FAMILY LEGACY and ESTATE PLANNING QUESTIONNAIRE

Thank you for choosing **Locksley A. Rhoden, P.L. dba The Wealth Protection Firm** to assist you with your family estate planning needs. The questions asked in this Questionnaire are designed to help us better understand your personal and financial circumstances from which our planning recommendations are derived. Any information you provide will remain protected by attorney-client privilege and will not be disclosed to third parties without your consent. We appreciate your best effort to complete the Questionnaire in detail so we can offer you customized estate planning recommendations to further your family's legacy planning goals.

After you (i) complete the Questionnaire in its entirety, and (ii) provide us with documentation requested in support of the Questionnaire, please allow our attorneys at least three (3) business days to review the information you send before contacting you to schedule a Legacy Planning Consultation meeting at our offices. In order to confirm your consultation meeting, we must (i) receive your completed Questionnaire at least five (5) days in advance of our scheduled meeting, and (ii) receive your agreement to pay the Firm's three hundred dollar ($300.00) consultation fee by cash, check or credit card authorization.

The Legacy Planning Process

Whether your family's planning engagement will require preparation of a traditional or more sophisticated family estate plan, please anticipate the following projected timeline for preparation and completion of your family's personalized legacy plan:

1. *Completion and Review of Legacy Planning Questionnaire*: You will complete the Questionnaire in its entirety and return it to us with copies of those items of documentation you checked off from the list of legacy conference items on page 5 of the Questionnaire. In order to expedite our due diligence review and schedule your Legacy Plan Consultation meeting, please return the completed Questionnaire and other checklist items by email to lrhoden@theapfirm.com or by fax to (305) 675-3998.

2. *Legacy Plan Consultation Meeting*: After we have the opportunity to review your completed Questionnaire and other documentation, upon receiving your agreement to consultation fee payment, we will contact you by phone and email to schedule and confirm your Legacy Plan Consultation meeting. Please anticipate this meeting to take at least 60 to 90 minutes giving us sufficient time to review the Questionnaire, discuss planning recommendations and answer any questions you may have. Upon conclusion of our meeting, our staff will schedule a date for Legacy Plan Review meeting at our offices or follow-up conference call.

3. *Legacy Plan Review Meeting*: Within two (2) to three (3) weeks following your Legacy Plan Consult meeting, we will deliver your draft family estate plan draft documents and schedule your Legacy Plan Review conference call or meeting to review the drafts. At our Legacy Plan Review meeting, we will answer any final questions, as well as, explain how those documents within your estate plan fulfill your planning goals. To the extent we feel there is a level of complexity to implementing your family state plan, we may require additional drafting time or additional consult meeting time prior to completing the plan.

4. *Estate Plan Implementation*: After our Legacy Plan Review meeting, we will prepare and deliver to you final revisions of your family estate plan documents for you review and schedule your document signing conference with notary. At your signing conference, our attorneys will explain and guide you through the purpose of each of Estate Plan document to confirm your understanding of each document before it is signed. If you so request it, a leather-bound Legacy Plan Portfolio will be customized for you, otherwise, you will take home the original executed version of your Legacy Plan documents for safekeeping and the Firm will retain an electronic copy of plan documents within your file.

FAMILY LEGACY and ESTATE PLANNING QUESTIONNAIRE

Date: ______________

PART ONE

PERSONAL INFORMATION

1. **Client Information**

	Legal Name / Former Name:	Date and Place of Birth:	Soc. Sec. #:	Status of Health / Special Needs:	Phone # / Email Address:
Client:					
Client's Spouse:					

2. **Addresses**

	Home Address:	Business Address:	Other Residence / Type:
Client:			
Client's Spouse:			

	Period of Residence in Current State:	Prior State of Residence:	How do you hold title to your home?
Client:			
Client's Spouse:			

3. **Employer; Citizenship Status; Visa Status**

	Employer Name:	Employer Address:	Do you contribute to an employer sponsored retirement plan?	Are you a U.S. citizen?	If not, what is your visa status:
Client:					
Client's Spouse:					

4. **Children, Grandchildren and Other Intended Heirs**

Name / Relationship to client U.S. citizen?:	Home Address:	Date and Place of Birth:	Status of Health / Special Needs:	Spouse's name if married? Children's name, if any?

