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

**CONFIDENTIAL ESTATE PLANNING INTAKE QUESTIONNAIRE**

We can do a more complete and economical job of estate planning for you if you complete this survey and give some advance thought to the questions below. We will use the data you supply in this survey for our recommendations for your estate planning. This survey covers the many types of property you may own, but generally not all categories will apply in every case.

**I. Family Information**

Full name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Spouse's full name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Other or former name: \_\_\_\_\_ Soc. sec. #: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

City/county of residence: \_\_\_\_\_

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

Business address: \_\_\_\_\_

\_\_\_\_\_

Business phone: \_\_\_\_\_

Business email: \_\_\_\_\_

Prior marriages:

To: \_\_\_\_\_ How ended: \_\_\_\_\_

To: \_\_\_\_\_ How ended: \_\_\_\_\_

**Children**

Name	Birth Date	Marital Status	Age/Notes*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other dependents (or those for whom you might someday provide funds, such as aging parents)**

Name	Birth Date	Marital Status	Age/Notes*
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Note: Indicate if children are from a prior marriage, are adopted, or are stepchildren. Also indicate special needs, health problems, etc. of any children or other dependents.

**II. Advisers' Information**

Name	Address	Phone
Accountant: _____	_____	_____
	_____	
Bank: _____	_____	_____
	_____	
Insurance agent: _____	_____	_____
	_____	
Securities broker: _____	_____	_____
	_____	
Financial planner: _____	_____	_____
	_____	

**III. Financial Information**

Fill in the blanks below with the values of the assets listed. If the property is encumbered by a mortgage or lien, note the gross value and then include in parentheses the amount of the encumbrance.

\*Warning: If the data supplied is inaccurate or incomplete, our recommendations based on the data may be inappropriate.

**Income**

Salary \$ \_\_\_\_\_

Approximate annual interest income \$ \_\_\_\_\_

Approximate annual dividend income \$ \_\_\_\_\_

Net real estate income \$ \_\_\_\_\_

Partnership income \$ \_\_\_\_\_

Social security income \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Total annual income \$ \_\_\_\_\_

**Personal-Use Assets**

Checking accounts \$ \_\_\_\_\_

Savings accounts \$ \_\_\_\_\_

Residence (fair market value) \$ \_\_\_\_\_

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

Vacation property (fair market value) \$ \_\_\_\_\_

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

Household furnishings \$ \_\_\_\_\_

Valuables (jewelry, gold, collectibles) \$ \_\_\_\_\_

Vehicles (automobiles, boats, etc.) \$ \_\_\_\_\_

**Investment Assets**

Certificates of deposit \$ \_\_\_\_\_

U.S. savings bonds \$ \_\_\_\_\_

Money market funds \$ \_\_\_\_\_

Treasury notes/bonds	\$ _____
Notes due to you	\$ _____
Municipal bonds	\$ _____
Stocks	\$ _____
Corporate bonds	\$ _____
Mutual funds	\$ _____
Partnerships	\$ _____
Other real estate investments (ground rents, mortgages)	\$ _____
Traditional individual retirement accounts Beneficiary: _____	\$ _____
Roth individual retirement accounts Beneficiary: _____	\$ _____
Deferred compensation plan (401K, Keogh) Beneficiary: _____	\$ _____
Corporate retirement plans (vested amount) Beneficiary: _____	\$ _____
Annuities	\$ _____
Business interests	\$ _____
Other (specify)	\$ _____
Total assets (add personal-use and investment assets)	\$ _____
<b>Liabilities</b>	
Mortgages outstanding	
Residence	\$ _____
Other	\$ _____
Car loans	\$ _____
Long-term liabilities (other than mortgages)	\$ _____
Total liabilities	\$ _____

Total net worth  
(total assets minus total net worth) \$ \_\_\_\_\_  
Net insurance proceeds \$ \_\_\_\_\_  
Estimated gross estate \$ \_\_\_\_\_

#### IV. Business Interests

Name of business: \_\_\_\_\_

Nature of business: \_\_\_\_\_

Operated as

Sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_  
Corporation \_\_\_\_\_ Subchapter S. corp. \_\_\_\_\_

Shareholders or partners

Names	Percent Ownership
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_____	_____
_____	_____
_____	_____

Tax basis: Cash \_\_\_\_\_ Accrual \_\_\_\_\_

Fiscal year ends: \_\_\_\_\_

Date of incorporation (if incorporated): \_\_\_\_\_

State where incorporated (if incorporated): \_\_\_\_\_

Taxable income: 2014 \$ \_\_\_\_\_  
(3 most recent years) 2013 \$ \_\_\_\_\_  
2012 \$ \_\_\_\_\_

Dividends: 2014 \$ \_\_\_\_\_  
(3 most recent years) 2013 \$ \_\_\_\_\_  
2012 \$ \_\_\_\_\_

Does the business own or lease real estate? Own \_\_\_\_\_ Lease \_\_\_\_\_

What do you want to happen to your interest when you die?

