

# KITROSER LEWIS & MIGHDOLL

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## Estate Planning Questionnaire (Couple)

This form is extremely important. Your accuracy and completeness in responding will us represent you. Please return this completed form to our office at your earliest convenience via email, fax, or regular mail.

### **A. CLIENT DATA**

#### **Client #1**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

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

Social Security Number: \_\_\_\_\_

U.S. Citizen?  Yes  No

Veteran?  Yes  No

#### **Client #2**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

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

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

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

Social Security Number: \_\_\_\_\_

U.S. Citizen?  Yes  No

Veteran?  Yes  No

### **B. MARITAL INFORMATION**

Date of Marriage: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_

### **C. CHILDREN** (if applicable, include adult and minor children, as well as any who may have predeceased you)

**Name of Child:** \_\_\_\_\_

Male  Female  Married  Single

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

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

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

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

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

Relationship to Client #1: \_\_\_ Natural Child \_\_\_ Adopted \_\_\_ Stepchild  
\_\_\_ Child out of Wedlock \_\_\_ Deceased

Relationship to Client #2: \_\_\_ Natural Child \_\_\_ Adopted \_\_\_ Stepchild  
\_\_\_ Child out of Wedlock \_\_\_ Deceased

**Name of Child:** \_\_\_\_\_  
\_\_\_ Male \_\_\_ Female \_\_\_ Married \_\_\_ Single

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

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

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

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

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

Relationship to Client #1: \_\_\_ Natural Child \_\_\_ Adopted \_\_\_ Stepchild  
\_\_\_ Child out of Wedlock \_\_\_ Deceased

Relationship to Client #2: \_\_\_ Natural Child \_\_\_ Adopted \_\_\_ Stepchild  
\_\_\_ Child out of Wedlock \_\_\_ Deceased

**Name of Child:** \_\_\_\_\_  
\_\_\_ Male \_\_\_ Female \_\_\_ Married \_\_\_ Single

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

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

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

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

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

Relationship to Client #1: \_\_\_ Natural Child \_\_\_ Adopted \_\_\_ Stepchild  
\_\_\_ Child out of Wedlock \_\_\_ Deceased

Relationship to Client #2: \_\_\_ Natural Child \_\_\_ Adopted \_\_\_ Stepchild  
\_\_\_ Child out of Wedlock \_\_\_ Deceased

Name of Child: \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single

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

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

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

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

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

Relationship to Client #1: \_\_\_\_\_ Natural Child \_\_\_\_\_ Adopted \_\_\_\_\_ Stepchild  
\_\_\_\_\_ Child out of Wedlock \_\_\_\_\_ Deceased

Relationship to Client #2: \_\_\_\_\_ Natural Child \_\_\_\_\_ Adopted \_\_\_\_\_ Stepchild  
\_\_\_\_\_ Child out of Wedlock \_\_\_\_\_ Deceased

\_\_\_\_\_ Please Check here and attach a separate page to list additional children.

**D. CHILDREN** (continued)

1. Are all your children in good health?  
 Yes  No
2. Do any of your children have a disability?  
 Yes  No
3. Do any of your children receive Social Security or SSDI?  
 Yes  No  
 If yes, how much is the child's monthly payment?  
 \$ \_\_\_\_\_
4. Do any of your children receive Medicaid or Medicare?  
 Yes  No
5. Do any of your children have any problems with:  
 Serious physical or mental illness?  
 Yes  No  
  
 Drug addiction?  
 Yes  No  
  
 Alcoholism?  
 Yes  No  
  
 Debt problems/ bankruptcy?  
 Yes  No

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

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

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

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

**E. GRANDCHILDREN** (if applicable)

**Name of Grandchild:** \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

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

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Name of Grandchild:** \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

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

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Name of Grandchild:** \_\_\_\_\_

\_\_\_\_ Male      \_\_\_\_ Female

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

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

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

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

\_\_\_\_ Yes      \_\_\_\_ No

\_\_\_\_ **Please check this box and attach a separate page to list additional grandchildren.**

**F. GRANDCHILDREN**(continued)

1. Are all of your grandchildren in good health?

\_\_\_\_ Yes      \_\_\_\_ No

2. Do any of your grandchildren have a disability?

\_\_\_\_ Yes      \_\_\_\_ No

3. Do any of your grandchildren receive Social Security or SSDI?

\_\_\_\_ Yes      \_\_\_\_ No

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

\$ \_\_\_\_\_

4. Do any of your grandchildren receive Medicaid or Medicare?

\_\_\_\_ Yes      \_\_\_\_ No

5. Do any of your grandchildren have any problems with:

Serious physical or mental illness?

\_\_\_\_ Yes      \_\_\_\_ No

Drug addiction?

\_\_\_\_ Yes      \_\_\_\_ No

Alcoholism?

\_\_\_\_ Yes      \_\_\_\_ No

Debt problems/ bankruptcy?

\_\_\_\_ Yes      \_\_\_\_ No

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

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

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

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

**G. MISCELLANEOUS**

1. Do you have Long Term Care Insurance?

\_\_\_ Yes                    \_\_\_ No

If yes, please provide a copy of the policy.

