

CANDYCE M. KING, P.A.

ESTATE PLANNING QUESTIONNAIRE [COUPLE]

This form is extremely important. Your accuracy and completeness in responding will held Candyce M. King, P.A. represent you. Please bring this completed information packet, including each of the attached schedules, to your initial consultation.

Date: _____

A. CLIENT INFORMATION

CLIENT

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Date of Birth: _____

Social Security Number: _____

Email address: _____

Cell Phone Number: _____

CO-CLIENT

Full Name: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Date of Birth: _____

Social Security Number: _____

Email address: _____

Cell Phone Number: _____

B. MARITAL INFORMATION

Date of Marriage: _____

Place of Marriage: _____

City: _____

State: _____ Country: _____

C. CHILDREN (if applicable, include adult & minor children, as well as any who have predeceased you)

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Email Address: _____

Relationship to Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

Relationship to Co-Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Email Address: _____

Relationship to Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

Relationship to Co-Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Email Address: _____

Relationship to Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

Relationship to Co-Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

NAME OF CHILD: _____

Male Female Married Single

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Email Address: _____

Relationship to Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

Relationship to Co-Client: Natural Child Adopted Stepchild Child born out of wedlock Deceased If deceased, date of death: _____

Are all of your children in good health?
 Yes No

Do any of your children any problems with:

Are any of your children blind?
 Yes No

Serious physical or mental illness?
 Yes No

Are any of your children disabled?
 Yes No

Drug addiction?
 Yes No

Are any of your children receiving Supplemental Security Income or SSDI?
 Yes No

Alcoholism?
 Yes No

If yes, how much is the child's monthly payment?

Debt Problems/Bankruptcy
 Yes No

Marital Difficulty?
 Yes No

Are any of your children receiving Medicaid or Medicare?

Medicaid Medicare

If you answered yes above, please list the name and reason for listing that child.

Do any of your children owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide more information:

D. GRANDCHILDREN (if applicable)

NAME OF GRANDCHILD: _____

Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Date of Birth: _____ Email Address: _____

Name of Grandchild's Parent(s): _____

Is this grandchild a direct descendent (natural or adopted) child of your child?

Yes No

NAME OF GRANDCHILD: _____

Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Date of Birth: _____ Email Address: _____

Name of Grandchild's Parent(s): _____

Is this grandchild a direct descendent (natural or adopted) child of your child?

Yes No

NAME OF GRANDCHILD: _____

Male Female

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Date of Birth: _____ Email Address: _____

Name of Grandchild's Parent(s): _____

Is this grandchild a direct descendent (natural or adopted) child of your child?

Yes No

Are all of your grandchildren in good health?

- Yes
- No

Do any of your grandchildren have any problems with:

Are any of your grandchildren blind?

- Yes
- No

Serious physical or mental illness?

- Yes
- No

Are any of your grandchildren disabled?

- Yes
- No

Drug addiction?

- Yes
- No

Are any of your grandchildren receiving Supplemental Security Income or SSDI?

- Yes
- No

Alcoholism?

- Yes
- No

If yes, how much is the grandchild's monthly payment?

Debt Problems/Bankruptcy

- Yes
- No

Marital Difficulty?

- Yes
- No

Are any of your grandchildren receiving Medicaid or Medicare?

- Medicaid
- Medicare

If you answered yes above, please list the name and reason for listing that grandchild.

F. LONG TERM CARE INSURANCE

Do you have Long Term Care Insurance? Yes No

If yes, please provide a copy of the policy.

G. MISCELLANEOUS

1. Do you have any legal issues I should be aware of? Yes No

If yes, please explain:

2. Where do you store your important papers? _____

3. Do you have a Safe Deposit Box? Yes No

If yes, indicate the name and address of the bank:

4. Have you prepaid your burial and funeral arrangements? Yes No

If yes, please provide copies of your cemetery deed & funeral contract.

