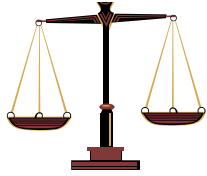


Jerrold E. Slutzky, J.D., CFP®  
Attorney at Law



**Slutzky Law Firm**  
853 Main Street, Suite A  
Safety Harbor, FL 34695  
Telephone: (727) 475-6200  
Fax: (727) 474-0157  
JerrysluLaw@gmail.com  
www.SlutzkyLawFirm.com

**Pasco County Office**  
20719 Sterlington Drive, Suite 103  
Land O' Lakes, FL 34638  
(813) 909-1515

**ESTATE PLANNING QUESTIONNAIRE**

-----  
**Single Person**

**INSTRUCTIONS:**

This questionnaire will provide us with **most** of the information we will need for us to prepare your estate planning documents for you.

If you are not sure how to answer a question, just leave it blank or feel free to ask us about it. Answer whatever questions asking for **obvious** information, such as names, addresses, and phone numbers. Just make a mark near any questions which are not clear to you and perhaps write down a list of questions you would like us to answer for you.

We will be reviewing **ALL** your answers and will be asking a lot of follow-up questions before preparing any documents. We want to be sure that everything will be prepared correctly to accomplish all that you are trying to achieve with your estate plan.

For every person named, whether it is a child, a person who will be inheriting something from you, a charitable organization, or one of the representatives you will be naming in the various documents, we will need their name, address, phone number, relationship to you (if any), and sometimes more. Please provide us with all of the requested information.

But it is not necessary to write down all this information more than once. So, if a child is also a beneficiary under your will, and your named representative on your forms, just fill-in all of the information the first time it is required, and just insert the name in subsequent places where it is requested.

While it will not be required prior to signing your documents, it is **important** for you to prepare a list of every single asset you own, the account number, who is the named owner, whether it is jointly owned with someone else, and whether (or not) it has a named beneficiary. We want to make sure everything is properly titled so an asset doesn't accidentally get inherited by a person whom you didn't intend.

## YOUR PERSONAL INFORMATION

What is your full legal name?	
On legal documents, how do you prefer to <b>sign</b> your name? (Do you use your middle initial, full middle name, Jr., Sr., III, etc.):	
What do you want us to call you (i.e. what is your nickname, if any)?	
Other names by which you've been known, if any? (e.g. maiden name, previous married name, alias, etc.)	
Are you a <b>permanent</b> Florida resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In what <b>County</b> do you live?	
What is your <b>actual, physical</b> address?	
What is your <b>mailing</b> address, <b>if different</b> from your actual, physical address?	
Do you <b>own</b> this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, if possible, please provide us with a copy of the deed and title insurance policy.</b>
If married, do you own this property <b>jointly</b> with your spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you claim a <b>homestead exemption</b> on this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, when was it acquired?	<input type="checkbox"/> Before marriage <input type="checkbox"/> After marriage
What is your mobile (cell) phone number?	
What is your home telephone number (if any)?	
What is your business telephone number?	
Which is the <b>best</b> phone number to reach you?	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
What is your email address?	
Date of birth:	
Place of birth (City & State or Country):	
Were you adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "no," in what country were you born?	

Do you own any real estate other than your home? (2 <sup>nd</sup> home, investment property, time-share unit, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, if possible, please provide us with a copy of the deed and title insurance policy.</b>
Do you own a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” what is the name of the business?	
If “yes,” is it set-up as a:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole proprietorship
Do you own any property or business <b>outside of Florida?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any property or business <b>outside of the United States?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you employed, retired, or other?	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other:
Occupation/Job Title (If retired, former occupation?):	
Name of employer	
Address of employer	
Were you married in or ever lived in, or owned property in any of these states?	<input type="checkbox"/> CA <input type="checkbox"/> WA <input type="checkbox"/> NV <input type="checkbox"/> AZ <input type="checkbox"/> NM <input type="checkbox"/> TX <input type="checkbox"/> ID <input type="checkbox"/> LA <input type="checkbox"/> WI
What is your <b>current</b> marital status?	<input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law Marriage
If married: What is the date of marriage?	
How many times have you been married before?	
If previously divorced, are you subject to a divorce decree that requires you to maintain life insurance or provide benefits to anyone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If married, do you have a <b>“Pre-Nuptial” Agreement</b> (signed before your marriage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide us with a copy of the document.</b>
If married, do you have a <b>“Post-Nuptial” Agreement</b> (signed after your marriage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide us with a copy of the document.</b>
How many children do you currently have, if any?	
Have you had any children who are no longer alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, did they leave children who survived them?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **NAMES & CONTACT INFO FOR PEOPLE NAMED IN QUESTIONNAIRE**