2. Do you have any legal issues I should be aware of?

\_\_\_ Yes                    \_\_\_ No

If yes, please explain: \_\_\_\_\_

3. Where do you store your important papers? \_\_\_\_\_

4. Do you have a safe deposit box?

\_\_\_ Yes                    \_\_\_ No

If yes, please indicate the name and address of the bank: \_\_\_\_\_

\_\_\_\_\_

5. Have you prepaid your burial and funeral arrangements?

\_\_\_ Yes                    \_\_\_ No

If yes, please provide copies of you cemetery deed and funeral contract.

6. Are there any difficult family dynamics that could impact your planning?

\_\_\_ Yes                    \_\_\_ No

If yes, please provide information: \_\_\_\_\_

7. Does anyone in your immediate or extended family have special needs issues (including any spouses if your children)?

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, please provide name and relationship of the disabled family member:

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#### **H. REFERRAL**

Who referred you to our office?

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

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

Have you visited our website at [www.KitroserLaw.com](http://www.KitroserLaw.com)?

\_\_\_\_ Yes                      \_\_\_\_ No

#### **I. CERTIFICATION**

The undersigned hereby represents to Kitroser & Associates that the information contained in this questionnaire (including the attached schedules) is accurate and 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 Kitroser & Associates may not be appropriate.

\_\_\_\_\_  
*Signature of Client #1 or Client #1 Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Client #2 or Client #2 Representative*

\_\_\_\_\_  
*Date*

**SCHEDULE ONE: ASSETS AND RESOURCES**

**A. REAL ESTATE**

(Please provide copies of deeds and most recent tax bills)

<b>Description</b>	<b>Cost</b>	<b>Market Value</b>	<b>Mortg. Bal.</b>	<b>How Title Held</b>
123 Main St.	\$xxx,xxx.xx	\$xxx,xxx.xx	\$xx,xxx.xx	Joint tenant

**B. CASH AND BANK ACCOUNTS (CDs, CHECKING, SAVINGS, etc.)**

(Please provide copies of most recent statements)

<b>Name of Bank</b>	<b>Type of Account</b>	<b>Balance</b>	<b>How Title Held</b>
Big Bank	Savings	\$xx,xxx	Jointly w/ wife

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

(Please provide copies of most recent statements)

<b>Name of Bank</b>	<b>Type of Sec.</b>	<b># Shares/Face Val.</b>	<b>Cost</b>	<b>Current Val.</b>	<b>Title</b>
Acme. Corp.	Common	xx Shares	\$xxx	\$xxx	Sole Owner

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

(Please provide copies of most recent statements and beneficiary designations)

<b>Name of Institution</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Date Est.</b>	<b>Current Val.</b>
Big Broker	Client	Spouse	Jan. 1970	\$xxx,xxx.xx

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

(Please provide copies of the most recent statements and beneficiary designations)

<b>Name of Institution</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Date Est.</b>	<b>Current Val.</b>
Prudential Term Policy	Client	Son/Daughter	Jan. 1970	\$xxx,xxx.xx

**F. PERSONAL PROPERTY**

	<b>Market Value and Item</b>	<b>How Title Held</b>
Home Furnishings:	\$ _____	_____
Cars, RVs, Boats, etc.:	\$ _____	_____
	\$ _____	_____
	\$ _____	_____
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.

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**H. BUSINESS INTERESTS**

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

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**I. MISCELLANEOUS**

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

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**SCHEDULE TWO: SELECTING BENEFICIARIES**

This section will help you select who you would like to receive property upon your death. Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational 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?

A. First-choice beneficiaries                      \_\_\_\_ Children                      \_\_\_\_ Other

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B. Second-choice beneficiaries                      \_\_\_\_ Children                      \_\_\_\_ Other

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C. Third-choice beneficiaries                      \_\_\_\_ Children                      \_\_\_\_ Other

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D. Any specific disposition of your residence?

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

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

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

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**SCHEDULE THREE: SELECTING FIDUCIARIES**

*(Please provide names, addresses and phone numbers if designated individual(s) are not a child or grandchild.)*

<b>Position</b>	<b>Client 1</b>	<b>Client 2</b>
<b>Will Selections:</b>		
Personal Representative or Co-Personal Representatives:		
1 <sup>st</sup> Successor(s)		
2 <sup>nd</sup> Successor(s)		
Trustee or Co-Trustees:		
Guardian(s) for Minor or Disabled Child(ren)		

<b>Financial Power of Attorney</b>	<b>Client 1</b>	<b>Client 2</b>
<b>Agent or Co-Agents</b>		
1 <sup>st</sup> Successor(s)		
2 <sup>nd</sup> 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

<b>Health Care Surrogate/HIPAA Release/Living Will</b>	<b>Client 1</b>	<b>Client 2</b>
<b>Agent or Co-Agents</b>		
1 <sup>st</sup> Successor(s)		
2 <sup>nd</sup> 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

<b>Preneed Guardian of Person or Property</b>	<b>Client 1</b>	<b>Client 2</b>
<b>Agent or Co-Agents</b>		
1 <sup>st</sup> Successor(s)		
2 <sup>nd</sup> Successor(s)		