

**CRARY ♦ BUCHANAN**  
P.O. Drawer 24 ♦ 555 Colorado Avenue  
Stuart, Florida 34995-0024  
(772) 287-2600

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

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

1. How were you referred to our office? \_\_\_\_\_
2. Your full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Social security no.: \_\_\_\_\_ U.S. citizen: Yes  No   
Other names known by: \_\_\_\_\_  
Are you presently employed? Yes  No  For how long? \_\_\_\_\_  
Occupation (former if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Office telephone no.: \_\_\_\_\_
3. Spouse's full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Social security no.: \_\_\_\_\_ U.S. citizen: Yes  No   
Other names known by: \_\_\_\_\_  
Is spouse presently employed? Yes  No  For how long? \_\_\_\_\_  
Occupation (former if retired): \_\_\_\_\_  
Employer: \_\_\_\_\_  
Office telephone no.: \_\_\_\_\_
4. Home address: \_\_\_\_\_  
Home telephone number: \_\_\_\_\_ Florida resident since: \_\_\_\_\_  
Other Residences: \_\_\_\_\_
5. E-mail address: \_\_\_\_\_  
May we communicate with you by e-mail? Yes  No
6. Date of marriage: \_\_\_\_\_ Where living when married: \_\_\_\_\_  
Do you have a prenuptial or postnuptial agreement? Yes  No  (If yes, attach a copy)
7. Please circle any of the following states in which you have lived or acquired property while married:  
Arizona                      Louisiana                      Texas  
California                      Nevada                      Washington  
Idaho                              New Mexico                      Wisconsin                      None of the above
8. Prior marriages:      You: Yes  No       Spouse: Yes  No

9. Advisors:

Accountant: \_\_\_\_\_

Trust officer: \_\_\_\_\_

Investment advisor: \_\_\_\_\_

10. Names of children of present marriage, whether natural or adopted:

A. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

B. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

C. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

D. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

11. Names of children of prior marriage (indicate whether yours or spouse's):

A. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

B. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

C. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

D. \_\_\_\_\_ Date of birth: \_\_\_\_\_

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

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

Name of child's spouse (if any): \_\_\_\_\_

Child's children: \_\_\_\_\_

12. You have any other relative dependent upon you for support? Yes  No

(If yes, give names and relationships): \_\_\_\_\_

13. Names and addresses of other or alternate persons to receive property: \_\_\_\_\_

14. Do you have a present will? Yes  No  (if yes, attach a copy)

15. Have you ever created a trust? Yes  No  (if yes, attach copies)

16. Have you ever received a substantial amount by inheritance? Yes  No

If yes, when? \_\_\_\_\_ Approximate amount: \$ \_\_\_\_\_

17. You anticipate receiving an inheritance? Yes  No

If yes, give approximate amount: \$ \_\_\_\_\_

18. Have you given away more than \$3,000 in money or property to any person in any single year after 1976 (or \$10,000 in 1982 or later)? Yes  No  (If yes, list amounts by years below or on the reverse side)

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

19. Who will serve as your personal representative (executor)?

Each spouse for the other? Yes  No  Someone else? \_\_\_\_\_

City and state of residence: \_\_\_\_\_

Alternate (if above person(s) unable to serve): \_\_\_\_\_

City and state of residence: \_\_\_\_\_

20. Your choice to act as guardian of your minor children (if applicable): \_\_\_\_\_

City and state of residence: \_\_\_\_\_

Alternate (if above person(s) unable to serve): \_\_\_\_\_

City and state of residence: \_\_\_\_\_

21. Who will serve as your attorney in fact on your durable power of attorney (if you want one)?

A durable power of attorney would authorize the person you name as attorney in fact to take care of your financial affairs, and can be helpful if you become unable to manage your affairs on your own behalf. The power terminates at your death or upon a court order determining that you are incapacitated.

Each spouse for the other? Yes  No  Someone else? \_\_\_\_\_

Alternate (if above person(s) unable to serve): \_\_\_\_\_

22. Who will serve as health care surrogate on your advance directive concerning health care (if you want one)?

An advance directive concerning health care can express your wishes that life prolonging procedures be withheld or withdrawn in the event you are in a terminal condition. In addition, in the event you are not in a terminal condition but cannot express your wishes concerning your health care you may name a surrogate to consult with your physicians and make medical decisions on your behalf.