As you are completing this questionnaire, please keep this form handy. For **every** person named in the following sections of this questionnaire, we will need the following information (We will NOT need this information for grandchildren, unless you are naming them as a representative or if they are to inherit something under the Will or Trust). Continue information on a separate sheet of paper, if necessary.

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

## NAMES & CONTACT INFO FOR PEOPLE NAMED IN QUESTIONNAIRE

As you are completing this questionnaire, please keep this form handy. For every person named in the following sections of this questionnaire, we will need the following information (We will NOT need this information for grandchildren, unless you are naming them as a representative or if they are to inherit something under the Will or Trust). Continue information on a separate sheet of paper, if necessary.

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

Name:	
Relationship to you:	
Address: City, State, Zip:	
Best Phone Number:	
Email Address:	

## CHILDREN

**PROVIDE INFORMATION ABOUT YOUR CHILDREN, if any (please include any that may have predeceased you and any that may have been adopted) – please use an additional sheet if necessary).**

Note: Do **NOT** include **step-children** or **foster children** here (If you want them included in your will, insert them in the next section entitled “Beneficiaries other than your children”)

**Check this box if you have no children.**

Did you have a child who has passed away?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, did this child have children of his/her own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate having any more children (including by way of adoption)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you want them to be included under the terms of the documents being prepared?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If a child predeceases you leaving children of his/her own, do you want them to inherit the deceased parent’s share?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or grandchildren have special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Child #1

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child’s mother (if not you or your spouse):	
Name of child’s father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child’s spouse:	
If this child has children, number & name of children	

### Child #2

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child’s mother (if not you or your spouse):	
Name of child’s father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child’s spouse:	
If this child has children, number & name of children	

**Child #3**

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child's mother (if not you or your spouse):	
Name of child's father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child's spouse:	
If this child has children, number & name of children	

**Child #4**

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child's mother (if not you or your spouse):	
Name of child's father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child's spouse:	
If this child has children, number & name of children	

**Child #5**

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child's mother (if not you or your spouse):	
Name of child's father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child's spouse:	
If this child has children, number & name of children	

**Child #6**

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child's mother (if not you or your spouse):	
Name of child's father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child's spouse:	
If this child has children, number & name of children	

**Child #7**

Legal name of child:	
Sex of child:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	
Name of child's mother (if not you or your spouse):	
Name of child's father (if not you or your spouse):	
Is this child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
If this child is married, name of child's spouse:	
If this child has children, number & name of children	

**GRANDCHILDREN****List all of your grandchildren:**

Name of Grandchild:	Birth Date	Name of Mother	Name of Father	<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

## REPRESENTATIVES - EXPLANATION

This is where you select whom you would like to serve as your representative on the various documents being prepared. We usually recommend naming one person at a time, as having co-representatives can cause complications. But if in doubt, please feel free to discuss it with us. We recommend naming one person first, then if that can't person can't serve, then have an alternate, and even a 2<sup>nd</sup> alternate if neither of the first choices can serve. Remember, this is a significant responsibility, so be sure the person(s) you name are willing to take on this responsibility, and have the time and skills necessary to do so.

