



MEDINA LAW GROUP, P.A.
Estate Planning Questionnaire

PERSONAL INFORMATION

Client Information

Client Full Legal Name _____
Also Known As _____ Prefer To Be Called _____
Birth Date _____ US Citizen? _____ Social Security Number _____
Home Address _____ City _____ State _____ Zip _____
County of Residence _____
Home Phone _____ Cell Phone _____ Work Phone _____
Employer _____ Position _____
Business Address _____ City _____ State _____ Zip _____
Email Address _____
Preferred Method of Communication _____ Single ___ Divorced ___ Widowed ___

Family Information

Children and relevant friends and/or family members to be included in your estate planning.

Full Legal Name _____ Relationship _____
Birth Date _____ Social Security Number _____
Cell Phone _____ Email _____
Home Address _____ City _____ State _____ Zip _____
Comments _____

Full Legal Name _____ Relationship _____
Birth Date _____ Social Security Number _____
Cell Phone _____ Email _____
Home Address _____ City _____ State _____ Zip _____
Comments _____

Full Legal Name _____ Relationship _____
Birth Date _____ Social Security Number _____
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Comments _____

Full Legal Name _____ Relationship _____
Birth Date _____ Social Security Number _____
Cell Phone _____ Email _____
Home Address _____ City _____ State _____ Zip _____
Comments _____

Advisor Information

Accountant _____ Phone Number _____
Financial Advisor _____ Phone Number _____
Life Insurance Agent _____ Phone Number _____

YOUR CONCERNS

Please briefly describe your reason for seeing an attorney at this time and what you hope to be the outcome.

FAMILY QUESTIONS

	Yes	No
Are you receiving Social Security, disability, or other governmental benefits? <i>If so, please explain below.</i>		
Are you making payments pursuant to a divorce or property settlement order? <i>If so, please furnish a copy.</i>		
Have you been widowed? <i>If a federal estate tax return or state death tax return was filed, please furnish a copy.</i>		
Have you ever filed federal or state gift tax returns? <i>If so, please furnish copies of these returns.</i>		
Have you completed previous will, trust, or estate planning documents? <i>If so, please furnish copies of these documents.</i>		
Do you support any charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

Comments:

ASSETS

Please list all the property you own and approximately what it is worth. If you do not own property under a particular heading, just leave that section blank. Under "Owner," please specify "C" if owned in Client's name alone, "JTO" if owned as joint tenancy with someone other than a spouse (such as parent or child), and "?" if unknown.

	Owner	Value
Real Property <i>List any interest in real estate including your family residence, vacation home, timeshare, vacant land, etc. and loan balance</i>		
1)		\$
2)		\$
3)		\$
Furniture & Personal Effects <i>Major personal effects such as jewelry, collections, antiques, furs, and all other valuable non-business personal property</i>		
1)		\$
2)		\$
3) Miscellaneous (List a lump sum of all other miscellaneous items)		\$

Automobiles, Boats & RVs <i>List description and encumbrance for each</i>		
1)		\$
2)		\$
3)		\$
Bank Accounts <i>List type of account and name of institution</i>		
1)		\$
2)		\$
3)		\$
Stocks & Bonds <i>List type of account and if held in brokerage account, lump together under each account</i>		
1)		\$
2)		\$
3)		\$
Life Insurance Policies <i>List type (term, whole life, split dollar, group life, annuity), insurance company, insured person, and current beneficiaries</i>		
1)		\$
2)		\$
Retirement Plans <i>List type (pension, profit sharing, H.R.10, IRA, 401(k), SEP) and any other pertinent information</i>		
1)		\$
2)		\$
Business Interests <i>List entity name, type (general/limited partnership, sole proprietorship, corporations, oil interests, farm/ranch interests), and your ownership percentage</i>		
1)		\$
2)		\$
3)		\$
Money Owed to You <i>List any mortgages, promissory notes, or other monies owed to you, name of debtor, date of note, and maturity date</i>		
1)		\$
2)		\$
Anticipated Inheritance, Gift, or Lawsuit Judgment <i>List description in appropriate detail</i>		
1)		\$
2)		\$
Other Assets		
1)		\$
2)		\$
3)		\$
TOTAL VALUE OF ASSETS		\$

DOCUMENT INFORMATION

Guardian for Minor Children

If guardian is a married couple, list together.

1) Full Legal Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

2) Full Legal Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Trustee

Your trustee will carry out the instructions of your trust, including distribution to beneficiaries.

1) Full Legal Name _____ Relationship _____

2) Full Legal Name _____ Relationship _____

3) Full Legal Name _____ Relationship _____

Personal Representative

Your Personal Representative will carry out your affairs upon your death.

1) Full Legal Name _____ Relationship _____

2) Full Legal Name _____ Relationship _____

3) Full Legal Name _____ Relationship _____

Durable Power of Attorney

If you were unable to make financial decisions for yourself, who would you want to make these decisions for you?

1) Full Legal Name _____ Relationship _____

Instructions or Comments _____

2) Full Legal Name _____ Relationship _____

Instructions or Comments _____

3) Full Legal Name _____ Relationship _____

Instructions or Comments _____

Healthcare Power of Attorney

If you were unable to make medical decisions for yourself, who would you want to make these decisions for you?

1) Full Legal Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Instructions or Comments _____

2) Full Legal Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Instructions or Comments _____

3) Full Legal Name _____ Relationship _____

Home Address _____ City _____ State _____ Zip _____

Phone _____ Instructions or Comments _____

HIPAA Authorization Form

Who do you want to have access to your healthcare information? List names, in no particular order.

Full Legal Name _____

Full Legal Name _____

Full Legal Name _____

Full Legal Name _____

Full Legal Name _____

Full Legal Name _____

Living Will

	Yes	No
Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures?		
Do you want to provide that your organs and tissues should be made available for transplant purposes?		

