



## ESTATE PLAN INTAKE MARRIED COUPLE

### PERSONAL AND FAMILY INFORMATION

FULL NAME:	
SIGNED NAME (please print):	DATE OF BIRTH:
SSN:	DRIVERS LICENSE # AND STATE:
SPOUSE'S FULL NAME:	
SPOUSE'S SIGNED NAME (please print):	DATE OF BIRTH:
SSN:	DRIVERS LICENSE # AND STATE:
HOME ADDRESS:	HOME PHONE:
	CELL PHONE:
	EMAIL:
WHAT IS YOUR PREFERRED METHOD OF CONTACT?	
WHO MAY WE THANK FOR YOUR REFERRAL?	

Please List All Children:

FULL NAME	DOB	RESIDENT CITY	RESIDENT STATE	SELF SUPPORTING	MINOR	JOINT	PRIOR MARRIAGE
				{ }	{ }	{ }	{ }
				{ }	{ }	{ }	{ }
				{ }	{ }	{ }	{ }
				{ }	{ }	{ }	{ }

Guardian of Minor Children:

Where children are minors, please list first and second preference for guardians of person and/or property. Please include their address and phone number: (note it is best to name an individual rather than a couple).

GUARDIAN'S FULL NAME	RELATIONSHIP	ADDRESS	CITY	STATE	PHONE
1.					
2.					

Please list all your Grandchildren: (attach additional list as necessary)

FULL NAME:	DOB:	CITY:	STATE:	SELF SUPPORTING?
				{ }
				{ }
				{ }
				{ }

Please list other persons dependent upon you for support:

FULL NAME:	DOB:	CITY:	STATE:	% OF SUPPORT?

	YES	NO	DATE:
Do you have a Will?	{ }	{ }	
Does your Spouse have a Will?	{ }	{ }	
Do you have any type of marital agreement? <i>If yes, please furnish a copy of the agreement.</i>	{ }	{ }	
Any former marriages? <i>Attach a copy of your Final Judgment and Settlement Agreement(if any)</i>	{ }	{ }	
Child Support?	{ }	{ }	
Alimony?	{ }	{ }	
Do you have any type of business agreement (buy sell, cross purchase, employment contract, etc.)	{ }	{ }	
Does your spouse have any type of business agreement?	{ }	{ }	
Do you have a Trust? ( <i>attach copy</i> )	{ }	{ }	
Does your spouse have a Trust? ( <i>attach copy</i> )	{ }	{ }	

	YES	NO	
Are You a United States Citizen? <i>If not, what is your country of citizenship? _____</i>	{ }	{ }	
<i>If not, are you a U.S. resident alien?</i>	{ }	{ }	
Is your Spouse a United States Citizen? <i>If not, what is your spouse's country of citizenship? _____</i>	{ }	{ }	
<i>If not, is your spouse a U.S. resident alien?</i>	{ }	{ }	
	YES	NO	YEARS:
Have you ever filed a State or Federal Gift Tax Return (Form 709)? You: Your Spouse:	{ } { }	{ } { }	
Date and place of marriage:			
Does either spouse own an interest in a business? <i>If yes, please explain:</i>			
As of January 1, 2023, have either of you made gifts, valued over \$17,000 to individuals other than your spouse?			
Has either party declared bankruptcy? <i>If yes, please explain.</i>			
Have either of you ever lived in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin? <i>If yes, please list any property you acquired while living there that you still own.</i>			
Do you own any cryptocurrency? <i>If yes, type and where it is stored:</i>			

## BENEFICIARY AND AGENT INFORMATION

Upon your death, how and to whom do you want your assets distributed? Please list names, addresses and birth dates, and marital statuses. (attach details as necessary)

FULL NAME	ADDRESS	DOB & Marital Status	DISTRIBUTION DETAILS

Upon your spouse's death, how and to whom do they want their assets distributed? Please list names, addresses and birth dates. (attach details as necessary)

FULL NAME	ADDRESS	DOB & Marital Status	DISTRIBUTION DETAILS

To whom would you like your vehicles to be distributed?

If you and your spouse both die prematurely, should children receive property at age 18 or should it be held to a more mature age?

Do any of your children or grandchildren have special educational, medical or financial needs?

If the Beneficiaries listed are no longer living, how would you and your spouse like your estate distributed?

Do you and/or your spouse wish to consider charitable gifts? *If yes, please list details.*

Who would you like to designate as your **Personal Representative** (PR) to handle probate (administer your estate)?  
(If married, your spouse is usually the first named.)

PERSONAL REPRESENTATIVE:	RELATIONSHIP:	
ADDRESS:		
CITY:	STATE:	PHONE:
SECOND PERSONAL REPRESENTATIVE:	RELATIONSHIP:	
ADDRESS:		
CITY:	STATE:	PHONE:

Who would your spouse like to designate as the **Personal Representative** (PR) to handle probate?