### Description of the types of representatives you will be naming in your documents:

1. The **Personal Representative** of your **Last Will & Testament** is the Court-appointed person who, upon your death, will have the responsibility to file for probate, collect your assets, pay your bills and distribute the remainder to the heirs you have named in your Will.
2. The **Attorney-in-Fact** under your **Durable Power of Attorney** has the power to do almost anything and everything you can do in your own name on your behalf. Important: This document takes effect immediately upon signing it!
3. The **Surrogate** under your **Designation of Health Care Surrogate** and **Living Will** is the person who will make medical care decisions on your behalf if you are unable to do so, and if two doctors determine you are in an irreversible, terminable condition, will make the final decision to "pull the plug."
4. A **Guardian** is a Court-Appointed representative to watch over you (**Guardian of the Person**) and/or your assets (**Guardian of the Property**). There can be two separate individuals if you feel one is better with financial matters, and someone else is a better care-giver. This also applies to watching over the assets and well-being of your minor children & grandchildren, if any.
5. If you are having us prepare a **Revocable Living Trust** for you, you will usually be the first Trustee. The others named below would be your **Successor Trustees**, who have the responsibility of administering your Trust for your benefit while you are alive, and for the benefit of the beneficiaries when you are gone.

### **IMPORTANT: For every person named, on the form we have provided for you, please provide us with:**

1. The person's name;
2. The relationship this person has to you, if any;
3. The person's full address;
4. The person's best phone number; and
5. The person's email address (not required, but useful).

## **YOUR CHOICES OF REPRESENTATIVES**

**Note:** If the same person is being named in more than one capacity, it is not necessary to write it out in each box. Just make it clear that it is the same person. If your wife is your first choice, it is fine just to write “wife” or her first name. It IS ok to name more than three representatives, if desired.

The **Personal Representative** of your Will must be at least 18 years of age and must live in **Florida!** But if he/she is a blood relative, they can live anywhere in the United States. If in doubt, ask me. This only applies to your Will. The representatives of the other documents may live anywhere.

<b>Document &amp; Position</b>	<b>1<sup>st</sup> Choice – Full Name</b>	<b>2<sup>nd</sup> Choice – Full Name</b>	<b>3<sup>rd</sup> Choice – Full Name</b>
<b>Last Will &amp; Testament</b> Personal Representative			
<b>Durable Power of Attorney</b> Attorney-in-Fact			
<b>Health Care Surrogate</b> Surrogate			
<b>Living Will</b> Surrogate			
<b>Guardian of your Property</b> Guardian			
<b>Guardian of your Person</b> Guardian			
<b>Revocable Living Trust</b> Successor Trustee			
<b>Guardian of Minor</b> Trustee of Property			
<b>Guardian of Minor</b> Guardian of Person			

Do you want your personal representatives to be <b>required</b> to post a bond (which is paid by your estate) to be able to serve? Note: The Court has the power to require a bond to be posted, even if you waive it in your documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Do you want to name a bank or trust company to serve as your Personal Representative, or to serve <b>JOINTLY</b> with someone else? If yes, discuss this with me further.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know

## **SPECIFIC BEQUESTS**

List any **specified, identifiable items** (e.g., real estate, automobiles, business interests, etc.) or a **specific dollar amount** of money that you wish to leave to one or more beneficiaries. A beneficiary can be a child, any other person, a charity, or a trust. For example, you may leave \$10,000 to your church.

This is **not** for individual items of **tangible personal property** (jewelry, family heirlooms, etc.). Rather than list them in your Last Will & Testament (and then have to modify your Will if you change your mind), I will provide you with a form called a “**Separate Writing**,” on which you may specify those items and the person who is to receive each item. This can be changed at any time without the necessity of having your Will updated. **Note:** This applies **ONLY** to tangible items of personal property, not to cash, real estate, intangibles (stocks, bonds, investment accounts, etc.), or work tools. You can change your mind any time you want... You merely print out a new form to be completed, signed, and dated. No witnesses or notaries are required.

### **Specific Bequests**

Specific Item or Dollar Amount	Name of Beneficiary	Address of Beneficiary	Relationship to you

For the items you have specified above, if a beneficiary of a specific bequest does not survive you, specify whom you want to receive his or her share (e.g., the children of that beneficiary or one or more other persons), or if you just want it added to the residue of the estate, state “**Residuary Estate**”.

---

---

---

---

---

---

---

---

## RESIDUE OF ESTATE

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

### Residual Beneficiary

Percentage or Dollar Amount	Name of Your Residual Beneficiary	Address of Beneficiary	Relationship to You

If a beneficiary of a specific bequest 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), or if you just want it added to the residuary of the estate, state "Residuary".

