

ALEX GILLEN

ATTORNEY AT LAW

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**Estate Planning Questionnaire**

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

**SECTION I: PERSONAL INFORMATION**

<b>1. INFORMATION</b>	
Full Name:	Date of Birth:
Place of Birth:	Social Security No.*
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Names Known by:	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, for how long?	
Occupation (former if retired):	
Employer:	
Business Address:	
Office Phone:	Email Addr:
Mobile Phone:	Fax No.:

<b>2. HOME ADDRESS</b>		
Street:		
City:	State:	Zip Code:
Country (if not USA):	County:	Home Phone:
Other Residences:		

\*If you are transmitting this document via email, please do not include your social security number.

## SECTION II: GENERAL QUESTIONS

1.	Do you have an existing Will? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy
2.	Do you have an existing Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy
3.	Have you previously been married? <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married  If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.
4.	Please indicate your state of domicile _____ and the date established _____.  If you spend more than a nominal amount of time in another state or country, please identify.
5.	Have you given away more than the annual gift tax exclusion, in money or property, to any person in any single year? (Annual exclusion was \$3,000 until 1982, then \$10,000, with modest increases beginning in 2002.) <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, list amounts by years below or on the reverse side:  Year ____ Amount: \$ _____ Year ____ Amount: \$ _____ Year ____ Amount: \$ _____
6.	Are you receiving or will you receive an annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, to whom will the payments be made? _____  How long will payments be made? <input type="checkbox"/> Life <input type="checkbox"/> Fixed Term <input type="checkbox"/> Joint Lives  If Fixed Term, for how long? _____ Amount of each payment? \$ _____
7.	Have you ever filed a gift tax return (IRS Form 709)? <input type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, please provide a copy of the last one filed with the IRS)
8.	Have you ever filed a corporate or partnership tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No  (If Yes, please provide a copy of the last one filed with the IRS)
9.	Do you have any interest under a Will or Trust of another person, including a power of appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please supply a copy of the document if available.
10.	Are you a Trustee of any Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you received, or do you expect to receive, any inheritances? <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you received or do you anticipate receiving any gifts or bequests from someone who expatriated from the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Do you have relatives dependent upon you for support? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, give names and relationships:

14.	<p>Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet <input type="checkbox"/>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Item or Amount:</td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td style="padding: 5px;">Relation:</td> </tr> <tr> <td style="padding: 5px;">Name:</td> <td style="padding: 5px;">Item or Amount:</td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td style="padding: 5px;">Relation:</td> </tr> <tr> <td style="padding: 5px;">Name:</td> <td style="padding: 5px;">Item or Amount:</td> </tr> <tr> <td style="padding: 5px;">Address:</td> <td style="padding: 5px;">Relation:</td> </tr> </table>	Name:	Item or Amount:	Address:	Relation:	Name:	Item or Amount:	Address:	Relation:	Name:	Item or Amount:	Address:	Relation:
Name:	Item or Amount:												
Address:	Relation:												
Name:	Item or Amount:												
Address:	Relation:												
Name:	Item or Amount:												
Address:	Relation:												
15.	<p>All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to:</p> <p><input type="checkbox"/> Only Living children</p> <p><input type="checkbox"/> Children and grandchildren (if child is deceased)</p> <p><input type="checkbox"/> Other (specify): _____</p>												
16.	<p>Are you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please supply a copy of any pertinent documents.</p>												
17.	<p>Do you hold stock in a closely-held corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable.</p>												
18.	<p>Do you have any medical issues we should be aware of for planning purposes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
19.	<p>Do you have long term care insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>												
20.	<p>Do you own any property in a foreign country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, which country? _____</p>												
21.	<p>Who will serve as <u>personal representative/executor</u> for you?</p> <p>Name: _____ Relation: _____</p> <p>City/State: _____</p> <p>Alternate (if above person unable to serve): _____</p> <p>As Co-Personal Representatives <input type="checkbox"/></p> <p>City/State: _____ Relation: _____</p>												

22.	Who will serve as <u>Trustee</u> for you? Name: _____ Relation: _____ City/State: _____ Alternate (if above person unable to serve): _____ As Co-Trustees <input type="checkbox"/> City/State: _____ Relation: _____
23.	Who will serve as <u>guardian</u> of your minor children (if applicable)? Name: _____ Relation: _____ City/State: _____ Alternate (if above person unable to serve): _____ City/State: _____ Relation: _____
24.	Who will serve as <u>attorney-in-fact</u> under a durable power of attorney (if desired)? Name: _____ Relation: _____ City/State: _____ Alternate (if above person(s) unable to serve): _____ City/State: _____ Relation: _____
25.	Who will serve as <u>health care surrogate/agent</u> (person to make medical decisions)? Name: _____ Relation: _____ Address: _____ Phone: _____ Alternate (if above person(s) unable to serve): _____ Address: _____ Relation: _____ Phone: _____
26.	Do you want a <u>Living Will</u> to address end of life issues? <input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Do you wish to be cremated? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.
28.	Are you concerned that any of your beneficiaries will not behave responsibly with money that you give them? <input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Do you have any relatives attending private school, college, or graduate school? <input type="checkbox"/> Yes <input type="checkbox"/> No
30.	Do you have any relative who regularly incurs significant medical bills? <input type="checkbox"/> Yes <input type="checkbox"/> No
31.	Is there any member of your family disabled or receiving medical benefits from State or Federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No
32.	How did you first learn about our firm?