Sold \_\_\_\_\_ Liquidated \_\_\_\_\_ Retained \_\_\_\_\_

Is the business subject to a buy-sell agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, enclose a copy of the agreement with this questionnaire.

**V. Life Insurance**

Policies owned by you on your life

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policies on life of another owned by you

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Policies on your life owned by others

Company	Policy No.	Face Amount	Loan	Beneficiary	Whole Life or Term
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**VI. Trusts and Gifts**

Please enclose a copy of trust instruments with this questionnaire.

Trusts created by others for your benefit

Created By	Year Created	Trustee	Your Interest	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trusts created by you

Created By	Year Created	Trustee	Your Interest	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Prior gifts of more than \$10,000.00 by you

Year Given	To Whom	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever filed gift tax returns? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please enclose copies of returns with this questionnaire, which will be copied and returned to you.

**VII. Location of Documents and Other Information**

Current will and codicil: \_\_\_\_\_

Antenuptial or postnuptial agreement:\* \_\_\_\_\_

Divorce decree or separation agreement:\* \_\_\_\_\_

General power of attorney: \_\_\_\_\_

Living will: \_\_\_\_\_

Health care power of attorney: \_\_\_\_\_

Advance directive: \_\_\_\_\_

Estate inventory: \_\_\_\_\_

Gift tax returns:\* \_\_\_\_\_

Income tax returns: \_\_\_\_\_

Life insurance policies:\* \_\_\_\_\_

Stocks: \_\_\_\_\_

Bonds: \_\_\_\_\_

Notes or mortgages receivable: \_\_\_\_\_

Bank books: \_\_\_\_\_

Trust instruments:\* \_\_\_\_\_

Deeds: \_\_\_\_\_

Cemetery deeds: \_\_\_\_\_

Directions regarding burial:\* \_\_\_\_\_

Business records: \_\_\_\_\_

Partnership/shareholder agreement:\* \_\_\_\_\_

\*Please enclose a copy with this questionnaire.

### VIII. Preconference Considerations

A. Please review your existing will and note which provisions may still apply and which should be changed.

B. Please bring a copy of any trust documents in which you are involved either as creator, beneficiary, or trustee to the conference. If you are named as a trustee under someone else's will or trust and have the right to designate your successor, please note the name and address of the individual you want to name as your successor.

C. If you hold a power of appointment from a will or trust or you have released any power of appointment, please bring copies of these documents to the conference.

D. Please note whether you wish to make any bequests of specific property to anyone in your will.

E. Please note whether you wish to make any bequests to charities in your will.

F. Please indicate if you will be receiving an inheritance in the future from a family member or another source.

G. Please provide any specific burial/cremation instructions, including the location of any cemetery lot to be used upon your death.

H. Whom would you choose to probate your will, collect and administer your assets, and distribute your estate to your beneficiaries (i.e., your executor/personal representative)?

Personal Representative(s):

Successor Personal Representative(s):

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

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

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

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



Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

I. Whom would you choose to manage your assets, make investment decisions, and determine how distributions from any trust that your will may create are to be made to the beneficiaries (i.e., your trustee)?

Trustee(s):

Successor Trustee(s):

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

J. If you have minor children, who should be given the responsibility of raising them if both parents should die before the children reach age 18 (i.e., their guardians)?

Guardian(s):

Successor Guardian(s):

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

K. The appointment of an agent prior to a disability can avoid the costly procedure of establishing a guardianship as well as permit the agent to act for you in your absence. If you wish to execute a general power of attorney, whom do you want to name as your agent and successor agent?

Agent(s):

Successor Agent(s):

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

L. In addition to the general power of attorney, an agent may be appointed by you to make medical decisions for you if you are incapacitated. These decisions include the consent or withdrawal of medical procedures, life-support systems, and medicine. This document can also specify your intent regarding life-sustaining procedures if you are terminally ill, in a persistent vegetative state, or suffering from severe and permanent deterioration in your quality of life. If you wish to execute an advance directive appointing a health care agent and providing health care instructions, whom do you want to name as your agent and successor agent?

Agent(s):

Successor Agent(s):

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone numbers

Phone numbers

Work: \_\_\_\_\_

Work: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone numbers

Phone numbers

Work: \_\_\_\_\_

Work: \_\_\_\_\_

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

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

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_