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**Estate Planning Confidential Questionnaire**  
**Client Information**

**Legal name:** \_\_\_\_\_  
First Middle Last

List all prior legal names \_\_\_\_\_  
List all other names used \_\_\_\_\_

Date of birth: \_\_\_\_\_ US Citizen: Yes \_\_\_ No \_\_\_ FL resident: Yes \_\_\_ No \_\_\_

Permanent address: \_\_\_\_\_  
\_\_\_\_\_

Do you claim homestead exemption: Yes \_\_\_ No \_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: Home \_\_\_\_\_ Other \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Marital History: Have you ever been divorced or widowed? Yes \_\_\_ No \_\_\_

**Family Information-Spouse**

Legal name-spouse: \_\_\_\_\_  
First Middle Last

Maiden name - spouse: \_\_\_\_\_

Date of birth - spouse: \_\_\_\_\_ US Citizen: Yes \_\_\_ No \_\_\_

Telephone: Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Marital History: Have you ever been divorced or widowed? Yes \_\_\_ No \_\_\_

## Children

*If you have any children, please state the legal name, birth date and current address of each of your children and state whether a child has any children (i.e. your grandchildren). Do not include a step child or foster child who lives with you. Use additional sheets if necessary.*

1. Legal name: \_\_\_\_\_  
                     First                                    Middle                                    Last

Current address: \_\_\_\_\_  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Legal name: \_\_\_\_\_  
                     First                                    Middle                                    Last

Current address: \_\_\_\_\_  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Legal name: \_\_\_\_\_  
                     First                                    Middle                                    Last

Current address: \_\_\_\_\_  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Legal name: \_\_\_\_\_  
                     First                                    Middle                                    Last

Current address: \_\_\_\_\_  
 \_\_\_\_\_

Date of birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Have any children predeceased you? Yes \_\_\_ No \_\_\_ Did they have children? Yes \_\_\_ No \_\_\_

**Information for your will or trust/ Fiduciaries/Personal Representatives**

*Who do you want to nominate as the “personal representative” or the executor of your estate? Married people often select their spouse. Please note that under Florida law, if the personal representative is not related to you, or the spouse of someone related to you, he or she must be a Florida resident. You may also select “joint” personal representatives or a “corporate” personal representative (e.g. bank or trust company). It is also recommended to nominate an alternate.*

**Personal Representative**

1. Legal name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate Personal Representative**

1. Legal name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate Personal Representative**

1. Legal name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Trustee**

*If you are considering establishing a Trust for a family member or charity (A Trust can avoid payment of large sums of money to a beneficiary at one time, or prior to a beneficiary attaining a certain age, or for a specific purpose), whom do you want to manage the assets? (The Trustee)*

**Trustee**

1. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate Trustee**

1. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate Trustee**

1. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Guardians

*If you have any children who are minors, naming a guardian in your will determine who will manage the property and take care of the minor until they reach 18 years of age. You may nominate "joint" guardians. You may also nominate separate guardians for a child and their property. These are the "guardian of the person" and "guardian of the property". A guardian of the property could include a "corporate" guardian or corporate co-guardian. Please note that under Florida law, if the person you nominate as guardian is not related to the child, he or she must be a Florida resident to be appointed.*

1. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

2. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

3. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

4. Legal name: \_\_\_\_\_  
                            First                            Middle                            Last

Current address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Special Bequests**

*List any specific items (e.g., automobiles, jewelry, personal effects, etc.) or specific amount of money that you wish to leave to one or more beneficiaries. If you have a large number of items of “tangible personal property” that you want to give to several person, you may want to consider having a “separate writing” prepared.*

Beneficiary	Item/Amount	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If a beneficiary of a specific bequest does not survive you, state who is to receive his/her share (e.g., the children of that beneficiary or one or more other persons).*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Residue

*After paying expenses of administration and any debts and taxes, and after distribution any specific bequests, a residue may remain. State who should receive the residue and in what amount of percent.*

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Name	Amount/Percentage	Relationship
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Address

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Name	Amount/Percentage	Relationship
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Address

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Name	Amount/Percentage	Relationship
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Address

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Name	Amount/Percentage	Relationship
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Address

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Name	Amount/Percentage	Relationship
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Address

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Name	Amount/Percentage	Relationship
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Address

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Name	Amount/Percentage	Relationship
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Address

*If a residuary beneficiary does not survive you, state who is to receive his/her share (e.g., the children of that beneficiary or one or more other persons)*

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**Funeral or Burial Arrangements/Plans**

*Should you wish to include any funeral or burial arrangements or preferences (e.g., cremation, burial, specific cemetery or funeral home, etc.), please list them below. Include any information regarding prepaid plans.*

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**Miscellaneous**

*Do you currently have: (If yes, please attached signed copies of the documents)*

“Will” or “Revocable Living Trust”? Yes \_\_\_ No \_\_\_

Durable Power of Attorney? Yes \_\_\_ No \_\_\_

Living Will? Yes \_\_\_ No \_\_\_

Health Care Surrogate/Health Care Proxy? Yes \_\_\_ No \_\_\_

**Durable Power of Attorney**

*Document authorizing another person to control your assets on your behalf and for your benefit, while you are alive. A Durable Power of Attorney document is no longer valid once you die.*

Effective date of Powers: \_\_\_\_\_ immediately  
  \_\_\_\_\_ only if I become mentally or physically incapacitated

**Agent**

Legal name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate**

Legal name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Alternate**

Legal name: \_\_\_\_\_  
  First  Middle  Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Health Care Surrogate**

*Living will documents (i.e. documents authorizing another person to carry out your wishes in the event you are unable to communicate your decisions concerning extending, withholding or withdrawing life-prolonging procedures under certain legally permissible circumstances.*

Legal name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternate

Legal name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternate

Legal name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Alternate

Legal Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

## Summary of Assets and Liabilities

*The following is a financial summary for estate and tax planning purposes. Further detailed information and copies of documents concerning particular assets and liabilities may be requested. In lieu of completing this summary, you may substitute a current financial statement.*

*Please state the estimated value of all assets you own or in which you have any interest (either individually or jointly or that are held in trust for your benefit). Concerning each category, indicate total values for each form of ownership without deducting any mortgage or debt. If you own an asset individually that is "payable on death" to a named beneficiary (e.g., a bank account, IRA or other retirement account, annuity, etc.), please provide a copy of the supporting documents.*

**Assets:**

	Client	Joint w/spouse	Joint w/others	Total
Homestead				
Other real property				
Bank account, CD's, Money market funds				
Stock, bonds, mutual funds				
Businesses				
Receivables paid to you: mortgages, promissory notes, etc.				
Cash value of life insurance				
Household furniture, furnishings, appliances, etc.				
Motor vehicles				
Jewelry, artwork, antiques, collections, etc.				
Retirement accounts				
Annuities				
Misc.				
Total assets:				

**Liabilities**

	Client	Joint w/spouse	Joint w/others	Total
Mortgage on homestead or other real property				
Personal or unsecured debts				
Judgments				

Net worth: ( Total assets less your liabilities) \$ \_\_\_\_\_

Lifetime Gifts: Have you ever made one or more gifts the total value of which were over \$100,000.00 to any one person in any year? Yes \_\_\_ No \_\_\_ Have you ever filed a Gift Tax Return? Yes \_\_\_ No \_\_\_

Life Insurance Policy? Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_

Client signature: \_\_\_\_\_

Spouse signature: \_\_\_\_\_

Whom may I thank for the referral? \_\_\_\_\_