



ELDER LAW ASSOCIATES PA

ELLEN S. MORRIS, Esq.
EMORRIS@ELDERLAWASSOCIATES.COM

HOWARD S. KROOKS, Esq., CELA
HKROOKS@ELDERLAWASSOCIATES.COM
ADMITTED IN FLORIDA & NEW YORK
CERTIFIED ELDER LAW ATTORNEY THROUGH
NELF

OF COUNSEL:

STUART R. MORRIS, Esq., CELA
SMORRIS@LAW-MORRIS.COM
CERTIFIED ELDER LAW ATTORNEY THROUGH
THE FLORIDA BAR & NELF

7000 WEST PALMETTO PARK ROAD
SUITE 205

BOCA RATON, FLORIDA 33433
(561) 750-3850

1-800-ELDER LAW (353-3752)

FAX: (561) 750-4069
WWW.ELDERLAWASSOCIATES.COM

PRACTICING EXCLUSIVELY IN:
ELDER LAW
ASSET PROTECTION
MEDICAID & NURSING HOME PLANNING
ESTATE PLANNING
DISABILITY PLANNING
MEDICAID APPLICATIONS
GUARDIANSHIP
WILLS & TRUSTS
ESTATE ADMINISTRATION

ESTATE PLANNING

Dear Client:

Attached is our Estate Planning questionnaire. Elder Law Associates PA recognizes that the information requested in this questionnaire is highly personal. Please be assured that all information provided shall be kept confidential in accordance with the attorney/client privilege as required by the Rules Regulating The Florida Bar, Chapter 4. Rules of Professional Conduct.

The purpose of this questionnaire is to gain as much information to minimize time delays and to maximize the advice we may give you during our initial consultation. We want this to be a very productive meeting.

All we ask is that you do your best in completing this questionnaire. We are happy to work with you to fill in any 'gaps' as needed.

Location: _____

Date: _____

Referred By: _____

Originating Attorney: _____

ESTATE PLANNING DATA

1. Husband's full name: _____ DOB: _____
 Social Security No: _____ Birthplace: _____
 Health Condition: _____ Occupation: _____
 Medications: _____

2. Wife's full name: _____ DOB: _____
 Social Security No: _____ Birthplace: _____
 Health Condition: _____ Occupation: _____
 Medications: _____

3. Home Address: _____ County: _____

4. Home Phone Number: _____ Home Fax Number: _____

5. Business Phone Number: _____ Business Fax Number: _____

Husband's Cell Number: _____ Wife's Cell Number: _____

6. Husband's E-Mail Address: _____ Wife's E-Mail Address: _____

7. Alternate Address: _____ (County) _____

8. Alternate Phone Number: _____ Alternate Fax Number: _____

9. Approximate Dates of Stay in Florida: _____

10. Year Married: _____

Pre-or Post-Nuptial Agreement: [] YES [] NO **OBTAIN COPY**

Any obligations imposed at death? _____

11. When did you establish residence in Florida? _____

ADDRESS RESIDENCY ISSUES, IF ANY

12. U.S. Citizen? **H** [] YES [] NO If no, Citizen of: _____

U.S. Citizen? **W** [] YES [] NO If no, Citizen of: _____

ELDER LAW ASSOCIATES, P.A.

7000 WEST PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433 *PHONE 1-800-ELDER LAW (353-3752)*FAX (561) 750-4069

CLIENT ORGANIZER

PAGE 2

13. Any prior marriages by Husband? YES NO
 Any prior marriages by Wife? YES NO

| <u>Husband or Wife</u> | <u>Prior Spouse's Name</u> | <u>Year of Marriage</u> | <u>Year of Termination</u> | <u>How Terminated</u> | <u>Obligations to Ex-Spouse?</u> |
|----------------------------|--------------------------------|-----------------------------|--------------------------------|---------------------------|--------------------------------------|
|----------------------------|--------------------------------|-----------------------------|--------------------------------|---------------------------|--------------------------------------|

14. Living Next of Kin to be Contacted (parents, brothers and sisters, children, nieces or nephews of deceased brothers and sisters) names, ages, city, state and relationship:

OTHER PROFESSIONALS:

| | | |
|-----------------------|-------|--------------|
| C.P.A. | _____ | Phone: _____ |
| Investment Advisor #1 | _____ | Phone: _____ |
| Investment Advisor #2 | _____ | Phone: _____ |
| Insurance | _____ | Phone: _____ |

