



**CYNTHIA CROFOOT RIGNANESE, ESQUIRE**  
*SERVING POLK COUNTY SINCE 1991*



Tel: 863-294-1114  
 Fax: 863-294-8937

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 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): \_\_\_\_\_

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

7. Pensions or additional income sources:

Company                      Income Source                                      In Whose Name                                      Value

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8. Automobiles / RVs / Motorcycles / Boats:

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

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10. Have you made any gifts over \$14,000 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

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13. Special Requests / Notes:

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