

# Bivins & Hemenway, P.A.

## Attorneys at Law

### ESTATE PLANNING QUESTIONNAIRE

#### SECTION I PERSONAL INFORMATION

Full Name (include middle name): \_\_\_\_\_

Provide any other names by which you may have been known or are known, including maiden names and former married names: \_\_\_\_\_

How would you like your name to appear on your estate planning documents:  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

U.S. Citizen: Yes / No

If no, Country of Citizenship: \_\_\_\_\_

SSN: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Residence Address, if different from above: \_\_\_\_\_

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

Are you presently employed? Yes / No

If Yes, for how long? \_\_\_\_\_

Occupation (former if retired): \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Have you ever served in the Armed Forces? Yes / No

Number of Years: \_\_\_\_\_

If previously married, please provide the following information:

Name of Former Spouse: \_\_\_\_\_

Length of Previous Marriage: \_\_\_\_\_

Divorced or Widowed: \_\_\_\_\_

Do you have any continuing obligations under a Divorce Decree?

Yes / No

**SECTION I  
PERSONAL INFORMATION**

**Name(s) of Children:**

*(S= Son; D= Daughter) (Circle One)*

Name: \_\_\_\_\_ *S or D* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Spouse's Name, if any: \_\_\_\_\_

Name: \_\_\_\_\_ *S or D* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Spouse's Name, if any: \_\_\_\_\_

Name: \_\_\_\_\_ *S or D* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Spouse's Name, if any: \_\_\_\_\_

**Name(s) of Grandchildren:**

*(GS = Grandson; GD= Granddaughter) (Circle One)*

Name: \_\_\_\_\_ *GS or GD* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Name: \_\_\_\_\_ *GS or GD* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Name: \_\_\_\_\_ *GS or GD* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s): \_\_\_\_\_

**Name(s) of Any Dependents (other than children):**

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

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**SECTION II**  
**GENERAL QUESTIONS**  
*(Circle Yes or No)*

Do you have a Last Will and Testament? Yes / No

Do you have a Trust? Yes / No

Do you have a Durable Power of Attorney? Yes / No

Do you have a Living Will? Yes / No

Have you ever filed a Gift Tax Return? Yes / No

Have you given away money or property to any person in excess of the annual gift tax exclusion for which a gift tax return was not filed? Yes / No

*If yes to any of the above, please bring copies with you to the initial appointment.*

Do you have any medical issues we should be aware of for planning purposes? Yes / No

Do you have Long Term Care Insurance? Yes / No

Do you have Disability Insurance? Yes / No

Do you have Liability Insurance? Yes / No

Are any of your relatives disabled or receiving medical benefits from State of Federal government? Yes / No

Are you a Trustee of any Trust? Yes / No

Do you expect to receive any Inheritance? Yes / No

Do you own any Foreign Property? Yes / No

Have you lived and / or owned property in any of the following states?

\_\_\_\_\_ Arizona    \_\_\_\_\_ Idaho    \_\_\_\_\_ Nevada    \_\_\_\_\_ Texas    \_\_\_\_\_ Wisconsin  
\_\_\_\_\_ California    \_\_\_\_\_ Louisiana    \_\_\_\_\_ New Mexico    \_\_\_\_\_ Washington

How did you learn about our firm? \_\_\_\_\_

**SECTION III**  
**ESTATE PLAN**

**1. Last Will and Testament**

*(Upon your passing, your Personal Representative will administer your probate estate, if any.)*

Who will serve as your: Personal Representative: \_\_\_\_\_

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

**SECTION III  
ESTATE PLAN**

Who will serve as your: Successor Personal Representative: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Who will serve as your: Trustee: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Who will serve as your: Successor Trustee: \_\_\_\_\_  
Relationship: \_\_\_\_\_

*(Your Trustee will administer your Trust or any sub-trust created under your Last Will and Testament, if any.)*

Who will serve as: Guardian(s) of your minor children, if any? \_\_\_\_\_  
Relationship: \_\_\_\_\_

Who will serve as: Successor Guardian(s): \_\_\_\_\_  
Relationship: \_\_\_\_\_

**2. Do you want to provide for any specific gifts of cash, personal property, or real property under your Will?      Yes / No**

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gift: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gift: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Gift: \_\_\_\_\_

*(If you require additional space please attach a separate sheet to this questionnaire.)*

**3. All other Tangible Personal Property to be distributed to:**

- Only Living Children
- Children and Grandchildren (if child is deceased)
- Other (specify): \_\_\_\_\_

**SECTION III  
ESTATE PLAN**

**4. Durable Power of Attorney** *(Your attorney-in-fact has the authority to manage your finances & property if you are not able to do so yourself.)*

Who will serve as your: Attorney-in-Fact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Who will serve as your: Successor or Co-Attorney-in-Fact: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**5. Designation of Health Care Surrogate** *(Your health care surrogate has the authority to oversee & make all of your health care decisions in the event you become incapacitated.)*

Who will serve as your: Health Care Surrogate: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Who will serve as your: Successor or Co-Surrogate: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**6. Do you want a Living Will to address end of life issues?**      Yes / No

If yes, who will serve as your: Living Will Surrogate: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Who will serve as your: Successor or Co-Surrogate: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**SECTION IV  
ASSET INFORMATION**

*(If you require additional space please attach a separate sheet to this questionnaire)*

Source(s) of Present Income:

Salary & Bonus: \$ \_\_\_\_\_

Interest, Dividends: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

**Personal Property** - Please indicate how each asset is titled using the following legend:

***Individually Owned = IO***

***Jointly Owned = JT\****

***Revocable Living Trust = RLT***

*\* If any of your assets are jointly owned with another, please provide their name and relationship (i.e., JT with son, Chris Smith)*

