

Ourednik Law Offices, P.A.

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ESTATE PLANNING QUESTIONNAIRE

FAMILY DATA

HUSBAND

WIFE

Full Name:

Home Address:

Home Phone:

Cellular Phone:

County of Residence:

Date & Place of
Marriage:

Business Address:

Business Phone:

E-mail:

Citizenship:

SS#:

Birth date:

Parents Name:

Parents Address:

CHILDREN

Name Address Marital Status Birth date Current or prior marriage

GRANDCHILDREN

Name Address Marital Status Birth date Current or prior marriage

FINANCIAL DATA

	DESCRIPTION	OWNER	OWNER	OWNER
Cash & Bank Accounts				
Marketable Securities				
Retirement Accounts				

Stock Options/ Deferred Compensation				
Loans Due from Others				
Closely Held Businesses				
Residence				
Other Real Estate				
Other Assets				
TOTAL ASSETS				
Liabilities				
NET WORTH				

LIFE INSURANCE

<u>Company/ Policy #</u>	<u>Death Benefit</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Cash Surrender Value</u>	<u>Loans against Policy</u>

ADVISORS

ACCOUNTANT:
INSURANCE AGENT:
INVESTMENT ADVISOR:
PHYSICIAN:

ADDITIONAL INFORMATION

1. Do either of you currently have wills? _____
2. Are either of you a grantor, trustee, or beneficiary of any trusts? _____ If so, please attach a copy of the trust agreement
3. Have you or your spouse ever made any gifts greater than \$3,000.00 prior to 1981 or greater than \$10,000.00 after 1981? _____ If so, attach a copy of any gift tax returns filed (Form 709)
4. Have you or your spouse ever entered into a prenuptial agreement? If so, please attach a copy
5. Have either of you ever been divorced? _____ If so, what date? _____
6. Did your or your spouse's prior marriage terminate due to death of prior spouse? _____ If so, date of death: _____
7. Do you have a safe deposit box? _____ If so, provide location of box, keys, and any other persons with access: _____
8. Do you, your spouse, or your dependants anticipate any substantial inheritance?
9. Did either you or your spouse move to Florida within the past ten years? _____ If yes, please provide your prior residence and date you became a Florida resident:

10. Do you or your spouse have any deceased or adopted children? _____ If so, provide name, date of death or date of adoption: _____
11. Any special needs in your family? _____
12. Do you or your spouse have any especially important or unusual estate planning objectives or problems? _____
