

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE



Please fill in all applicable information. The more detail you provide, the more informed I will be in assisting you. Please include copies of any applicable documents. If you need additional room for your answer, please attach additional sheets.

I. PERSONAL

| | Husband | Wife |
|---------------------------------|---------|------|
| Full Name: | | |
| Other Names Used: | | |
| Home Address: | | |
| Mailing Address: (If different) | | |
| Home Phone: | | |
| Work Phone: | | |
| Cell Phone: | | |
| Email: | | |
| Date of Birth: | | |
| Place of Birth: | | |
| Citizenship: | | |
| Social Security Number: | | |

Do you presently have a will?

Yes No

Yes No

II. CHILDREN & DEPENDENTS

*Please indicate by (A) if adopted; (H) if child of husband only; (W) if child of wife only; or (D) if child has predeceased you.

| Child's Full Name (Provide middle initial) | Date of Birth | Parents* | Married? (Yes or No) | Numer of Grand Children |
|---|---------------|----------|-------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

III. GIFTS AND INHERITANCES

Are any gifts or inheritances likely to be received by husband, wife, or children? Yes No

Do either of you make or intend to make substantial regular gifts to any person? Yes No

Have you made or do you desire to bequests by will to charitable organizations? Yes No

How and to whom do you want your assets distributed after the death of the surviving spouse?
Please consider gifts of specific tangible personal property.

How and to whom do you want your assets distributed if you are not survived by your spouse or children?

Distribution of Trusts:

Age for distribution of Trust income:

Ages for distribution of Trust principal:

First portion:

Second portion:

Third portion:

Specific bequests:

Other specific provisions or information to be included in will, such as operation of or provision for family business, etc.:

Funeral/burial arrangements:

(Note: We do not recommend that funeral/burial provisions be included in the will because the contents of the will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if you have specific wishes, they be made known to the persons who would be in charge at the time of your death, preferably in writing. However, if you would like, it can also be included in the will).

IV. PLANNING OBJECTIVES/ASSET DISTRIBUTION

Please name your selections for the following:

Personal representative(s): (Administers your will during Probate) (Please provide middle initial)

| | | | | |
|-------------|----------|--|--------------|--|
| 1st Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 2nd Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 3rd Choice: | Name: | | Phone Number | |
| | Address: | | | |

Trustee(s): (Administers Trusts established under your will) (Please provide middle initial)

| | | | | |
|-------------|----------|--|--------------|--|
| 1st Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 2nd Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 3rd Choice: | Name: | | Phone Number | |
| | Address: | | | |

Guardian(s) of minor(s): (Raises children who are not yet age 18) (Please provide middle initial)

| | | | | |
|-------------|----------|--|--------------|--|
| 1st Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 2nd Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 3rd Choice: | Name: | | Phone Number | |
| | Address: | | | |

Attorney-in-Fact for health care: (Makes health care decisions during your incapacity) (Please provide middle initial)

| | | | | |
|-------------|----------|--|--------------|--|
| 1st Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 2nd Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 3rd Choice: | Name: | | Phone Number | |
| | Address: | | | |

Attorney-in-Fact for finances: (Makes financial decisions during your incapacity) (Please provide middle initial)

| | | | | |
|-------------|----------|--|--------------|--|
| 1st Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 2nd Choice: | Name: | | Phone Number | |
| | Address: | | | |
| 3rd Choice: | Name: | | Phone Number | |
| | Address: | | | |

Please describe any planning objectives that are particularly significant:



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