16. Location, Name of Institution of safe deposit boxes and names of signatories:

17. Have you ever lived in a community property state? YES NO
 (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin)

If yes, did you acquire any assets while living in those states? _____

18. Have you ever filed gift tax returns? YES NO **OBTAIN GIFT TAX RETURNS**

If yes, how much exemption do you have left? _____ GST _____

19. Do you have long term health care insurance? _____

20. Do you anticipate an inheritance or gifts from anyone? _____

21. Do you have existing estate planning documents? _____ **OBTAIN COPIES**

22. Are you a trustee or beneficiary of any trust? _____ **OBTAIN COPIES**

23. Do you have a buy-sell agreement? _____

24. Does anyone depend on you for financial support? _____

Mail List Newsletter Jewish New Year

Holiday Gift Tax Intangible

ELDER LAW ASSOCIATES, P.A.

7000 WEST PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433 *PHONE 1-800-ELDER LAW (353-3752)*FAX (561) 750-4069

25. CHILDREN AND GRANDCHILDREN

| <u>Name, Address, Phone #</u> | <u>Age</u> | <u>Spouse's Name</u> | <u>Spouse's Age</u> | <u>Grandchildren</u> | <u>Ages of GC</u> |
|-------------------------------|------------|----------------------|---------------------|----------------------|-------------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| (____) _____ | | | | _____ | _____ |
| (____) _____ | | | | _____ | _____ |

Child's profession: _____
 Spouse's profession: _____
 Combined incomes: _____
 Net Worth: _____
 Length of Marriage: _____
 Prior Marriages: _____
 Marital Relations: _____
 Health of Child: _____
 Health of GC: _____
 Asset Protection a concern?: _____

[Address Great-Grandchildren]

| <u>Name, Address, Phone #</u> | <u>Age</u> | <u>Spouse's Name</u> | <u>Spouse Age</u> | <u>Grandchildren</u> | <u>Age of GC</u> |
|-------------------------------|------------|----------------------|-------------------|----------------------|------------------|
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| (____) _____ | | | | _____ | _____ |
| (____) _____ | | | | _____ | _____ |

Child's profession: _____
 Spouse's profession: _____
 Combined incomes: _____
 Net Worth: _____
 Length of Marriage: _____
 Prior Marriages: _____
 Marital Relations: _____
 Health of Child: _____
 Health of GC: _____
 Asset Protection a concern?: _____

[Address Great-Grandchildren]

| <u>Name, Address, Phone #</u> | <u>Age</u> | <u>Spouse's Name</u> | <u>Spouse Age</u> | <u>Grandchildren</u> | <u>Age of GC</u> |
|-------------------------------|------------|----------------------|-------------------|----------------------|------------------|
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| (____) _____ | | | | _____ | _____ |
| (____) _____ | | | | _____ | _____ |

CLIENT ORGANIZER
PAGE 4

Child's profession: _____
 Spouse's profession: _____
 Combined incomes: _____
 Net Worth: _____
 Length of Marriage: _____
 Prior Marriages: _____
 Marital Relations: _____
 Health of Child: _____
 Health of GC: _____
 Asset Protection a concern?: _____

[Address Great-Grandchildren]

| <u>Name, Address, Phone #</u> | <u>Age</u> | <u>Spouse's Name</u> | <u>Spouse Age</u> | <u>Grandchildren</u> | <u>Age of GC</u> |
|-------------------------------|------------|----------------------|-------------------|----------------------|------------------|
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| (_____) _____ | | | | _____ | _____ |
| (_____) _____ | | | | _____ | _____ |

Child's profession: _____
 Spouse's profession: _____
 Combined incomes: _____
 Net Worth: _____
 Length of Marriage: _____
 Prior Marriages: _____
 Marital Relations: _____
 Health of Child: _____
 Health of GC: _____
 Asset Protection a concern?: _____

[Address Great-Grandchildren]

| <u>Name, Address, Phone #</u> | <u>Age</u> | <u>Spouse's Name</u> | <u>Spouse Age</u> | <u>Grandchildren</u> | <u>Age of GC</u> |
|-------------------------------|------------|----------------------|-------------------|----------------------|------------------|
| 5. _____ | _____ | _____ | _____ | _____ | _____ |
| (_____) _____ | | | | _____ | _____ |
| (_____) _____ | | | | _____ | _____ |