PERSONAL REPRESENTATIVE:	RELATIONSHIP:	
ADDRESS:		
CITY:	STATE:	PHONE:
SECOND PERSONAL REPRESENTATIVE:	RELATIONSHIP:	
ADDRESS:		
CITY:	STATE:	PHONE:

Who would you like to name as your **Health Care Surrogate and Living Will designee** should you become incapacitated and/or in a terminal situation? (This is for healthcare and "end of life" decisions. The spouse is usually primary but you should also designate an alternate.)

Check here if designation is same as Personal Representative

SURROGATE AND DESIGNEE:	RELATIONSHIP:
ADDRESS:	PHONE:
ALTERNATE SURROGATE AND DESIGNEE:	RELATIONSHIP:
ADDRESS:	PHONE:

Who would your spouse like to name as the **Health Care Surrogate and Living Will** designee(s)?

Check here if their designation is same as their Personal Representative

SURROGATE AND DESIGNEE:	RELATIONSHIP:
ADDRESS:	PHONE:
ALTERNATE SURROGATE AND DESIGNEE:	RELATIONSHIP:
ADDRESS:	PHONE:

During your lifetime, you and your spouse will be the **Trustees of your Trust(s)** and retain full control. Please name **two** successor Trustees to manage your Trust(s) in the event neither of you can serve due to death or incapacity. We recommend you name someone you trust and who is good with finances.

YOUR <b>FIRST</b> SUCCESSOR TRUSTEE:	
RELATIONSHIP:	
CITY, STATE & COUNTY OF RESIDENCE:	
YOUR <b>SECOND</b> SUCCESSOR TRUSTEE:	
RELATIONSHIP:	
CITY, STATE & COUNTY OF RESIDENCE:	

Who would your spouse like to name as the **Trustees of their Trust?**

SPOUSE'S <b>FIRST</b> SUCCESSOR TRUSTEE:	
RELATIONSHIP:	
CITY, STATE & COUNTY OF RESIDENCE:	
SPOUSE'S <b>SECOND</b> SUCCESSOR TRUSTEE:	
RELATIONSHIP:	
CITY, STATE & COUNTY OF RESIDENCE:	

*Can a Trustee act alone if there are co-trustees?	Yes	No
	{ }	{ }
Additional Comment/Clarification:		

Who would you like to name as your agent ( **Power of Attorney**) should you become mentally incapacitated? (This is to handle your financial affairs like paying bills. If married, your spouse is usually named, then an alternate person.)

Check here if designation is same as Personal Representative

POWER OF ATTORNEY:	RELATIONSHIP:
CITY:	STATE:
SUCCESSOR POWER OF ATTORNEY:	RELATIONSHIP:
CITY:	STATE:

Who would your spouse like to designate as their Agent ( **Power of Attorney**)?

Check here if their designation is same as their Personal Representative

SPOUSE'S POWER OF ATTORNEY:	RELATIONSHIP:
CITY:	STATE:
SPOUSE'S SUCCESSOR POWER OF ATTORNEY:	RELATIONSHIP:
CITY:	STATE:

Please check each subject you and your spouse want to include in the Agent's General Authority. If you wish to grant general authority over all of the subjects you may check "All Preceding Subjects" instead of marking each subject. (We recommend selecting "All Preceding Subjects")

YOU	YOUR SPOUSE		YOU	YOUR SPOUSE	
{ }	{ }	Real Property	{ }	{ }	Taxes
{ }	{ }	Tangible Personal Property	{ }	{ }	Civil or Military Service
{ }	{ }	Stocks and Bonds	{ }	{ }	Retirement Plans
{ }	{ }	Commodities and Options	{ }	{ }	Real Property
{ }	{ }	Banks and Other Financial Institutions	{ }	{ }	Benefits from Governmental Programs (including Medicare, Medicaid, Social Security, Social Security Disability, VA and IRS)
{ }	{ }	Operation of Entity or Business	{ }		
{ }	{ }	Insurance and Annuities	{ }	{ }	<b>All Preceding Subjects</b>
{ }	{ }	Estates, Trusts and other Beneficial Interests	{ }		
{ }	{ }	Claims and Litigation	{ }		
{ }	{ }	Personal and Family Maintenance	{ }		

Please check each subject you and your spouse want to include in the Agent's Specific Authority. **We DO NOT recommend including any of the following specific powers, but they are available to your Agent should you want them).**