Each spouse for the other? Yes  No  Someone else? \_\_\_\_\_

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

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

Alternate (if above person(s) unable to serve): \_\_\_\_\_

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

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

23. You have a safe deposit box? Yes  No

If yes, where is it located? \_\_\_\_\_

Name(s) deposit box is listed under: \_\_\_\_\_

24. Do you own any real property in a state other than Florida? Yes  No  State: \_\_\_\_\_

25. Do you own any property in a foreign country? Yes  No  Country: \_\_\_\_\_

**26. Distribution of estate:**

Should your entire estate be distributed to or held for the benefit of your spouse if your spouse survives you?

Yes  No  If yes . . . distribute outright to spouse?  Hold in trust for spouse?

Describe how you would like your property to pass at your death (or at the death of the surviving spouse, if it will first pass to your spouse):

27. Any other specific questions or desires concerning your estate plan which you have at this time?

## INFORMATION CONCERNING YOUR ASSETS

Without complete information concerning your assets we cannot assist you in preparing an estate plan which is appropriate to your financial situation. Financial information may be provided by attaching a current financial or net worth statement or by completing the asset schedules which follow. In either case, please be sure to provide as much of the following information as possible:

1. **Asset ownership:** for each asset, indicate whether the asset is owned by you, your spouse, or jointly. For assets owned jointly with someone other than your spouse please indicate the name and relationship of the joint tenant.
2. **Asset value:** for each asset, provide the current fair market value, or your best guess of the value. You may attach copies of bank and brokerage account statements to provide their description and value.
3. **Cash deposits:** provide the name of the financial institution, the type of account, and the approximate balance.
4. **Real property:** provide the address of the property, indicate the type of property (*i.e.*, whether vacant, residential or commercial), and the approximate principal balance of any mortgage on the property. If convenient, please provide a copy of the deed reflecting the current ownership of each parcel of real property.
5. **Mortgages, notes or debts (owed to you by someone else):** provide the debtor's name, the date the obligation was created, the approximate balance remaining, whether the obligation is evidenced in writing, and whether the obligation is secured by any collateral.
6. **Securities:** indicate whether the security or account is held in certificate form, on account with the company (for instance, in a dividend reinvestment account) or in a brokerage account.
7. **Closely-held stock:** provide the name of the corporation, number of shares, and the other shareholders. Indicate whether there are any restrictions on the sale or transfer of the stock. If the stock is subject to the terms of an agreement which permit another person to purchase or vote the stock please provide a copy of that agreement.
8. **Retirement assets:** for each IRA, 401(k), pension, profit-sharing or other retirement asset please provide the name of the custodian or trustee of the plan, and indicate whether payments from the assets cease at your death or the death of your spouse. If your account balance will pass to beneficiaries who you name to the extent the account is not distributed prior to your death provide the names of the current beneficiary and contingent beneficiaries.
9. **Life insurance:** for each policy provide information indicated on the schedule on page 10. When noting the type of policy, indicate whether it is whole life, universal life or term, and whether it is a group or individual policy.
10. **Tangible personal property:** separately list any individual item with a value in excess of \$50,000, and any significant art, coin, stamp or other collections that you own.

**LIST OF ASSETS**  
**(Attach additional sheets if necessary)**

	Approximate Values		
	Husband	Wife	Joint
<i>Cash accounts:</i>			
<i>Real property:</i>			
<i>Securities:</i>			

	<b>Approximate Values</b>		
	<b>Husband</b>	<b>Wife</b>	<b>Joint</b>
<i>Closely-held stock:</i>			
<i>Notes and mortgages receivable held by you:</i>			
<i>Retirement assets:</i>			
<i>Miscellaneous assets:</i>			
<i>Tangible personal property:</i>			

	<b>Approximate Values</b>		
	<b>Husband</b>	<b>Wife</b>	<b>Joint</b>
<i>Liabilities:</i>			

*Life Insurance*

<b>Company</b>	<b>Type</b>	<b>Issue or Effective Date</b>	<b>Face Value</b>	<b>Cash Value</b>	<b>Person Insured</b>	<b>Policy Owner</b>	<b>Beneficiary</b>	<b>Annual Premium</b>	<b>Loan Against Policy</b>