

# Bauer & Associates

ATTORNEYS AT LAW

*A Professional Association*

## ESTATE PLANNING QUESTIONNAIRE

### I. General

#### A. General Information

	<u>Husband or Single Person</u>	<u>Wife</u>
Name	_____	_____
Home Address	_____	_____
County of Residence	_____	_____
Home Telephone	_____	_____
Business Address	_____	_____
	_____	_____
Business Telephone	_____	_____
Firm should send correspondence to:	( ) Home ( ) Husband or Single Person's Business ( ) Wife's Business	
Occupation	_____	_____
Birth Date	_____	_____
Place of Birth	_____	_____
Social Security No.	_____	_____
Date and Place of Marriage	_____	
Date became Florida Resident	_____	_____
Country of Citizenship	_____	_____
Prior Marriage: Yes or No	_____	_____
Other Advisors (Accountant, Investment Adviser, Life Insurance Agent):	_____	
	_____	
	_____	
	_____	

**B. Children (mark children of either spouse by former marriage with an asterisk)**

<u>Name and Phone Number</u>	<u>Address</u>	<u>Birth Date</u>	<u>Name of Child's Spouse</u>	<u>Number of Children</u>
_____ Phone #: _____	_____	_____	_____	_____
_____ Phone #: _____	_____	_____	_____	_____
_____ Phone #: _____	_____	_____	_____	_____
_____ Phone #: _____	_____	_____	_____	_____
_____ Phone #: _____	_____	_____	_____	_____
_____ Phone #: _____	_____	_____	_____	_____

**C. Names, Addresses and Ages of Living Parents**

Husband's or Single Person's:

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

Wife's:

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

If you support any persons other than your children or if any other persons are to be considered in your dispositive plan, please list their names, relationships, addresses and birth dates or approximate ages on the last page.

## II. Inventory of Your Estate and Your Spouse's Estate

### A. Assets Other Than Life Insurance and Benefits of Employment

<u>Asset Description</u>	<u>Value When Acquired and Date Acquired</u>	<u>Title in Name of Husband (H) Single Person (SP), Wife (W), or Joint (J)</u>	<u>Present Value</u>
Principal Residence (Mortgage or other liability)			(       )
Other Florida Residence (Mortgage or other liability)			(       )
Other non-Florida Residence (Mortgage or other liability)			(       )
Florida investment real estate (Mortgage or other liability)			(       )
Non-Florida invest- ment real estate (Mortgage or other liability)			(       )
Marketable stocks and bonds (Mortgage or other liability)			(       )
Closely-held stock (Mortgage or other liability)			(       )
S-corporation stock (Mortgage or other liability)			(       )
Partnership interests (Mortgage or other liability)			(       )

Cash, checking and savings accounts, money market, etc.	_____	_____	_____
Autos, boats, planes (Mortgage or other liability)	_____	_____	(        )
Antiques, collections	_____	_____	_____
Other household furnishings	_____	_____	_____
Other significant property (see back page if space inadequate)	_____	_____	_____
Other debts	_____	_____	_____

**B. Benefits of Employment**

		<u>Employees Contributed Amount</u>	<u>Employer Contributed Amount</u>	<u>Employee Amount</u>	<u>Total Who are the designated beneficiaries (primary and secondary)</u>	<u>Date of Employment</u>
Pension Benefits	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
Profit-sharing	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
HR-10 (Keogh Plan)	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
IRA accounts	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____
	( ) H or SP	_____	_____	_____	_____	_____
	( ) W	_____	_____	_____	_____	_____

Bonus plans	<input type="checkbox"/> H or SP	_____	_____	_____	_____	_____
	<input type="checkbox"/> W					
	<input type="checkbox"/> H or SP	_____	_____	_____	_____	_____
	<input type="checkbox"/> W					
Deferred Compensation	<input type="checkbox"/> H or SP	_____	_____	_____	_____	_____
	<input type="checkbox"/> W					
	<input type="checkbox"/> H or SP	_____	_____	_____	_____	_____
	<input type="checkbox"/> W					

**C. Other**

Joint tenancies with someone other than spouse? Explain.

Any and all other assets not described above:

**III. Estimated Annual Income Information**

	<u>Husband or Single Person</u>	<u>Wife</u>
Earned income	\$ _____	\$ _____
Investment income	\$ _____	\$ _____
Other income	\$ _____	\$ _____

**IV. Expected Inheritances or Gifts from Third Persons**

Value and description (include details if known)	_____	_____
Real estate (investment or other), stock in closely held corporations, partnership interests, marketable stocks	_____	_____

and bonds, cash, automobiles \_\_\_\_\_  
 boats, planes, antiques, \_\_\_\_\_  
 collections, etc. Use back \_\_\_\_\_  
 page if space inadequate.

If you are able to tell us which items may reach you "outright" and which "in trust", please do so.

### V. Other estate planning matters

	<u>Husband or Single Person</u>	<u>Wife</u>
Have you any interest in any trust or estate?	_____	_____
Made gifts in excess of \$1000 per donee per year? Itemize on back page, donees, amounts, years.	_____	_____
Are you a trustee?	_____	_____
Are you a custodian under a Gift or Transfers to Minors Act?	_____	_____
Do you have any powers of appointment?	_____	_____
Ever previously reside in a community property state?*	_____	_____
Any business buy-out agreement? (Supply copy)	_____	_____
Any pre- or post-nuptial agreement? (Supply copy)	_____	_____
Have you created any irrevocable trusts? (Supply copy)	_____	_____
Anticipate any change in financial or family situation soon?	_____	_____
Any maintenance/support obligations? (Supply copy of decree)	_____	_____
Any significant health problems?	_____	_____
Do you maintain books or ledgers for tax/insurance purposes?	_____	_____

\*Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin



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## VII. Miscellaneous

Thank you for completing this form. The information you provide will greatly benefit our ability to assist you in your estate planning. However, the information in this questionnaire is furnished so we can rely upon it in preparing your estate plan and it will not be independently verified by us.

Please append any further explanatory material you believe will help us in evaluating your property and goals. The more information we have, the better we can advise you.

Please use the following page for additional facts or explanatory remarks. If you think certain facts or explanations may be relevant, but you are unsure, please bring them to our attention so that we may consider them.

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

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

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

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

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_