---

---

---

---

---

---

---

---

---

---

**Miscellaneous Questions**

**Do you currently have any of the following types of insurance policies?**

<b>Type of Insurance</b>	<b>Do you have?</b>	<b>Amount</b>	<b>Company &amp; Policy Number</b>	<b>Owner</b>	<b>Beneficiary</b>
Long-Term Care (LTC) Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Life Insurance – Term Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Life Insurance – Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Disability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Pre-Paid Burial or Cremation Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$			

Add an additional sheet of paper (or write on back) with details if more space is needed.

**Do you currently have any of the following document(s)? (If “yes” to any of the following, please provide us with signed copies with any codicils or amendments):**

A “Will” also called “Last Will & Testament”	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Revocable” Living Trust”	<input type="checkbox"/> Yes <input type="checkbox"/> No
An “Irrevocable Living Trust”	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Durable Power of Attorney”	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Living Will”	<input type="checkbox"/> Yes <input type="checkbox"/> No
A “Health Care Surrogate” or other “Medical Directive Document”	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other documents you want to discuss with me or update or replace.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you want any of your **organs donated** at your death?  Yes  No

**Note:** We recommend putting this request on your driver’s license and discussed with your loved ones while you are still alive.

If yes, state the specific organ(s) (or “allow any usable organs”):	
If yes, state the specific organ(s) (or “allow any usable organs”):	

Do you want a specific **disposition of your remains** (e.g., cremation, burial at specific cemetery, etc.)?

<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify the disposition:
--	----------------------------------

## Living Will Questions:

A Living Will is a document which authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally-permissible circumstances). This will help to avoid a Terrie Schiavo situation from occurring.

This document allows the “plug to be pulled” if you are in a state of permanent unconsciousness, without a chance of recovery, and unable to participate in health care decisions. It allows the withdrawal of life support systems. In addition, if you survive after the “plug is pulled,” you can further provide that food be stopped, hydration (water) be stopped and/or both be stopped.

Please note that it is extremely important that your doctor be provided with this document and that you confirm with him/her that he/she will honor the provisions of the document (Some will not honor them for religious or personal reasons).

**QUESTIONS: At what point would you want mechanical life support to be removed, food to stop and/or water to stop?**

### YOUR LIVING WILL PREFERENCES

	Turn off artificial life support?	Stop giving me food?	Stop giving me water?
In the event you have a medical condition which will prevent you from thinking or interacting with other people and the condition is predicted to be permanent.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event you are predicted to have a condition which will only get worse and which causes you severe pain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event the cortex (higher functioning) part of the brain is damaged to the point that you cannot communicate, respond to commands, and take care of yourself.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the event you are deemed to be “brain dead.”	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IF YOU OWN A BUSINESS: Please provide the following information (If you do not own a business, skip to the next page):**

If this is a corporation or LLC, it will be helpful to provide me with a copy of your corporate minute book and proof of ownership (stock certificates, etc.)

Name of business:	
Type of Product or Service:	
Type of ownership:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other:
Percentage you Own:	<input type="checkbox"/> 100% <input type="checkbox"/> Other: _____%
Is there a written agreement to sell the business upon your death?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of the agreement.
If yes, is there an insurance policy on your life to provide funds to pay for the purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.
What do you want to happen to the business when you die?	
Do you own any patents, copyrights, trade names, etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
Name the other people who own an interest in your business and describe their interest:	
Provide copies of business tax returns for the past three years	
Does your business have “Key Person” insurance on your life?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:
What would be the best way to sell your business if it had to be sold (and to whom?):	
Provide any other information about your business and your plans for when you die:	

## LIST OF ASSETS

**IMPORTANT!** We want to make sure that every asset you own is inherited by the person whom you intend.

If you own an asset jointly with someone else, or if the asset has a named beneficiary, that other person will inherit the property, even if your Will or Trust provides someone else is to inherit it!

So, this list will help us make sure everything is titled correctly and/or has the proper beneficiary designation.

