

Frye, Fortich & Garcia, P.L.

Law Offices

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

This Estate Planning Questionnaire is designed to help you gather information necessary for thoughtful estate planning prior to our initial consultation. Please be as thorough as possible in completing this questionnaire. If you are unable to complete this question prior to our initial consultation, we may address these issues during our consultation. All information will be kept strictly confidential.

Information About You

Who referred you to the Law Offices of Frye, Fortich & Garcia, P.L.? _____

Name: _____

Address: _____

Telephone Numbers: Home: (_____) _____ Mobile: (_____) _____

Business: (_____) _____ Fax: (_____) _____

E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____

() Married () Not Married () Widow/Widower

If married: Date of Marriage: _____ () First Marriage () Other Marriage

If not married, are you divorced? () Yes () No

If yes, do you have a marital settlement agreement? () Yes () No

If yes, please provide us with a copy.

If Widow/Widower, please provide a copy of deceased spouse's death certificate.

Information About Your Spouse (if applicable)

Name: _____

Address: _____

Telephone Numbers: Home: (_____) _____ Mobile: (_____) _____

Business: (_____) _____ Fax: (_____) _____

E-Mail: _____

Date of Birth: _____ Social Security Number: _____

Citizenship: _____ Marriage: () First () Other

Information About Your Children and Other Beneficiaries

Name: _____

Date of Birth: _____ Social Security Number: _____

() Child () Step-child

Citizenship: _____ () Other _____

=====

Name: _____

Date of Birth: _____ Social Security Number: _____

() Child () Step-child

Citizenship: _____ () Other _____

=====

Name: _____

Date of Birth: _____ Social Security Number: _____

() Child () Step-child

Citizenship: _____ () Other _____

=====

Name: _____

Date of Birth: _____ Social Security Number: _____

() Child () Step-child

Citizenship: _____ () Other _____

=====

Name: _____

Date of Birth: _____ Social Security Number: _____

() Child () Step-child

Citizenship: _____ () Other _____

=====
Name: _____

Date of Birth: _____ Social Security Number: _____

() Child () Step-child

Citizenship: _____ () Other _____

(attach separate sheet if necessary)

Information About Your Assets

The following information will remain strictly confidential and is used only to assess the estate tax consequences of your estate and what measures will be needed to eliminate or reduce estate taxes.

1. Approximate Net Worth. What is your approximate net worth? _____
(This is the present market value of all your assets, less all amounts you owe.)

2. Real Estate. Add % of ownership

<u>Address</u>	<u>Titled in Whose Name</u>	<u>Purchase Price</u>	<u>Present Value</u>	<u>Mortgage</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Investment/Brokerage Accounts

<u>Company</u>	<u>Titled in Whose Name</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Bank Accounts/Certificates of Depository

<u>Bank</u>	<u>Titled in Whose Name</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Pension Plans, IRAs, 401(k)s, Profit Sharing or Other Retirement Plans. Do you and/or your spouse (if applicable) have retirement plans? () Yes () No. If so, please complete the following:

<u>Type</u>	<u>Titled in Whose Name</u>	<u>Beneficiary Designation</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Life Insurance and Annuities. (Bring policies.)

<u>TYPE</u>	<u>OWNER</u>	<u>INSURED</u>	<u>BENEFICIARY</u>	<u>FACE VALUE</u>	<u>CASH VALUE</u>

7. Corporations. Do you or your spouse, if applicable, own stock in closely held corporations or businesses? () Yes () No

<u>Name</u>	<u>Percentage of Ownership Interest</u>	<u>Type of Business</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Partnerships and Limited Liability Companies. Do you or your spouse, if applicable, own an interest in a partnership or a limited liability company? () Yes () No

<u>Name</u>	<u>Percentage of Membership Interest</u>	<u>Type of Asset Held by LLC or Partnership</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Other Assets. Please note any other assets that have significant value, such as debt owed to you, art/jewelry collections, etc.

10. Safe Deposit Box. Do you have a safe deposit box? () Yes () No

If Yes, then location: _____

Name(s) of other person(s) with access: _____

Considerations Regarding the Protection of Your Assets

1. How high is your personal or professional exposure to lawsuits? () High () Medium () Low

2. Should we discuss asset protection strategies with you? () Yes () No

Considerations Regarding Your Estate Planning

Common estate planning documents include Trusts, Irrevocable Trusts, Wills, Durable Powers of Attorney, Designations of Health Care Surrogates and Living Wills.

Disability Planning: If a beneficiary has a disability; please provide the beneficiary's name and the type of government benefits they are receiving, if applicable:

Revocable Living Trust and Wills

1. Who will you name as executor of your estate? _____

Alternate executor: _____

2. Who will you name as trustee of your trust, if applicable? _____

Alternate trustee: _____

3. Who will you name as Trust Protector of your trust, if applicable? _____

A "Trust Protector" provides oversight over the Trustee. The appointment of a "Trust Protector" is optional.

4. If you have minor children, who will serve as their guardian? _____

5. **Who are your beneficiaries?** Spouse? Children? Significant others? Friends? Include Dollar amounts or percentages (*attach separate sheet if necessary*).

6. If you name your children or other minors as beneficiaries how would you like them to receive their inheritance? For example, you can control the amount your children receive by distributing to them certain amounts at certain ages (*i.e.* 1/3 at 25; 1/2 at 30, and the remainder at 35).

Irrevocable Life Insurance Trust (if applicable)

7. Trustee: Name: _____
Address: _____
Telephone No.: _____

8. Successor Trustee: Name: _____
Address: _____
Telephone No.: _____

Please note that the appointment of a Trustee should be carefully considered. The Trustee should understand the purpose of the trust and be able to handle financial matters.

Advance Directives

9. Durable Power of Attorney. In the event you are unable to manage your financial affairs, who will act as your attorney-in-fact? _____ Alternate (optional): _____

10. Designation of Health Care Surrogate. In the event you are unable to make health care decisions, who will act as your health care surrogate? _____ Telephone: _____
Alternate: _____ Telephone: _____

11. Living Will. In the event you are in a terminal condition, how would you like treatment to be administered? For example, would you like life prolonging procedures administered or withheld?

Funeral and/or Burial Information

12. Do you have a preneed funeral/burial contract? If so, provide name and location: _____

13. Do you have any specific funeral instructions? _____

14. Do you wish to make any anatomical gifts (organ donation)? Yes No

Preparation and Signing of Documents

After all the necessary information has been gathered and planning decisions have been made, we will prepare draft documents. Draft documents are usually completed for client review in about four (4) to six (6) weeks. Documents can be completed sooner if there are urgent circumstances. **You should contact us in advance of any scheduled appointment about any changes to your draft documents.** Once the documents are signed, we will prepare a portfolio containing your original documents, along with the copies you may request.

Re-title Assets as Needed

Your estate plan is not complete until you re-title assets and make beneficiary designations in accordance with your estate planning. If you have a trust and wish to avoid probate, it is necessary to change the name on your assets to that of the trust or to otherwise assure that the assets will pass outside of probate.

Periodic Review

You should give thought to your estate plan every year, asking yourself if there have been changes in your personal or financial situation, which in any way affect your estate planning.

I/we confirm that the information provided herein is full disclosure of my/our assets, finances, beneficial interests, and any other information that is relevant for estate planning purposes. The information provided herein is true and to the best of my/our knowledge.

Client Signature

Date: _____

Client Signature

Date: _____