Child's profession: _____
 Spouse's profession: _____
 Combined incomes: _____
 Net Worth: _____
 Length of Marriage: _____
 Prior Marriages: _____
 Marital Relations: _____
 Health of Child: _____
 Health of GC: _____
 Asset Protection a concern?: _____

[Address Great-Grandchildren]

| <u>Name, Address, Phone #</u> | <u>Age</u> | <u>Spouse's Name</u> | <u>Spouse Age</u> | <u>Grandchildren</u> | <u>Age of GC</u> |
|-------------------------------|------------|----------------------|-------------------|----------------------|------------------|
|-------------------------------|------------|----------------------|-------------------|----------------------|------------------|

ELDER LAW ASSOCIATES, P.A.

7000 WEST PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433 *PHONE 1-800-ELDER LAW (353-3752)*FAX (561) 750-4069

6. _____

 (_____) _____
 (_____) _____

Child's profession: _____ [Address Great-Grandchildren]
 Spouse's profession: _____
 Combined incomes: _____
 Net Worth: _____
 Length of Marriage: _____
 Prior Marriages: _____
 Marital Relations: _____
 Health of Child: _____
 Health of GC: _____
 Asset Protection a concern?: _____

ASSET SCHEDULE

| List approximate fair market values: | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> | <u>Total</u> |
|--------------------------------------|----------------|-------------|--------------|--------------|
| <u>REAL ESTATE</u> | | | | |
| Principal Residence | _____ | _____ | _____ | _____ |
| Second Residence | _____ | _____ | _____ | _____ |
| Third Residence | _____ | _____ | _____ | _____ |
| Other Real Estate: | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| <u>INVESTMENTS</u> | | | | |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| EE or HH Bonds | _____ | _____ | _____ | _____ |

VALUE OF CLOSELY-HELD BUSINESSES

| Name | Type of Bus. | Percentage of Ownership | Comments : |
|-------|--------------|-------------------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

CASH, NOTES & MORTGAGES (please include account numbers)

| | | | | |
|---------------------|-------|-------|-------|-------|
| Checking A/Cs | _____ | _____ | _____ | _____ |
| Savings A/Cs/MMA/Cs | _____ | _____ | _____ | _____ |
| CDs | _____ | _____ | _____ | _____ |
| Notes | _____ | _____ | _____ | _____ |
| Mortgages | _____ | _____ | _____ | _____ |

Life Insurance Information (please include issue date and list of past beneficiaries)

| <u>Company</u> | <u>Insured</u> | <u>Owner</u> | <u>Beneficiary</u> | <u>Face</u> | <u>Loan</u> | <u>Cash</u> | <u>Premiums</u> |
|----------------|----------------|--------------|--------------------|-------------|-------------|-------------|-----------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

MISCELLANEOUS

| | | | | |
|-----------------------|-------|-------|-------|-------|
| Club Memberships | _____ | _____ | _____ | _____ |
| Partnership Interests | _____ | _____ | _____ | _____ |
| Stock Options | _____ | _____ | _____ | _____ |
| Trusts | _____ | _____ | _____ | _____ |

CLIENT ORGANIZER
PAGE 7

List approximate fair market values:

| | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> | <u>Total</u> |
|--------------------|----------------|-------------|--------------|--------------|
| Personal Property | _____ | _____ | _____ | _____ |
| Jewelry | _____ | _____ | _____ | _____ |
| Art | _____ | _____ | _____ | _____ |
| Furs | _____ | _____ | _____ | _____ |
| Cars | _____ | _____ | _____ | _____ |
| Copyrights/Patents | _____ | _____ | _____ | _____ |
| Boats/Planes | _____ | _____ | _____ | _____ |

IRA/PENSION Information

| <u>Owner</u> | <u>Type</u> <u>(IRA, 401k, etc.)</u> | <u>Custodian</u> | <u>Beneficiary</u> | <u>Amount</u> |
|--------------|---|------------------|--------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| TOTAL | | | | _____ |
| | | | | _____ |

Annuity Information

| <u>Owner</u> | <u>Custodian</u> | <u>Beneficiary</u> | <u>Amount</u> |
|--------------|------------------|--------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTAL | | | _____ |

LIABILITIES

| | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> | <u>Total</u> |
|------------------|----------------|-------------|--------------|--------------|
| Mortgage on Home | _____ | _____ | _____ | _____ |
| Home Equity Line | _____ | _____ | _____ | _____ |
| Margin | _____ | _____ | _____ | _____ |
| Personal | _____ | _____ | _____ | _____ |

ELDER LAW ASSOCIATES, P.A.

