



**CYNTHIA CROFOOT RIGNANESE, ESQUIRE  
RIGNANESE & ASSOCIATES, PLLC**

*"Practicing Law Locally, Thinking Globally"  
(Since 1991)*

Tel: 863-294-1114  
Fax: 863-297-5683

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

**ESTATE PLANNING QUESTIONNAIRE**

**PERSONAL INFORMATION**

**First Person**

**Second Person (if any)**

1. Full Name: _____	_____
Social Security No.: _____	_____
Date of Birth: _____	_____
Place of Birth: _____	_____
Father's Name: _____	_____
Mother's Name: _____	_____

2. Clients' Address: _____	_____
City: _____	State: _____ Zip Code: _____
Home Telephone No.: _____	
U.S. Citizen: Yes _____ No _____	Yes _____ No _____
County in which you reside: _____	County in which you reside: _____
Resident of Florida since what year? _____	Resident of Florida since what year? _____

3. Date of Marriage, if any: \_\_\_\_\_

4. Occupation: _____	_____
Employer: _____	_____
Work Telephone No.: _____	_____

5. Names of children of present relationship, whether natural or adopted:

A. _____	Date of Birth: _____
Name of Child's Spouse (if any): _____	
Telephone #: _____	
Email: _____	
Address: _____	
Grandchildren: _____	

B. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

C. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

6. Names of children of prior relationship (indicate who is the parent):

A. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

B. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

C. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Child's Spouse (if any): \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

7. Name of Accountant/CPA: \_\_\_\_\_ Telephone No. \_\_\_\_\_

8. Name of Broker: \_\_\_\_\_ Telephone No. \_\_\_\_\_

9. Preferred funeral home, if any: \_\_\_\_\_

Cremation: First Person: Yes \_\_\_\_\_ No \_\_\_\_\_ Second Person: Yes \_\_\_\_\_ No \_\_\_\_\_

Preferred Cemetery: \_\_\_\_\_

Do you have a pre-paid funeral plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Are either of you an organ donor? Yes \_\_\_\_\_ No \_\_\_\_\_

### **GOALS AND OBJECTIVES**

1. Whom do you want to:

A. Serve as your Personal Representative (executor) to be in charge at your death?

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

Relationship (if any): \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

B. If that person (or financial institution) can not serve for any reason, who would be your next choice?

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

Relationship (if any): \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

C. Name of Guardian for any minor children?

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

Relationship (if any): \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

D. Any specific gifts of property or money to any persons or charities? Yes \_\_\_\_\_ No \_\_\_\_\_

I give: \_\_\_\_\_ to \_\_\_\_\_

I give: \_\_\_\_\_ to \_\_\_\_\_

I give: \_\_\_\_\_ to \_\_\_\_\_

E. All other tangible personal property (automobiles, clothing, furniture, jewelry, etc) to be distributed?

First to Each other: Yes \_\_\_\_\_ No \_\_\_\_\_

Then to: Children as they agree? Yes \_\_\_\_\_ No \_\_\_\_\_

-OR- Specific child? Name: \_\_\_\_\_

Named individual? Name: \_\_\_\_\_

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

F. Receive the balance of your estate:

1. Each Other: Yes \_\_\_\_\_ No \_\_\_\_\_

2. Others: Name: \_\_\_\_\_

If Children, equally or in percentage?: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

2. Do any of your beneficiaries have any special needs ( eg: have not completed their education, minors, health problems, disabilities) so that you may want additional information regarding a trust for their shares of the estate? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Presently, do you have a Will: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please attach copies)

Presently, do you have a Trust: Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please attach copies)

4. Would you like information regarding:

A. Living Will (document indicating that you do not want unnecessary life support systems):

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

B. Durable Power of Attorney: Yes \_\_\_\_\_ No \_\_\_\_\_

C. Health Care Surrogate: Yes \_\_\_\_\_ No \_\_\_\_\_

D. Organ Donation: Yes \_\_\_\_\_ No \_\_\_\_\_

E. Living Trust: Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have either of you received a substantial amount by inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who inherited, from whom and when: \_\_\_\_\_

Approximate amount: \_\_\_\_\_

6. Do either of you anticipate receiving an inheritance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give approximate amount and from whom: \_\_\_\_\_

\_\_\_\_\_

**ASSET INFORMATION**

1. Florida and Out-of-State Real Estate: (**please bring** copies of deeds, mobile home titles, and tax bills with you)

	<u>Location</u>	<u>Name(s) on Deed</u>	<u>Value</u>
Home:	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____

2. Bank Accounts (checking, savings, CD, Money Market Accounts)

<u>Location</u>	<u>Name(s) on Account(s)</u>	<u>Type of Account</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Stocks, Bonds and Mutual Funds:

<u>Company</u>	<u>Location of Certificate</u>	<u>Name(s) on Certificate</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. 401(k), 403(b), SEP, SIMPLE, Retirement Accounts:

<u>Company</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

5. Annuities:

<u>Company</u>	<u>Annuitant</u>	<u>Beneficiary</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. Other property, family business, assets or valuable items (describe) [if mobile home, attach a copy of the title(s)]:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Pensions or additional income sources:

Company                      Income Source                      In Whose Name                      Value

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

8. Automobiles / RVs / Mobile Homes / Motorcycles / Boats: [\*if Mobile Home, **please bring** DMV title(s)]

Year \_\_\_\_\_ Make \_\_\_\_\_ Name(s) on Title: \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Name(s) on Title: \_\_\_\_\_

9. Life Insurance Policies:

Insured                      Name of Company                      Type                      Beneficiary                      Contingent Beneficiary                      Value

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

10. Have you made any gifts over \$15,000 per year per beneficiary or for which you filed gift tax returns?

Yes \_\_\_\_\_ No \_\_\_\_\_ To Whom: \_\_\_\_\_ Amount: \_\_\_\_\_

11. Safe Deposit Box:

Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, Location: \_\_\_\_\_)

Name on Box: \_\_\_\_\_

12. Do you have any debts which are secured by any asset (eg: automobile loan, real estate mortgage, etc)

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

Name of Lender                      What asset is held as security                      Credit Life Insurance

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

13. Special Requests / Notes:

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