

ESTATE PLANNING QUESTIONNAIRE

Married Couple

Cahill Law Firm, P.A.

5290 Seminole Boulevard, Suite D
St. Petersburg, FL 33708
727-398-4100
admin@cahillpa.com

Please complete this questionnaire and bring with you to your appointment. This information will be used to ensure we address your estate planning needs and goals. Feel free to attach extra pages if you need additional space.

ESTATE PLANNING QUESTIONNAIRE

I. Client Information:

Date: _____ Who referred you to our office? _____

Name: _____
First Name Middle Name Last Name

Cell Phone # _____ Home Phone # _____ Date of Birth _____ Place of Birth _____ Social Security # _____

Preferred Primary Contact Phone # (please check one) ☐ Cell ☐ Home

_____ May we contact you by e-mail? ☐ Yes ☐ No
E-mail Address

Spouse: _____
First Name Middle Name Last Name

Cell Phone # _____ Home Phone # _____ Date of Birth _____ Place of Birth _____ Social Security # _____

_____ May we contact you by e-mail? ☐ Yes ☐ No
E-mail Address

Primary Residence: _____
Street Address

City State Zip

_____ Date Florida residency established

Secondary Residence: _____
Street Address

City State Zip

_____ Seasonal Dates (if applicable)

II. Family Information: (Children, Parents, Siblings)

	Full Legal Name	Age	City/State Residence	Relationship	Marital Status	No. of Children	Alive?
1							
2							
3							
4							
5							
6							
7							
8							

III. Advisor Information:

Accountant: _____
 Name Firm Name

 City Telephone No. E-mail address:

Financial Advisor: _____
 Name Firm Name

 City Telephone No. E-mail address:

IV. Estate Plan Information:

Do you currently have any of the following documents in place:

Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Completed: _____
Trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Completed: _____
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Completed: _____
Healthcare Surrogate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Completed: _____
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Completed: _____
Prenuptial Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date Completed: _____

If Yes, please bring a copy of the document(s) with you to your appointment.

What are your concerns/goals for your estate plan? Please list a few of your top concerns/goals for your estate plan, in order of preference.

Financial Fiduciaries:

Personal Representative – Probate is required for any asset held in your individual name at the time of your death. The personal representative is the person you nominate in your Will to be in charge of administering your probate estate.

Trustee – A Trust administration would be required for any assets held in the name of your Trust at the time of your death. These assets would avoid the formal probate court process. The Trustee is the person you will nominate to be in charge of administering your trust estate, in the event you elect to create a Trust Agreement.

Durable Power of Attorney – This person would be named as your agent to handle financial and business decisions on your behalf.

I recommend naming the same decision makers for all financial decisions. Typically, your spouse is the first decision maker. Please list more than one designee after your spouse, in the event the first named agent is unable or unwilling to serve.

1) _____
Name of Person or Company Relationship Telephone #

Street Address City State Zip

2) _____
Name of Person or Company Relationship Telephone #

Street Address City State Zip

3) _____
Name of Person or Company Relationship Telephone #

Street Address City State Zip

Health Care Surrogate – This person would be named as your agent to handle health care decisions on your behalf. Typically, the spouse is the first decision maker. Please provide the following information regarding the person(s) you wish to name to serve in this capacity, after your spouse. Please list more than one designee, in the event the first named agent is unable or unwilling to serve.

1) _____
Name of Person or Company Relationship Telephone #

Street Address City State Zip

2) _____
Name of Person or Company Relationship Telephone #

Street Address City State Zip

3) _____
Name of Person or Company Relationship Telephone #

Street Address City State Zip

V. Financial Information:

Please provide the following financial information. Under "Form of Ownership" please list whether the asset is held individually, Joint w/others (please list name of joint owner), or Other (e.g., in Trust, Payable on Death (POD), etc.):

Asset:	Approximate Value:	Form of Ownership:
Cash Accounts:		
Brokerage Accounts and Securities:		
Retirement Plans:		
Real Estate/Business Interests:		
Tangible Personal Property (Vehicles, Boats, etc.):		
	Approximate Value:	Beneficiary Named:
Life Insurance (List Company and Policy Number)		