**SECTION III: BENEFICIARY INFORMATION**

**Names of living children as they are to appear in your documents** (attach additional pages if necessary)

1.	Name of Child:  _____	Date of Birth: _____ Phone: _____  Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide name: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide names and ages below:		
Names:		Ages:

2.	Name of Child:  _____	Date of Birth: _____ Phone: _____  Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide name: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide names and ages below:		
Names:		Ages:

3.	Name of Child:  _____	Date of Birth: _____ Phone: _____  Address: _____
Married? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide name: _____		
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, please provide names and ages below:		
Names:		Ages:

4.	Name of Child: _____	Date of Birth: _____ Phone: _____ Address: _____
	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name: Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:	
Names:		Ages:

5.	Name of Child: _____	Date of Birth: _____ Phone: _____ Address: _____
	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name: Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:	
Names:		Ages:

6.	Name of Child: _____	Date of Birth: _____ Phone: _____ Address: _____
	Married? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name: Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:	
Names:		Ages:

<b>Do you have any children who have predeceased you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list information below:	
Name of deceased child: _____	
Married at death? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name:	
Grandchildren? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide names and ages below:	
Names:	Ages:

Do you have any children or grandchildren who are adopted?  Yes  No

**Other Persons or Institutions to be Named in Your Documents (and not listed above):**

	Names as you would like them to appear on your documents	City and State	Relationship (if any);
1.			
2.			
3.			
4.			
5.			
6.			

**SECTION IV: FINANCIAL INFORMATION**

**Check the box if held in a Revocable Trust**

\*Please indicate if any accounts receive direct deposits.

<b><u>Assets</u></b> <b>(Estimate Current Fair Market Value)</b>	<b><u>In Your Name</u></b>	<b><u>Owned Jointly</u></b>
1. Principal Residence	<input type="checkbox"/>	
2. Other Real Estate		
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
3. Mineral Interests	<input type="checkbox"/>	
4. Checking Account(s)	<input type="checkbox"/>	
5. Savings Account(s)	<input type="checkbox"/>	
	<input type="checkbox"/>	
7. Brokerage Account(s)		
	<input type="checkbox"/>	
	<input type="checkbox"/>	
8. Other Securities	<input type="checkbox"/>	
9. Business Interests	<input type="checkbox"/>	
10. Notes Receivable	<input type="checkbox"/>	
11. Personal Effects & Furnishings	<input type="checkbox"/>	
12. Automobiles	<input type="checkbox"/>	
13. Other	<input type="checkbox"/>	
<b>Total Assets</b>		



<b><u>Liabilities</u></b>	<b><u>Your Name Only</u></b>	<b><u>Contingent Liabilities</u></b>	<b><u>Owed Jointly</u></b>
Home Mortgage			
Other Mortgages			
Other Loans			
<b><i>Total Liabilities</i></b>			

<b>NET ASSETS</b>			
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**Profit Sharing, IRA, Pension Plans, 401k, Etc.**

<b>OWNER</b>	<b>DESCRIPTION</b>	<b>BENEFICIARY</b>	<b>CURRENT VALUE</b>

**TOTAL RETIREMENT BENEFITS:** \_\_\_\_\_

## Life Insurance

\*Please bring policies to initial appointment

Type (e.g., term, group, whole life, accidental )	Face Amount of Death Benefit	Approximate Cash Value	Owner	Insured	Primary Beneficiary	Secondary Beneficiary
			Client Trust Other	Client Other		

**TOTAL INSURANCE:** \_\_\_\_\_

$$\begin{array}{ccccccc}
 \text{_____} & + & \text{_____} & + & \text{_____} & = & \text{_____} \\
 \text{NET ASSETS} & & \text{COMBINED TOTAL} & & \text{COMBINED TOTAL} & & \text{TOTAL} \\
 & & \text{RETIREMENT} & & \text{INSURANCE} & & \\
 & & \text{BENEFITS} & & & & 
 \end{array}$$

**SECTION V: PROFESSIONAL ADVISORS**

ADVISOR	NAME AND FIRM	ADDRESS / PHONE NUMBER
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

\*\*All information provided on this form will be treated as privileged and confidential.

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALEXANDER E. GILLEN, ATTORNEY AT LAW IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES ME, AND IF THERE IS ANY MATERIAL CHANGE IN MY ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, I WILL NOTIFY ALEXANDER E. GILLEN, ATTORNEY AT LAW.**

Signature \_\_\_\_\_