5. Are there any difficult family dynamics that could impact your planning? Yes No

If yes, please provide more information:

6. Are you a contributor to a 529 Plan? Yes No

If yes, please attach a statement of the 529 account.

7. Does anyone in your immediate or extended family have special needs issues (including any spouses of your children)? Yes No

If yes, name and relationship of disabled family member:

I. CERTIFICATION

The undersigned hereby represents to Candyce M. King, P.A. that the information contained in this questionnaire (including the attached schedules) is accurate & complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Candyce M. King, P.A. may not be appropriate.

Signature of Client

Date

Signature of Co-Client

Date

SCHEDULE 1: ASSETS & RESOURCES

A. REAL ESTATE

Please provide copies of deeds & most recent tax bills

Description/Location	Cost (Basis)	Market Value	Mortgage Balance	How Title Held
Ex. 123 Main Street	\$100,000 (purchase price)	\$250,000.00	\$75,000.00	Joint tenant

B. CASH & BANK ACCOUNTS (CDs, Checking, Savings, etc.)

Please provide copies of most recent statements.

Name of Bank	Account No.	Type of Account	Balance/Value	How Title Held

C. SECURITIES (Bonds, Marketable Securities, etc.)

Please provide copies of most recent statements.

Name of Company	Type of Security	# Shares/Face Value	Cost	Current Value	How Title Held

D. RETIREMENT ACCOUNTS (IRAs, Annuities, Keoghs, etc.)

Please provide copies of most recent statements & beneficiary designations.

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value

E. LIFE INSURANCE (Whole Life, Term, Endowment, etc.)

Please provide copies of most recent statements & beneficiary designations.

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value

F. PERSONAL PROPERTY

	Market Value & Item	How Title Held
Home Furnishings	\$	
Cars/RV/Board, Etc.	\$	
Cars/RV/Board	\$	
Cars/RV/Board	\$	
Jewelry, Furs, Etc.	\$	
Other	\$	
Other	\$	

G. RIGHTS OR INTERESTS IN TRUSTS, ESTATES OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.

H. BUSINESS INTERESTS

If either client has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are any business documents (such as Buy-Sell Agreements, Stock Certificates, etc.), please provide copies.

I. MISCELLANEOUS

If either client has property interests not described above, please explain the nature of the interests and the estimated value of each.

SCHEDULE 2. - SELECTING BENEFICIARIES

Please note that we will spend time during our first meeting completing Schedule 2 and Schedule 3. However, you may want to review your existing documents (if any) and the following choices of beneficiaries & fiduciaries in preparation for our meeting.

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, education or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

Please note any difference between spousal wishes.

A. First-choice beneficiaries: Spouse Children Spouse & Children Other

B. Second-choice beneficiaries: Spouse Children Spouse & Children Other

C. Third-choice beneficiaries: Spouse Children Spouse & Children Other

D. Any specific disposition of your residence?

E. Any specific gifts of special articles, such as art or jewelry?

F. Any specific disposition of other household and/or personal effects?

G. Other information you think is important to your estate planning:

SCHEDULE 3. - SELECTING FIDUCIARIES

Please provide names, addresses & phone numbers if chosen person is not a child or spouse.

POSITION	CLIENT	CO-CLIENT
WILL SELECTIONS:		
Personal Representative or Co-Personal Representative		
1st Successor(s)		
2nd Successor(s)		
Trustee or Co-Trustees		
Guardian(s) for minor or disabled Children		

FINANCIAL GENERAL POWER OF ATTORNEY		
Agent or Co-Agents		
1st Successor(s)		
2nd Successor (s)		

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

_____ Yes, my co-agents may act independently of each other _____ No, each task must be undertaken jointly by all Co-Agents

HEALTH CARE POWER OF ATTORNEY & LIVING WILL		
Agent or Co-Agent		
1st Successors(s)		
2nd Successor(s)		

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

_____ Yes, my co-agents may act independently of each other _____ No, each task must be undertaken jointly by all Co-Agents