

# Ourednik Law Offices, P.A.

Attorneys and Counselors at Law

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## ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

### Client Information

**Legal name:** \_\_\_\_\_  
first middle last

List all prior legal names \_\_\_\_\_

List all other names used \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Place of birth:** \_\_\_\_\_  
city state country

**Social Security number:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**U.S. citizen:** Yes \_\_\_\_ No \_\_\_\_

**Florida resident:** Yes \_\_\_\_ No \_\_\_\_

**Permanent address:** \_\_\_\_\_  
street address

\_\_\_\_\_  
city state zip code

What County do you live in? \_\_\_\_\_

Do you claim Florida homestead exemption? Yes \_\_\_\_ No \_\_\_\_

**Telephone numbers:** Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell phone \_\_\_\_\_ Pager \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Marital status:** single married divorced separated widowed

**Marital history:** Have you ever been divorced or widowed? Yes \_\_\_\_ No \_\_\_\_

**Family Information**

**Spouse**

If you are currently married, please state the date and place of your marriage, and the legal name and birth date of your spouse:

**Date of marriage:** \_\_\_ / \_\_\_ / \_\_\_

**Place of marriage:** \_\_\_\_\_  
city state country

**Legal name of spouse:** \_\_\_\_\_  
first middle last

**Date of birth of spouse:** \_\_\_ / \_\_\_ / \_\_\_

Did you enter into a "pre-nuptial" or "post-nuptial agreement"? Yes \_\_\_ No \_\_\_  
If yes, please attach a signed copy with all subsequent modifications.

Have you ever lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin while you were married? Yes \_\_\_ No \_\_\_

If yes, did you purchase a home or other real property in that state? Yes \_\_\_ No \_\_\_

**Children**

If you have any children, please state the legal name, birth date and current address of each of your children and state whether a child has any children (i.e., your grandchildren). Do not include a step child or foster child who lives with you. Use additional sheets if necessary.

1. **Legal name:** \_\_\_\_\_  
first middle last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Date of birth:** \_\_\_ / \_\_\_ / \_\_\_

**Number of child's children** (i.e., your grandchildren): \_\_\_\_\_

2. **Legal name:** \_\_\_\_\_  
                                                            first                                                            middle                                                            last  
**Current address:** \_\_\_\_\_  
                                                            street address                                                            city                                                            state                                                            zip code  
**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Number of child’s children:** \_\_\_\_\_

3. **Legal name:** \_\_\_\_\_  
                                                            first                                                            middle                                                            last  
**Current address:** \_\_\_\_\_  
                                                            street address                                                            city                                                            state                                                            zip code  
**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Number of child’s children:** \_\_\_\_\_

4. **Legal name:** \_\_\_\_\_  
                                                            first                                                            middle                                                            last  
**Current address:** \_\_\_\_\_  
                                                            street address                                                            city                                                            state                                                            zip code  
**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Number of child’s children:** \_\_\_\_\_

Has any child predeceased you?	Yes	____	No	____
If so, did that child have any children?	Yes	____	No	____
Is any child illegitimate?	Yes	____	No	____
Are you including posthumous/afterborn children?	Yes	____	No	____







**Residue**

After paying expenses of administration and any debts and taxes, and after distributing any specific bequests, a residue may remain. State who should receive the residue and in what amount or percent.

<u>Name of Beneficiary</u>	<u>Address of Beneficiary</u>	<u>Relationship</u>	<u>Percentage or Amount</u>
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If a residuary beneficiary does not survive you, state who is to receive his or her share (e.g., the children of that beneficiary or one or more other persons).

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**Trusts**

If you are considering establishing one or more trusts during your life or after your death, describe some of the general provisions you think are important.

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**Additional information**

Use this space to provide any additional information concerning your testamentary intentions.

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**Your primary physician**

**Physician's name:** \_\_\_\_\_  
first middle initial last

**Current address:** \_\_\_\_\_  
street address city state zip code

**Telephone number:** Work \_\_\_\_\_

**Annual Income**

**Husband:** \_\_\_\_\_

**Wife:** \_\_\_\_\_

**Summary of Assets and Liabilities**

Note: The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested. **In lieu of completing this summary, you may substitute a current financial statement.**

**Assets**

Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is “payable on death” to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Homestead				
Other real property				
Bank accounts, certificates of deposit and money market funds				
Stocks, bonds and mutual funds				
Businesses in which you own an interest (e.g., as sole proprietor, partner, shareholder, member)				
Receivables <u>paid to you</u> (e.g., mortgage note, promissory note)				
Cash value ( <u>not death benefit</u> ) of life insurance you own				
Household furniture, furnishings and appliances				
Motor vehicles				
Jewelry, art objects, antiques, collections and other valuable personal property				

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Retirement accounts (e.g., qualified plan, IRA - do not include social security benefits)				
Annuities				
Miscellaneous other property not included above				
Trusts in which you are a beneficiary				
Total assets:				

**Liabilities**

	Client (only)	Jointly with Spouse	Jointly with Others	Total
Mortgage(s) on homestead Mortgage(s) on other real property				
Personal or unsecured debts you owe to others				
Other significant debts, liabilities and judgments				
Total liabilities:				

**Net Worth**

Your total Assets less your total Liabilities: \$ \_\_\_\_\_

**Lifetime Gifts**

Have you ever made one or more gifts the total value of which were over \$10,000 to any one person in any year? Yes \_\_\_ No \_\_\_

Have you ever filed a federal Gift Tax Return (i.e., IRS Form 709)? Yes \_\_\_ No \_\_\_  
If yes, please attach a copy.

### Life Insurance

List all life insurance policies insuring your life.

<u>Amount of death benefit</u>	<u>Type of policy (e.g. term, whole life)</u>	<u>Beneficiary</u>	<u>Owner</u>	<u>Company</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide the name, address and telephone number of your:

	<u>Name</u>	<u>Address</u>	<u>Telephone number</u>
Accountant:	_____	_____	_____
Investment broker:	_____	_____	_____
Life insurance agent:	_____	_____	_____
Financial planner:	_____	_____	_____
Banker:	_____	_____	_____

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Client

Whom may I thank for the referral? \_\_\_\_\_