. of Children: _____

2. Son Daughter : _____

____ / ____ / ____ (____) ____ - ____

Address: _____

Child of Client, Spouse or Both: _____

Spouse's Name: _____

No. of Children: _____

3. Son Daughter : _____

____ / ____ / ____ (____) ____ - ____

Address: _____

Child of Client, Spouse or Both: _____

Spouse's Name: _____

No. of Children: _____

4. Son Daughter : _____

____ / ____ / ____ (____) ____ - ____

Address: _____

Child of Client, Spouse or Both: _____

Spouse's Name: _____

No. of Children: _____

5. Son Daughter : _____

____ / ____ / ____ (____) ____ - ____

Address: _____

Child of Client, Spouse or Both: _____

Spouse's Name: _____

No. of Children: _____

Do you have any children who are deceased? Yes No

If yes, please complete the following: (continue on back if necessary)

Child's Name: _____

Date of Death: _____

Any living descendants of deceased child? If yes, please provide names/ages:

YOUR OTHER ADVISORS

Name

Firm

Phone

CPA/Accountant _____

Financial Advisor _____

Bank/Trust Officer _____

Life Insurance _____

Physician _____

Your Objectives for Your Estate Plan

Please check the box of those items that concern you and your family.

PRESERVING AND MAXIMIZING ASSETS:

- | | |
|---|--|
| <input type="checkbox"/> Minimizing or eliminating estate taxes upon your death (up to 40% of your assets and life insurance) | <input type="checkbox"/> Reducing estate administration costs through probate avoidance |
| <input type="checkbox"/> Ensure assets for a special needs beneficiary are protected from government seizure | <input type="checkbox"/> Ensure your family has enough life insurance to provide a comfortable lifestyle |
| <input type="checkbox"/> Ensure your assets pass to your descendants and cannot be taken by outsiders (former spouses, creditors, government) | |

PROTECTING YOURSELF AND YOUR FAMILY FROM:

- | | |
|--|--|
| <input type="checkbox"/> Malpractice or other creditor claims | <input type="checkbox"/> Guardianship proceedings (aka "living probate") if you or your partner become incapacitated |
| <input type="checkbox"/> Probate delays and family stress upon your death or the death of your partner | <input type="checkbox"/> Hospital policies requiring application of life sustaining procedures ("feeding tubes") if you would rather not endure them |
| <input type="checkbox"/> Healthcare decisions made by people other than those you trust the most | |

PROTECT YOUR CHILDREN OR OTHERS FROM:

- | | |
|--|---|
| <input type="checkbox"/> Predators who can discover inheritance amounts and target young or vulnerable beneficiaries | <input type="checkbox"/> Claims of divorced spouses to take one-half of your child's or beneficiary's inheritance |
| <input type="checkbox"/> Malpractice claims for beneficiaries working as a professional, or other creditors' claims (automobile accidents) | <input type="checkbox"/> Stresses and delays of probate process |
| <input type="checkbox"/> Financial immaturity resulting in quick loss of inheritance | <input type="checkbox"/> Sharing assets with heirs you would rather disinherit |
| <input type="checkbox"/> Relatives who would be poor, abusive or even dangerous guardians or from foster care | |

PLEASE PROVIDE ANY SPECIAL INSTRUCTIONS OR ADDITIONAL OBJECTIVES:

FINANCIAL INFORMATION

If preferred, you can attach a copy of your current personal financial statements.

Approximate Value of Estate (with brief description, including how titled/owned):

Real Estate: Please be sure to bring a listing/description of all of your real property listed below. Location, name(s) on title and use (primary residence, second residence, rental property, vacant) **Client / Spouse / Joint** **Estimated Value**

1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Checking, Savings Accounts, Money Market Funds, CDs: Institution, name(s) on accounts, held as joint or separate?

	Client / Spouse / Joint	Estimated Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Investment and Brokerage Accounts: Institution, name(s) on accounts, held as joint or separate?

	Client / Spouse / Joint	Estimated Balance
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Individual Retirement Accounts: Institution, owner, beneficiary, type (traditional or Roth)

	Client / Spouse	Estimated Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Pension, Profit Sharing, or Stock Bonus Plans; Other Retirement Plans: Employer, employee, beneficiary, type (e.g., 401(k), Profit Sharing)

	Client / Spouse	Estimated Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Life Insurance Policies: Institution, name of insured, owner and beneficiary, type (e.g., term or whole life), cash value (if any)

	Client / Spouse	Death Benefit
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

Closely held Stock/LLC Interests/ LP Interests: Business entity owned, name(s) on certificates, # of shares or % owned

	Client / Spouse / Joint	Estimated Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Other/Miscellaneous Assets of Significant Value (over \$10,000): Automobiles, recreational vehicles, boats, timeshares, household furnishings, collections, patents, digital assets