YOU	YOUR SPOUSE		YOU	YOUR SPOUSE	
{ }	{ }	Authorize another person to exercise the authority granted under this power of attorney	{ }	{ }	Create, amend, revoke, or terminate an inter vivos (revocable or living) trust
{ }	{ }	Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan	{ }	{ }	Make a gift, subject to the limitations of the Uniform Power of Attorney Act, Chapter 709 and any special instructions in this Power of Attorney
{ }	{ }	Exercise fiduciary powers that the Principal has authority to delegate	{ }	{ }	Create or change the right of survivorship
{ }	{ }	Disclaim or refuse an interest in property, including a power of appointment	{ }	{ }	Create or change a beneficiary designation

PLEASE ANSWER THE FOLLOWING QUESTIONS:

<p>If setting up a trust for the support of minors, disbursements can be based on any age of child or event-based timing. <i>(We recommend disbursements distributed over time rather than outright upon 18 years old.) Please list any you desire:</i></p>							
<p>Name any family member you intend NOT to provide for in your estate:</p>							
<p>What are you and your spouse's funeral and burial/cremation directions for your remains? If cremation, who would you like to receive your remains? Any specific direction for disposition?</p>							
<p>Would you and/or your spouse like to be an organ/tissue donor?</p>							
<p>Where will your estate planning documents be kept?</p>							
<p>Do we have permission to share this location to anyone? Please Check One: <b>If yes, to whom:</b></p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">{ }</td> <td style="text-align: center;">{ }</td> </tr> </table>	Yes	No	{ }	{ }
Yes	No						
{ }	{ }						
<p>We recommend you create a list of your passwords and digital asset access codes. Where will you keep this list?</p>							
<p>Do we have permission to share this information to anyone? Please Check One: <b>If yes, to whom:</b></p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;">{ }</td> <td style="text-align: center;">{ }</td> </tr> </table>	Yes	No	{ }	{ }
Yes	No						
{ }	{ }						
<p>Please list personal property holdings of large value such as oriental rugs, jewelry, art collections and items of sentimental value. (Include who you would like to inherit after your death.)</p>							
<p>Do you own any firearms? If so what types?</p>							
<p>DO YOU EXPECT ANY INHERITANCE?</p>	<p>YES</p>	<p>NO</p>	<p>ESTIMATED AMOUNT OF NET SHARE</p>				
<p>You:</p>	<p>{ }</p>	<p>{ }</p>	<p>\$</p>				
<p>Your Spouse:</p>	<p>{ }</p>	<p>{ }</p>	<p>\$</p>				



ASSET INFORMATION						
NET WORTH* AS OF _____ (IF DIFFERENT THAN DATE SHOWN ON PAGE 1.)						
ASSETS AT GROSS	COST BASIS OF ASSET	HUSBAND or WIFE	SPOUSE	JOINT W/ SPOUSE	JT W/ NON-SPOUSE	TOTAL
<b>Put an asterisk (*) next to any asset(s) that have a lien or judgment against it.</b>						
CHECKING		\$	\$	\$	\$	\$
SAVINGS						
CD'S						
MONEY MARKET FUNDS						
BONDS						
STOCKS						
PRACTICE OR BUSINESS						
NOTES RECEIVABLE, ETC.						
LIFE INS. (FACE)						
ANNUITIES (LUMP SUM)						
PROFIT SHARING						
KEOGH/IRA/S.E.P.						
REAL ESTATE-HOME						
REAL ESTATE-OTHER						
AUTOS, BOATS, AIRPLANES, ETC.						
OTHER PERSONAL PROP						
OTHER						
<b>TOTAL ASSETS</b>	-----	\$	\$	\$	\$	\$

\*Asset and liability categories should be listed in gross (e.g. bank accounts, stocks, bonds, CD's, bank loans, credit cards, etc.). Breakdown of individual assets and liabilities should be scheduled and identified on back of form or on a separate statement. Basis should be shown if known. Similarly, footnote any asset held jointly with someone other than spouse, with whom so held, their relationship to you, when joint interest was created, amount contributed by each joint tenant, and type (e.g. right of survivorship, tenancy in common).

PENSION PLAN INFORMATION			
COMPANY	PLAN (IRA, IRA rollover, cash or deferred defined benefit profit sharing, non-qualified, etc.)	VALUE (As of _____)	DESIGNATED BENEFICIARIES***

PLEASE LIST INFORMATION FOR THE FOLLOWING ADVISORS: *(NAMES, ADDRESSES AND TELEPHONE NUMBERS)*

Other Attorney:

Accountant:

Life Insurance Advisor:

Banker and Trust Officers:

Investment Adviser:

Physician:

**PLEASE BRING TO OUR INITIAL MEETING**

1. This **Completed Questionnaire**
2. Copies of all **Real Estate Deeds**
3. **Driver's Licenses** or Florida IDs
4. Other requested documents (on page3)

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