Cash & Cash Equivalents  
*(i.e. Checking, Savings, CDs)*

Financial Institution: \_\_\_\_\_

Current Estimated Value: \$ \_\_\_\_\_

How Titled: \_\_\_\_\_

Beneficiary Designation, if any *(Circle One)*:

JTWROS POD TOD FBO ITF Other: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Current Estimated Value: \$ \_\_\_\_\_

How Titled: \_\_\_\_\_

Beneficiary Designation, if any *(Circle One)*:

JTWROS POD TOD FBO ITF Other: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Current Estimated Value: \$ \_\_\_\_\_

How Titled: \_\_\_\_\_

Beneficiary Designation, if any *(Circle One)*:

JTWROS POD TOD FBO ITF Other: \_\_\_\_\_

Brokerage / Investment Accounts,  
Bonds, or Stock Certificates

Financial Institution: \_\_\_\_\_

Current Estimated Value: \$ \_\_\_\_\_

How Titled: \_\_\_\_\_

**SECTION IV**  
**ASSET INFORMATION**

*(If you require additional space please attach a separate sheet to this questionnaire)*

	Financial Institution: _____ Current Estimated Value: \$ _____ How Titled: _____
	Financial Institution: _____ Current Estimated Value: \$ _____ How Titled: _____
Notes / Mortgages Payable to You	Name of Borrower: _____ Original Note / Mortgage Amount: \$ _____ Duration of Note / Mortgage: _____
	Name of Borrower: _____ Original Note / Mortgage Amount: \$ _____ Duration of Note / Mortgage: _____
Automobiles / Boats / Other Motor Vehicles	Make: _____ Model: _____ Year: _____ VIN: _____ How Titled: _____
	Make: _____ Model: _____ Year: _____ VIN: _____ How Titled: _____
	Make: _____ Model: _____ Year: _____ VIN: _____ How Titled: _____
Tangible Personal Property <i>(Jewelry, Art, Coin Collections, Antiques, etc.)</i>	_____ _____ _____ _____

**SECTION IV  
ASSET INFORMATION**

*(If you require additional space please attach a separate sheet to this questionnaire)*

Real Estate (Wherever located)	Address: _____ How Titled: _____ Mortgage Company: _____ Remaining Balance, if any: \$ _____
	Address: _____ How Titled: _____ Mortgage Company: _____ Remaining Balance, if any: \$ _____
	Address: _____ How Titled: _____ Mortgage Company: _____ Remaining Balance, if any: \$ _____
Closely Held Business Interests	Name of Company: _____ Form & Percentage of Ownership: _____ Estimated Value of Business Interests: \$ _____ Subject to Buy / Sell Agreement?                      Yes / No <i>(If yes, please provide details of any deferred compensation plans.)</i>
	Name of Company: _____ Form & Percentage of Ownership: _____ Estimated Value of Business Interests: \$ _____ Subject to Buy / Sell Agreement?                      Yes / No <i>(If yes, please provide details of any deferred compensation plans.)</i>
Life Insurance Policies <i>(please bring policies to initial appointment, if any)</i>	Name of Insurance Company: _____ Owner: _____ Insured: _____ Face Amount: \$ _____ Policy #: _____ Type of Policy (i.e. term, whole): _____ Primary Beneficiary: _____ Secondary Beneficiary: _____



**SECTION IV**  
**ASSET INFORMATION**

*(If you require additional space please attach a separate sheet to this questionnaire)*

**Life Insurance Policies**

*(please bring policies to initial appointment, if any)*

Name of Insurance Company: \_\_\_\_\_  
Owner: \_\_\_\_\_ Insured: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_ Policy #: \_\_\_\_\_  
Type of Policy (i.e. term, whole): \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_  
Owner: \_\_\_\_\_ Insured: \_\_\_\_\_  
Face Amount: \$ \_\_\_\_\_ Policy #: \_\_\_\_\_  
Type of Policy (i.e. term, whole): \_\_\_\_\_  
Primary Beneficiary: \_\_\_\_\_  
Secondary Beneficiary: \_\_\_\_\_

**Profit Sharing Plans, IRAs, Pension Plans, 401ks, etc.**

Name of Company: \_\_\_\_\_  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Description: \_\_\_\_\_  
Current Estimated Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Description: \_\_\_\_\_  
Current Estimated Value: \$ \_\_\_\_\_

Name of Company: \_\_\_\_\_  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Description: \_\_\_\_\_  
Current Estimated Value: \$ \_\_\_\_\_

**Liabilities**

*(not otherwise addressed)*

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

**SECTION V  
PROFESSIONAL ADVISORS**

Attorney(s)	Name & Firm: _____ Address: _____ Phone: _____
Financial Consultant	Name & Firm: _____ Address: _____ Phone: _____
Accountant	Name & Firm: _____ Address: _____ Phone: _____
Insurance Agent	Name & Firm: _____ Address: _____ Phone: _____
Trust Officer	Name & Firm: _____ Address: _____ Phone: _____

\*\* All information provided on this form will be treated as privileged and confidential. \*\*

**The above information is true and correct to the best of my knowledge. I understand that Bivins & Hemenway, P.A. is relying on this information for the advice it gives me, and if there is any material change in my asset composition, values, or other personal data during the course of representation, I will notify Bivins & Hemenway, P.A.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please return by mail to:***  
*Bivins & Hemenway, P.A., 1060 Bloomingdale Avenue, Valrico, Florida 33596;*  
***or by facsimile to: (813) 643-4904; or by e-mail to: ewebb@bhpalaw.com.***

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