7000 WEST PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433 *PHONE 1-800-ELDER LAW (353-3752)*FAX (561) 750-4069

Charitable Pledges

| | | | |
|-----------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| TOTALS | _____ | _____ | _____ |
| NET WORTH | _____ | _____ | _____ |

Are there any ITF or UTMA accounts?

Were any of the jointly held assets acquired prior to 1977? ____ Yes ____ No
If yes, which ones and who furnished consideration?

Are there any jointly held accounts or properties held with another person?
If yes, who furnished consideration?

Are there any ITF or UTMA accounts?

Is your "personal property" insured? ____ Yes ____ No

Your signature below confirms the engagement of Elder Law Associates, P.A., as legal counsel for you in the preparation of the following estate planning documents:

- _____ Revocable Trust Agreement(s)
- _____ Last Will(s) and Testament
- _____ Durable Power(s) of Attorney
- _____ Designation(s) of Health Care Surrogate
- _____ Living Will(s)
- _____ Deed
- _____ Irrevocable Gifting/Insurance Trust
- _____ Charitable Remainder Trust
- _____ Grantor Retained Annuity Trust
- _____ Qualified Personal Residence Trust
- _____ Formation of Corporation/LLC
- _____ Family Limited Partnership Agreement and related work
- _____ Other: _____

ELDER LAW ASSOCIATES, P.A.

7000 WEST PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433 *PHONE 1-800-ELDER LAW (353-3752)*FAX (561) 750-4069

CLIENT ORGANIZER
PAGE 9

Our engagement as legal counsel for you is terminable at will by either you or us. The fee referenced below includes any meetings or telephone conferences, the drafting of your documents and related correspondence, and written instructions regarding the funding of your trust(s). The fee also includes all costs incurred in the engagement, excluding actual out-of-pocket expenses .

In consideration for the legal services we render to you, one-half (1/2) of the fee is due upon the signing of this agreement and the balance of the fee is due at the earlier of (i) sixty days after our office sends out the initial drafts of your documents, or (ii) at the time the documents are executed.

FOR MARRIED COUPLES: You have asked us to prepare both of your estate planning documents. Because we will be representing both of you such that each of you is considered our client, the Florida Bar imposes certain ethical restrictions concerning joint representation which are described in the following paragraphs.

We will not disclose any information concerning either of you to third parties without your consent. Our duty to keep your information confidential also precludes us from disclosing any information which one of you may ask us to keep confidential. If either of you asks us to keep anything confidential from the other, which information we believe does or could adversely affect the other in any manner, or which does or could present a conflict between the two of you, we will withdraw from representing both of you. In that regard, we will not give any legal advice to either of you or make any changes in any of your estate planning documents which may adversely affect the other without your mutual knowledge and consent.

If the two of you have a difference of opinion concerning the proposed plan for the disposition of your property, we are able to point out the pros and cons of such differing opinions. However, we cannot advocate one of your positions over the other. Furthermore, we would not be able to advocate one of your positions versus the other if there is a dispute at any time as to your respective property rights or interests as to other legal issues between you. If actual conflicts do arise between you of such a nature that in our judgment it is impossible for us to perform our ethical obligations to both of you, it would become necessary for us to cease acting as your joint attorney.

It is further understood that this agreement does not cover any fees for professional services for services other than those listed above and, if additional services are needed, will be billed for separately.

In reference to Attorney's Fees and Costs, in any controversy or litigation arising out of this agreement, the prevailing party in such litigation shall be entitled to recover reasonable attorney's fees and costs.

1. Fee: \$_____ Retainer: \$_____ Costs: \$_____

2. Documents to be ready by:_____

If you agree to the terms of our agreement, please sign below where indicated.

ACCEPTED BY: _____
CLIENT CLIENT

DATE: _____

Attorney

ELDER LAW ASSOCIATES, P.A.

7000 WEST PALMETTO PARK ROAD, SUITE 205, BOCA RATON, FL 33433 *PHONE 1-800-ELDER LAW (353-3752)*FAX (561) 750-4069

RELEASE OF LEGAL DOCUMENTS

I hereby authorize Elder Law Associates, P.A., to release copies of my documents to the following:

I hold Elder Law Associates, P.A. harmless for the release of documents to the above named persons.

ACCEPTED BY:

CLIENT

CLIENT