



LEGACY  
PROTECTION  
LAWYERS, LLP

# Legacy Planning Questionnaire

CONFIDENTIAL LEGACY QUESTIONNAIRE

# Thank you for choosing Legacy Protection Lawyers!

We're excited to begin your Estate Planning journey. In order to meet your unique needs as accurately and specifically as possible, we ask that you complete this questionnaire before our meeting. This will help us better understand your personal and financial situation, so we can determine the most appropriate Estate Planning recommendations and approach for your specific situation.

Please submit your completed questionnaire 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. We're happy to accept your responses either via website link, email, or regular mail.

## 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).

# Personal Information

Date \_\_\_\_\_

Married:  YES  NO

If no, please complete "Client" information only.

Have you signed a marital agreement?

Please provide a copy.

YES  NO

Have you lived (while married to each other) in any of the following states:

AZ, CA, ID, LA, NV, NM, TX, WA or WI? If yes, please circle all states where you lived while married.

YES  NO

## CLIENT

## SPOUSE

Full Name \_\_\_\_\_

Preferred Name for Estate Plan Documents \_\_\_\_\_

U.S. Citizen?  YES  NO (Specify) \_\_\_\_\_

YES  NO (Specify) \_\_\_\_\_

Social Security # For security purposes, please call to provide SS# and birthdate.

Age \_\_\_\_\_

Birth Place \_\_\_\_\_

Physical Address  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you claim a homestead exemption?  YES  NO

Home ( ) - \_\_\_\_\_

( ) - \_\_\_\_\_

Mobile Phone ( ) - \_\_\_\_\_

( ) - \_\_\_\_\_

Business Phone ( ) - \_\_\_\_\_

( ) - \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_

## CLIENT

## SPOUSE

Have either of you been diagnosed with any physical ailment that affects your life expectancy?

YES  NO

YES  NO

Are either of you currently taking medication that might impair your mental faculties or abilities?

YES  NO

YES  NO

Contact Preference

Have either of you been diagnosed with dementia, Alzheimer's disease or other mental illness?

<u>CLIENT</u>	<u>SPOUSE</u>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are either of you a business owner?

If yes, do you have a written business exit plan?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

	<u>NAME</u>	<u>FIRM</u>	<u>PHONE</u>
CPA/Accountant	_____	_____	_____
Financial Advisor	_____	_____	_____
Bank/Trust Officer	_____	_____	_____
Life Insurance	_____	_____	_____
Physician	_____	_____	_____

**APPROX. VALUE OF ESTATE** (If preferred, you can attach a copy of your current personal financial statements)

Assets: \$ \_\_\_\_\_ Debt: \$ \_\_\_\_\_ **Approximate Net Worth** \$ \_\_\_\_\_  
(Total assets less debts)

Do either of you stand to inherit assets?  
 Please indicate approximate value.

Client: \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

Are either of you receiving Supplemental Security Income (SSI), disability or other governmental benefits?

<u>CLIENT</u>	<u>SPOUSE</u>
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are either of you making payments to a divorce or property settlement order?

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Have either of you ever been widowed?  
 If a federal or state death/estate tax return was filed, please provide a copy.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Have either of you ever filed federal or state gift tax returns? Please provide copies.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Have either of you completed a previous will, trust or estate plan? Please provide copies.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Are there any charities you would like to include in your legacy planning? Please describe.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Are either of you named as a beneficiary in anyone else's estate planning documents? Please describe.

<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

# Children (Please continue on last page if necessary)

## CHILDREN — FULL NAMES

1. \_\_\_\_\_  
Sex: <sup>M / F</sup> Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

Child of Client, Spouse, or Both: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
No. of Children: \_\_\_\_\_

2. \_\_\_\_\_  
Sex: <sup>M / F</sup> Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

Child of Client, Spouse, or Both: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
No. of Children: \_\_\_\_\_

3. \_\_\_\_\_  
Sex: <sup>M / F</sup> Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

Child of Client, Spouse, or Both: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
No. of Children: \_\_\_\_\_

4. \_\_\_\_\_  
Sex: <sup>M / F</sup> Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

Child of Client, Spouse, or Both: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
No. of Children: \_\_\_\_\_

5. \_\_\_\_\_  
Sex: <sup>M / F</sup> Age: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

Child of Client, Spouse, or Both: \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
No. of Children: \_\_\_\_\_

Please include information for additional children in our Notes section on last page.

Do you have any children who are deceased?  YES  NO

If yes, please complete the following:

Child's Name: \_\_\_\_\_

Child's Living Descendant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Living Descendant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Do any children, grandchildren or other beneficiaries receive governmental support or benefits? Please describe.  YES  NO

\_\_\_\_\_

# Your Objectives for Your Estate Plan

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

Our objective is to assist clients in identifying their concerns and anxieties. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that prompted them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks of which you are concerned, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

## PRESERVING AND MAXIMIZING ASSETS:

### LEVEL OF CONCERN (IF ANY)

	High	Medium	Low	None
Minimizing or eliminating estate taxes upon your death (up to 40% of your assets and life insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure the inheritance for a special needs beneficiary does not prevent them from qualifying for government assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure your assets pass to your descendants and cannot be taken by outsiders (former spouses, creditors, government)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing estate administration costs through probate avoidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure your family has enough life insurance to provide a comfortable lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimize or eliminate income taxes on assets sold after my death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure our personal family and financial matters remain private and confidential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PROTECTING YOURSELF AND YOUR SPOUSE FROM:

### LEVEL OF CONCERN (IF ANY)

	High	Medium	Low	None
Malpractice or other creditor claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probate delays and family stress upon your death or the death of your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROTECTING YOURSELF AND YOUR SPOUSE FROM:**

**LEVEL OF CONCERN (IF ANY)**

	High	Medium	Low	None
Healthcare decisions made by people other than those you trust the most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardianship proceedings (aka “living probate”) if you or your partner become incapacitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital policies requiring application of life sustaining procedures (“feeding tubes”) if you would rather not endure them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entitlement of new spouse to 30% of your wealth if your spouse remarries after your death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROTECT YOUR CHILDREN OR OTHERS FROM:**

**LEVEL OF CONCERN (IF ANY)**

	High	Medium	Low	None
Predators who can discover inheritance amounts and target young or vulnerable beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Malpractice claims for beneficiaries working as a professional, or other creditors’ claims (automobile accidents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial immaturity resulting in quick loss of inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stresses and delays of probate process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Claims from spouses of your children who might gain control of the legacy you're leaving your children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharing assets with heirs you would rather disinherit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incurring additional income taxes during your child’s lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incurring income taxes on assets sold after your child’s death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Your Objectives for Your Estate Plan

PLEASE PROVIDE ANY SPECIAL INSTRUCTIONS OR ADDITIONAL OBJECTIVES

---

---

---

ANY ADDITIONAL INFORMATION YOU WISH TO PROVIDE

---

---

---

---

---

**WE'RE HERE  
WHEN YOU NEED US.**

Questions on your Legacy  
Planning Questionnaire?

[LegacyProtectionLawyers.com](http://LegacyProtectionLawyers.com)

727.471.5868

100 2nd Avenue South, Suite 900  
St. Petersburg, Florida 33701



**LEGACY  
PROTECTION  
LAWYERS, LLP**