	Client / Spouse / Joint	Estimated Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

Debts, loans and other obligations to third parties: Payee and description. If secured by a lien, describe collateral

	Client / Spouse / Joint	Amount Owed
1. _____	_____	(\$ _____)
2. _____	_____	(\$ _____)
3. _____	_____	(\$ _____)
4. _____	_____	(\$ _____)
5. _____	_____	(\$ _____)

Approximate Net Worth (Total assets less debts): \$ _____

Estimated size of potential family inheritance? Client: \$ _____ Spouse: \$ _____

Please indicate whether any of the following apply to the above-listed assets:

1. If married, have client and spouse resided in one of the following community property states - Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin: _____
2. If either spouse acquired property by gift, devise, bequest, or inheritance: _____
3. Any property titled as "separate property" of one spouse: _____

Digital Assets & Social Media: Do you use any electronic means to pay bills, invest, on-line sales/purchases (e.g., Amazon, eBay), post or share pictures (e.g., Facebook), own music (e.g., iTunes), lease domain names or all other forms of intellectual property that could be lost if not known to your agent or personal representative/trustee? Yes No

If so, we can help you create a listing of such digital assets for trustees or personal representatives/executors.

BACKGROUND QUESTIONS

- | | <u>CHECK IF YES</u> | |
|---|--------------------------|--------------------------|
| | Client | Spouse |
| 1. Are you the beneficiary or trustee of any trust? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever made gifts over the annual exclusion amount? (<i>Prior to 1981: \$3,000, 1981-2001: \$10,000, 2002-2005: \$11,000, 2006-2008: \$12,000, 2009-2012: \$13,000, 2013 - current: \$14,000</i>) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices? If yes, please provide a copy. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you want life support procedures terminated in the event of a terminal condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any religious preferences that we need to incorporate in your living will? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you want your organs to be available for transplantation following your death? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you plan on providing for a beneficiary with special needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever participated in any Artificial Reproductive Technology? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have any pets, and if so, would you like a provision in your documents addressing their care after your death? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the pet and the care to be provided: _____ | | |
| <hr/> | | |
| 10. Do you own any guns that are considered "restricted firearms" under federal law for which a gun trust may allow you to share them legally with family members and to pass them down to others in a responsible manner? If yes, please describe: _____ | | |
| <hr/> | | |
| 11. Do you want to be buried or cremated, and where do you want your body or cremated remains interred? Also, have you made prearrangements with any funeral home? If so, were they prepaid? Please specify arrangements below: | | |

Client: _____

Spouse: _____

PLEASE PROVIDE ANY SPECIAL INSTRUCTIONS OR OBJECTIVES (IF ANY):

FIDUCIARY INFORMATION
CLIENT

PERSONAL REPRESENTATIVE OR EXECUTOR: The Personal Representative acts under your Will. Typically, this is a short-term role, especially if your assets pass under your Trust instead of your Will. Often, this is the same person as the Trustee.

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

TRUSTEE: The Trustee manages your trust for as long as the Trust lasts. A Trustee should be skilled in investing, record-keeping, and common sense, or know how to employ people with those qualities.

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

POWER OF ATTORNEY/FINANCIAL AGENT: Who should have the authority to manage your financial affairs while you are alive, and should that authority exist now or only after you become incapacitated? Any competent person 18 years of age or older may serve as an agent. Agents should be chosen for reliability and trustworthiness.

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

HEALTH CARE AGENT: Who should make medical decisions for you if you become incapacitated?

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

**FIDUCIARY INFORMATION
SPOUSE**

PERSONAL REPRESENTATIVE OR EXECUTOR: The Personal Representative acts under your Will. Typically, this is a short-term role, especially if your assets pass under your Trust instead of your Will. Often, this is the same person as the Trustee.

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

TRUSTEE: The Trustee manages your trust for as long as the Trust lasts. A Trustee should be skilled in investing, record-keeping, and common sense, or know how to employ people with those qualities.

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

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2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

HEALTH CARE AGENT: Who should make medical decisions for you if you become incapacitated?

1 st Choice: _____	Relationship: _____
Address: _____	Telephone: _____
2 nd Choice: _____	Relationship: _____
Address: _____	Telephone: _____
3 rd Choice: _____	Relationship: _____
Address: _____	Telephone: _____

GUARDIAN: If both parents die, with whom should your minor children live (as “Guardian”)? If you want to name a married couple as the Guardians for your minor children, please indicate (including relationship) who should maintain that role in the event of the couple’s divorce and if you want the survivor to remain as the sole Guardian in the event of the death of one Guardian.

1st Choice: _____ Relationship: _____

Address: _____ Telephone: _____

2nd Choice: _____ Relationship: _____

Address: _____ Telephone: _____

3rd Choice: _____ Relationship: _____

Address: _____ Telephone: _____