Include **all** real estate holdings, bank accounts, insurance policies, investment accounts, retirement accounts

If you own **real estate**, please provide us with a copy of the deed and title insurance policy (if possible);

If you own a **business** (LLC or Corporation), please provide us with the minute book and stock/member certificates.

If you have **accounts** (bank, investment, retirement, etc.), please provide us with copies of recent **statements**, not just summaries of account from internet print-out.

If you have life or long-term care **insurance** policies, please provide us with the policy and/or current statement.

If you're not sure whether we need to see a document, bring it. If we don't need it, we'll tell you.

### **Real Estate Ownership – Your Homestead (Please provide copy of deed and title insurance policy)**

<b>Property Address:</b>	
Legal Description Property ID Number (PIN)	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	

### **Real Estate Ownership – Non-Homestead (Please provide copy of deed and title insurance policy)**

<b>Property Address:</b>	
Legal Description Property ID Number (PIN)	
Type of Real estate:	<input type="checkbox"/> 2 <sup>nd</sup> home or vacation home <input type="checkbox"/> Investment Property <input type="checkbox"/> Time share or Vacation Club <input type="checkbox"/> Farmland/Timberland/Mineral Rights <input type="checkbox"/> Other: _____
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> In name of my business: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	

**Real Estate Ownership – Non-Homestead (Please provide copy of deed and title insurance policy)**

<b>Property Address:</b>  Legal Description Property ID Number (PIN)	
Type of Real estate:	<input type="checkbox"/> 2 <sup>nd</sup> home or vacation home <input type="checkbox"/> Investment Property <input type="checkbox"/> Time share or Vacation Club <input type="checkbox"/> Farmland/Timberland/Mineral Rights <input type="checkbox"/> Other: _____
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> In name of my business: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	

**Real Estate Ownership – Non-Homestead (Please provide copy of deed and title insurance policy)**

<b>Property Address:</b>  Legal Description Property ID Number (PIN)	
Type of Real estate:	<input type="checkbox"/> 2 <sup>nd</sup> home or vacation home <input type="checkbox"/> Investment Property <input type="checkbox"/> Time share or Vacation Club <input type="checkbox"/> Farmland/Timberland/Mineral Rights <input type="checkbox"/> Other: _____
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> In name of my business: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	

**Business Ownership (Please provide corporate minute book and ownership certificate)**

<b>Name of Business</b>	
<b>Business Address:</b>	
Type of business entity	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Professional Association (PA) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship
Percent you own:	<input type="checkbox"/> 100% <input type="checkbox"/> _____%
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**Bank & Investment Accounts**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement Account (including 401(k))
Account Number	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**Bank & Investment Accounts**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement Account (including 401(k))
Account Number	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**Bank & Investment Accounts**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement Account (including 401(k))
Account Number	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**Bank & Investment Accounts**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Bank Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Investment Account <input type="checkbox"/> Retirement Account (including 401(k))
Account Number	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**Insurance Policies & Annuities**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Life Insurance: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other: _____ <input type="checkbox"/> Annuity <input type="checkbox"/> Other: _____
Account Number	
Name of Owner	
Name of Beneficiary	
Name of Contingent Beneficiary	

**Insurance Policies & Annuities**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Life Insurance: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other: _____ <input type="checkbox"/> Annuity <input type="checkbox"/> Other: _____
Account Number	
Name of Owner	
Name of Beneficiary	
Name of Contingent Beneficiary	

**Insurance Policies & Annuities**

Name of Financial Institution	
Type of Account	<input type="checkbox"/> Life Insurance: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Other: _____ <input type="checkbox"/> Annuity <input type="checkbox"/> Other: _____
Account Number	
Name of Owner	
Name of Beneficiary	
Name of Contingent Beneficiary	

**Other Assets**

Description of Asset	
Account Number	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**Other Assets**

Description of Asset	
Account Number	
How Titled/Owned?	<input type="checkbox"/> Individually in my name <input type="checkbox"/> In my trust <input type="checkbox"/> Jointly with: _____ <input type="checkbox"/> Other: _____
Name of Beneficiary	
Name of Contingent Beneficiary	

**If more assets need to be listed, make additional copies of the appropriate page.**