

The Law Office of  
Jo-Anne Herina Jeffreys, Esq.  
ESTATE PLANNING QUESTIONNAIRE



Date \_\_\_\_\_ File Number \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Cell #: \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Fax No. \_\_\_\_\_

*This form is extremely important. Your accuracy and completeness in responding will help me best represent you. Please bring this information with you to the appointment.*

**A. PERSONAL DATA**

(Husband) (Wife)  
Full Name \_\_\_\_\_ Full Name \_\_\_\_\_  
(print name as shown on your checks) (print name as shown on your checks)

Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

U.S. Citizen? \_\_\_ Yes \_\_\_ No U.S. U.S Citizen? \_\_\_ Yes \_\_\_ No


Are either of you a Veteran of the United States? Husband \_\_\_\_\_ Wife \_\_\_\_\_


Annual Income \_\_\_\_\_ Annual Income \_\_\_\_\_


**B. REFERRAL**


By whom were you referred to this office?

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

 +(239) 260-4384

 info@joannejeffreyslaw.com

 500 Fifth Avenue South Suite 526  
Naples, Florida 34102

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**C. CHILDREN (if applicable)**

Child's Name	Telephone Number	Address (include zipcode)	Date of Birth Married?

Does the Husband have any children by a previous marriage?    \_\_\_ Yes \_\_\_ No

Does the Wife have any children by a previous marriage?    \_\_\_ Yes \_\_\_ No

Are all of your children in good health?    \_\_\_ Yes \_\_\_ No

Are any of your children blind?    \_\_\_ Yes \_\_\_ No


Are any of your children disabled?    \_\_\_ Yes \_\_\_ No


Have all of your children completed their education?    \_\_\_ Yes \_\_\_ No


Are any of your children receiving SSI or other form of government entitlement?    \_\_\_ Yes \_\_\_ No


Do any of your family members have any problems with:

Aids? \_\_\_ Yes \_\_\_ No    Drug Addiction? \_\_\_ Yes \_\_\_ No  
Alcoholism? \_\_\_ Yes \_\_\_ No    Spendthrift? \_\_\_ Yes \_\_\_ No

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**D. GRANDCHILDREN (if possible)**

Child's Name	Telephone Number	Address (include zipcode)	Date of Birth Married?

**E. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children? \_\_\_ Yes \_\_\_ No

Do you wish to treat all of your children equally? \_\_\_ Yes \_\_\_ No

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children?


\_\_\_\_\_  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)


**2. GRANDCHILDREN**

Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren?  
\_\_\_ Yes \_\_\_ No


Do you wish to treat all of your grandchildren equally? \_\_\_ Yes \_\_\_ No

If not, why not? \_\_\_\_\_

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How much do you want to leave your grandchildren? \_\_\_\_\_

At what age do you want distribution to your grandchildren?

\_\_\_\_\_  
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35 or immediate)

### 3. CHARITIES

Do you want to leave a specific amount of money or other assets to any charity? \_\_\_ Yes \_\_\_ No

If yes, please list:

Name of Charity	Address (include zipcode)	Dollar Amount

### 4. OTHER BENEFICIARIES

Do you want your Will to benefit anyone other than children, grandchildren or a charity? \_\_\_ Yes \_\_\_ No

If so, please list:

Name of Beneficiary	Address (include zipcode)	Relationship	Dollar Amount

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**F. PERSONAL REPRESENTATIVE**

Whom do you want to serve as your PERSONAL REPRESENTATIVE?

**(Husband)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Second Choice \_\_\_\_\_

Address \_\_\_\_\_

Third Choice \_\_\_\_\_

Address \_\_\_\_\_

**(Wife)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Second Choice \_\_\_\_\_


Address \_\_\_\_\_


Third Choice \_\_\_\_\_


Address \_\_\_\_\_


**G. TRUSTEE**

Whom do you want to serve as your Trustee?

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**(Husband)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Second Choice \_\_\_\_\_

Address \_\_\_\_\_

Third Choice \_\_\_\_\_

Address \_\_\_\_\_

**(Wife)**

First Choice: \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_

Address \_\_\_\_\_

Second Choice \_\_\_\_\_

Address \_\_\_\_\_

Third Choice \_\_\_\_\_

Address \_\_\_\_\_

**H. GUARDIAN**


If you have minor or disabled child/children, whom do you want to act as Guardian?


First Choice \_\_\_\_\_

Address \_\_\_\_\_


Second Choice \_\_\_\_\_

Address \_\_\_\_\_

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**I. LIVING WILL**

**(Husband)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

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

Do you want to donate your eyes or organs? \_\_\_ Yes \_\_\_ No

Do you want your Health Care Agent to consult with any other person prior to acting?

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

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

**(Wife)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?


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

Do you want to donate your eyes or organs? \_\_\_ Yes \_\_\_ No


Do you want your Health Care Agent to consult with any other person prior to acting?


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

If yes, with whom? \_\_\_\_\_

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Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

**J. POWER OF ATTORNEY**

**(Husband)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Wife)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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**K. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of? \_\_\_ Yes \_\_\_ No

If yes, please  
explain \_\_\_\_\_  
\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box? \_\_\_ Yes \_\_\_ No

If yes, please indicate the name and address of the location \_\_\_\_\_  
\_\_\_\_\_

Have you ever made gifts to any one person in excess of \$15,000 in any one calendar year?

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

Have you ever filed a Federal Gift Tax Return? \_\_\_ Yes \_\_\_ No

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**L. FINANCIAL SUMMARY**

	<b>ASSETS</b>			<b>LIABILITIES</b>
	<i>Husband</i>	<i>Wife</i>	<i>Joint</i>	
Bank Accounts [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (residence) [attach copy of deed]	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate (other) [attach copies of all deeds]	\$ _____	\$ _____	\$ _____	\$ _____
Savings Certificates (CDS) [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Not Held by Broker) [attach copies of all certificates]	\$ _____	\$ _____	\$ _____	\$ _____
Stocks - Non Mutual Funds (Held by Broker). [attach copies of brokerage statements]	\$ _____	\$ _____	\$ _____	\$ _____
Bonds - Non Mutual Funds (Not Held by Broker) [attach copies of all bonds]	\$ _____	\$ _____	\$ _____	\$ _____
Mutual Funds [attach copies of statements] \$.	_____	\$ _____	\$ _____	\$ _____
Note and Mortgages Receivables [attach copies of Notes & Mortgages]	\$ _____	\$ _____	\$ _____	\$ _____
Business Interests [attach copies of stock certificates, partnership agreement and/or other documentation]	\$ _____	\$ _____	\$ _____	\$ _____
Inheritance, etc.	\$ _____	\$ _____	\$ _____	\$ _____
IRAs [attach copies of statements]	\$ _____	\$ _____	\$ _____	\$ _____
Life Insurance [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____
Annuities [attach copies of all policies]	\$ _____	\$ _____	\$ _____	\$ _____

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Other Assets \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
[attach copies of documentation  
pertaining to such assets]

**TOTALS** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Personal Residence:**

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(I) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(I) Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_, Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)


**M. CERTIFICATION**


The undersigned hereby represents to Jo-Anne Herina Jeffreys, Esq. P.A., and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.


Signature of Client(s) or Client Representative(s):


\_\_\_\_\_

\_\_\_\_\_

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