



ESTATE PLAN INTAKE SINGLE

PERSONAL AND FAMILY INFORMATION	
FULL NAME:	
SIGNED NAME (please print):	DATE OF BIRTH:
SSN:	DRIVERS LICENSE # AND STATE:
HOME ADDRESS:	HOME PHONE:
	CELL PHONE:
	EMAIL:
OCCUPATION:	FIRM:
OFFICE ADDRESS:	
WHAT IS YOUR PREFERRED METHOD OF CONTACT?	
WHO MAY WE THANK FOR YOUR REFERRAL?	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> DIVORCED	
<input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	

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).

SINGLE

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

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

Please list other persons dependent upon you for support:

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

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

	YES	NO	YEARS:
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>	{ }	{ }	
	YES	NO	YEARS:
Have you ever filed a State or Federal Gift Tax Return (Form 709)?	{ }	{ }	
As of January 1, 2022, have you made gifts valued over \$16,000?			
Have you ever declared bankruptcy? <i>If yes, please explain.</i>			

SINGLE

Have you ever lived in Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin? *If yes, please list any property you acquired while living there that you still own.*

Do you own any cryptocurrency? *If yes, type and where it is stored:*

BENEFICIARY AND AGENT INFORMATION

Upon your death, how and to whom do you want your 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 distributed?

If you die prematurely, should your 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 like your estate distributed?

Do you 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)?

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

SINGLE

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.)

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

During your lifetime, you will be the **Trustee of your Trust(s)** and retain full control. Please name **two** successor Trustees to manage your Trust(s) in the event you cannot serve due to death or incapacity. We recommend you name someone you trust and who is good with finances.

Your First Successor Trustee:	
Relationship:	
City, County & State of Residence:	
Your Second Successor Trustee:	
Relationship:	
City, County & State of Residence:	

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.)

Agent:	Relationship:
City:	State:
Alternate Agent:	Relationship:
City:	State:

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

<input type="checkbox"/>	Real Property	<input type="checkbox"/>	Taxes
<input type="checkbox"/>	Tangible Personal Property	<input type="checkbox"/>	Civil or Military Service
<input type="checkbox"/>	Stocks and Bonds	<input type="checkbox"/>	Retirement Plans
<input type="checkbox"/>	Commodities and Options	<input type="checkbox"/>	Real Property
<input type="checkbox"/>	Banks and Other Financial Institutions	<input type="checkbox"/>	Benefits from Governmental Programs (including Medicare, Medicaid, Social Security, Social Security Disability, VA and IRS)

SINGLE

{ }	Operation of Entity or Business	{ }	
{ }	Insurance and Annuities	{ }	All Preceding Subjects
{ }	Estates, Trusts and other Beneficial Interests	{ }	
{ }	Claims and Litigation	{ }	
{ }	Personal and Family Maintenance	{ }	

Please check each subject you 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).**

{ }	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:

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>		
Name any family member you intend NOT to provide for in your estate:		
What are your funeral and burial/cremation directions for your remains? If cremation, who would you like to receive your remains? Any specific direction for disposition?		
Would you like to be an organ/tissue donor?		
Where will your estate planning documents be kept?		
Do we have permission to share this location to anyone? Please Check One: If yes, to whom:	Yes { }	No { }
We recommend you create a list of your passwords and digital asset access codes. Where will you keep this list?		
Do we have permission to share this information to anyone? Please Check One:	Yes	No

SINGLE

If yes, to whom:	{ }	{ }
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.)		
Do you own any firearms? If so what types?		
DO YOU EXPECT ANY INHERITANCE?	YES	NO
	{ }	{ }
	ESTIMATED AMOUNT OF NET SHARE	
	\$	

PLEASE FILL OUT:

ASSET INFORMATION

NET WORTH* AS OF _____ (IF DIFFERENT THAN DATE SHOWN ON PAGE 1.)

ASSETS AT GROSS	COST BASIS OF ASSET	YOU	JT W/ NON-SPOUSE	TOTAL
Place an asterisk (*) next to any asset(s) that have a lien or judgment against it.				
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				
TOTAL ASSETS	-----	\$	\$	\$

SINGLE

LIABILITIES	YOU	JT W/ NON-SPOUSE	TOTAL
MORTGAGES-HOME			
MORTGAGES-OTHER			
BANK LOANS			
CREDIT CARDS			
OTHER			
TOTAL LIABILITIES			
NET WORTH	\$	\$	\$

*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:

SINGLE

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)

AMERICA'S TAX ATTORNEY LLC
14428 Bruce B Downs Blvd
Tampa, FL 33613
877.575.7765
info@americastaxattorney.com