



toll free: 866-265-8100  
local: 727-343-8959  
fax: 727-384-2437

info@HillLawGroup.com  
HillLawGroup.com

### Estate Planning Questionnaire

Please complete this form for each person who would like an estate planning document. However, if your wishes are the same, please complete only the first page for each person.

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Cell Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Which the best way to communicate with you? \_\_\_ Phone \_\_\_ Email

How did you hear about this office? \_\_\_ internet \_\_\_ advertisement \_\_\_ friend \_\_\_ Attorney  
\_\_\_ Other (if a person) Name \_\_\_\_\_

Are you a veteran? \_\_\_ yes \_\_\_ no Is your spouse a veteran? \_\_\_ yes \_\_\_ no

Husband/Wife Name \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Your Children's Names

Dates of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a child has died, was he or she survived by children? Yes  No

Names, ages and addresses of these grandchildren \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any prior marriages? (If so, how did they end?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever made a prior will or trust? Yes  No

Do you own any real estate by yourself or jointly with someone else? Yes  No

If yes, Real estate in Florida \_\_\_\_\_

Value \_\_\_\_\_ Who owns? \_\_\_\_\_

Real estate in other states \_\_\_\_\_

Value \_\_\_\_\_ Who owns? \_\_\_\_\_

*If you own any real estate, please bring a copy of the deeds with you to your estate planning interview with the attorney. If you need more space, please use last page.*

Do you have any bank accounts? (Savings, checking, money market, safe deposit box, certificates of deposit) Yes  No

If yes, indicate value and location. \_\_\_\_\_

Interests in businesses you have \_\_\_\_\_

Insurance policies (indicate company, face value and named beneficiary) \_\_\_\_\_

Digital Assets \_\_\_\_\_

Other financial information \_\_\_\_\_

**Total net value of your entire estate: \$** \_\_\_\_\_

**Beneficiaries are the people who will receive your assets.** You may direct that your entire estate will go to one or more persons or organizations. Additionally, you may make specific gifts of sums of money or certain assets to a specific person, or persons, or organizations. If you make specific gifts, you also must designate who will receive the rest of your assets. When we meet we will discuss the pros and cons of your wishes.

**Primary Beneficiary(ies):** Who do you wish to leave the bulk of your assets (after specific gifts are made) to? (Provide names here and full information on last page)

**Alternate Beneficiaries:** If your primary beneficiary(ies) does not survive you then who should be the recipients of your assets? If any recipient should dies before you do is a blood relative, his or her gift shall go to his or her children unless you specify otherwise: \_\_\_\_\_

Do you wish to make a **Specific gift** to one or more persons, for instance a specific sum of money, a vehicle or other large personal property gifts? \_\_\_\_\_

\_\_\_\_\_

Do you have a child or other relative that you wish to **disinherit or purposely leave out**?

\_\_\_\_\_

Are any of your beneficiaries disabled? \_\_\_\_\_ If yes, who? \_\_\_\_\_

**Personal Representative.** This is the person to carry out the terms of your will once you pass away. They must be mentally competent, over 18 years of age and cannot be convicted of a felony. If they are your surviving spouse, or a blood relative, or the spouse of a blood relative they do not have to be a resident of Florida to serve as a personal representative; if they are not, they must be a resident of Florida or a Florida bank with trust powers.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

Digital Assets. Should PR have access to your online accounts? \_\_\_\_\_

If not, who should? \_\_\_\_\_

**For people with minor children only:**

**Guardian.** Person to be appointed by the Court to be guardian of the person of your minor children or grandchildren, if it should be necessary:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

**Testamentary Trust.** Especially if you have minor children or minor children could be the beneficiaries of a part of your estate, a trustee could control the child's share until they reach a certain age, often avoiding the need for court involvement. In the event that you desire to leave assets to someone who could be a minor please complete the following:

Trustee Name: \_\_\_\_\_

Alternate Trustee Name: \_\_\_\_\_

How old should your beneficiary be to receive funds free of trust? \_\_\_\_\_

If the beneficiary died before that age, who would be the alternate? \_\_\_\_\_

Are you a beneficiary of someone else's trust (that you know of)? Yes  No

**Funeral/Burial/Cremation Arrangements.** Each person often has strong feelings about the disposition of their body after death. For this reason it is important to express one's wishes in writing. Some people wish to include them in their Last Will while others do not. If you wish to include this information, please complete below:

Have you made **funeral/burial/cremation** arrangements with anyone? Yes  No

If yes, what type of arrangements? \_\_\_\_\_

What organization are your arrangements with? \_\_\_\_\_

Location? \_\_\_\_\_

Do you have any specific desires about your final arrangements? (Such as a military funeral, no funeral, certain religious ceremony) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A **Power of Attorney** will give someone the right to act on your behalf for many or all of your financial matters. They can act "in your shoes" beginning the day you execute the document. A power of attorney is a strong document and should name only those who are fully trustworthy.

Do you wish to have a Power of Attorney Yes  No

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Alternate: \_\_\_\_\_ Relationship \_\_\_\_\_

A **Living Will** states that you do not want to be kept alive by artificial means if you have an *end stage condition*, are *terminally ill*, or are in a *chronic vegetative state*. You can, but are not required to choose to have a living will under one or all of these circumstances and you can make specific requests under each condition.

Do wish to have a living will? Yes  No

You can choose to have a **general** living will or one that states your choices under **specific** circumstances as outlined below.

Do you wish to have a **General**  or **Specific**  living will? If specific please complete below. Understand that we will review this form together when we meet.

**SAMPLE OF PORTION OF SPECIFIC LIVING WILL:**

If at any time you are either mentally or physically incapacitated and if your attending or treating physician, together with another consulting physician, have collectively determined that one of the three conditions below apply, then you can direct, by marking your initials in each box, which treatments you do or do not wish to have.

*(Under each condition mark your initials for each treatment you choose to REFUSE)*

	End-stage condition	Terminal condition	Persistent vegetative st.
Antibiotics			
CPR			
Hospitalization (except for broken bones)			
Dialysis			
Intravenous Feeding (short term)			
Life Support / Respirator			
Surgery			
Tube Feedings			

The **Designation of Health Care Surrogate** allows you to designate someone (and one or more alternates) to make health care decisions for you if you are unable to make them yourself.

Do you wish to name a Health Care Surrogate? Yes  No

Health Care Surrogate (HCS) Name: \_\_\_\_\_

Alternate Health Care Surrogate (HCS) Name: \_\_\_\_\_

Additional Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Estate Planning Documents Information

Please provide the information below in regard to each person who will be named in your Estate Planning documents, whether as representative or as beneficiary. Please feel free to copy this page if you need to name additional people.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary phone (\_\_\_\_) \_\_\_\_\_ Alternate phone (\_\_\_\_) \_\_\_\_\_

Please provide the full address for each real property you own:

Homestead:

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Property #2

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Property #3

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Thank you for taking the time to review this form. We realize it is lengthy and you may not be ready to answer all the questions. When we meet we will review this form together. Please take the remaining space to note any questions you may have so we can be sure to address them.

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