5. **Marital History**

	Date of Marriage:	Prior marriage?	Date of Final Judgment of Divorce Awarded:	Final Settlement obligation? Alimony, child support, pre- or post-nuptial agreement?
Client:				
Client's Spouse:				

6. **Prior Estate Planning; Pending Lawsuits**

	Prior drafted Will? Executed in Florida?	Prior drafted Trust? Executed in Florida?	Are you named as a beneficiary of a Will or Trust? As an executor of a Will or trustee of a Trust?	Is anyone likely to challenge your will or trust?
Client:				
Client's Spouse:				

	Are you solvent and able to pay anticipated debts as they come due?	Are you presently under investigation in any civil or criminal matter?	Describe any current lawsuits pending or past litigation in involving you (whether as plaintiff or defendant):
Client:			
Client's Spouse:			

7. **Minor's Information**

	Step, Foster or Adopted Children?	Minor children or children in college?	Grandchildren or other loved ones/dependents as beneficiaries?	Estranged children? Children from prior marriage?
Client:				
Client's Spouse:				

8. **Estate Planning Objectives**

	Retirement needs and objectives?	Anticipated executor of your Will? Alternate?	Anticipated beneficiaries of your Will?	Executor compensation as in F.S. 733.617 or other?	Specific/unusual bequests to be made in Last Will and Testament?
Client:					
Client's Spouse:					

	Separate writing for property? Property to be devised?	Specific or General Devise? To which beneficiaries?	Pre-arranged plans for burial and funeral?	Providing for pets in Will or Trust?
Client:				
Client's Spouse:				

	Name/phone # of agent-in-fact named in durable power of attorney? Alternate? Springing power?	Name/phone # of health care surrogate named in living will? Alternate?	Name/phone # of preneed guardian named for minor children?	Planning to make lifetime gifts to 3rd parties or charity?	Name and address of charity-beneficiary?
Client:					
Client's Spouse:					

	Residue devise of estate to Trust? Marital/credit shelter, QTIP?	Anticipated trustee of your Trust? Independent or corporate? Alternate?	Anticipated beneficiaries of your Trust?	Limited or general power of appointment? Other trust provisions?	Annual distribution right to trust assets (e.g. 5 and 5 power)?
Client:					
Client's Spouse:					

9. **Family Advisors**

	Client	Client's Spouse
Other Attorneys		
Accountant		
Trust Officer		
Mortgage Broker or Commercial Banker		
Wealth or Investment Advisor		
Financial Planner		
Life Insurance Agent		
Securities Broker		
Closest Relative 1		
Closest Relative 2		
Physician 1		
Physician 2		

PART TWO

SUMMARY OF ASSETS & LIABILITIES – NET WORTH DETERMINATION

I. Assets	**Client**	**Spouse or Jointly Owned**	**TOTAL**
A. Cash and Bank Accounts (see Schedule A)	____________	____________	____________
B. Mortgages and Promissory Notes (see Schedule A)	____________	____________	____________
C. Stocks, Bonds and Other Marketable Securities (see Schedule A)	____________	____________	____________
D. Certificates of Deposit, Mutual Funds, IRA's (see Schedule A)	____________	____________	____________
E. Business and Intellectual Property Interests (see Schedule A and B)	____________	____________	____________
F. Real Estate (see Schedule C)	____________	____________	____________
G. Life Insurance (see Schedule D)	____________	____________	____________
H. Employee Benefits (see Schedule E)	____________	____________	____________
I. Miscellaneous personal effects (see Schedule A)			
TOTAL ASSETS	____________	____________	____________

II. Liabilities	**Client**	**Spouse or Jointly Owned**	**TOTAL**
A. Household Debt (see Schedule A)	____________	____________	____________
B. Real Estate Mortgages (see Schedule A)	____________	____________	____________
C. Outstanding Promissory Notes (see Schedule A)	____________	____________	____________
D. Loans on Insurance Policies (see Schedule A)	____________	____________	____________
E. Pending or Contingent Liabilities (see Schedule A)	____________	____________	____________
F. Charitable Pledges (see Schedule A)	____________	____________	____________
G. Other Obligations (see Schedule A)	____________	____________	____________
TOTAL LIABILITIES	____________	____________	____________
APPROXIMATE NET WORTH	____________	____________	____________

SCHEDULE A

PERSONAL ASSETS

A. Cash and Bank Accounts

Type	Bank	Client, Client Spouse or Jointly Owned	Beneficiary Designation	Approx. Balance
Cash				
Checking Account				
Savings Account				
Money Market Account				
Other				
TOTALS				

B. Mortgages and Promissory Notes

Lender	Type/Nature of Debt	Interest Rate / Maturity Date	Fair Market Value or Balance	Net Equity

C. Stocks, Bonds and Other Marketable Securities

Type	Owner	Cost Basis	Purchase Date	Fair Market Value

D. Certificates of Deposit, Mutual Funds, Individual Retirement Accounts (IRA's)

Type	Owner	Cost Basis	Purchase Date	Fair Market Value

E. Business and Intellectual Property Interests

Name and Address of Business	Ownership Interest	Nature of Business	Acquisition Date	Fair Market Value

F. Personal Effects

Miscellaneous Asset and Description	Acquisition Date	Family Airloom	Approximate Fair Market Value

PERSONAL LIABILITIES

G. Liabilities

Type / Description	Lender / Creditor	Monthly or Annual Payment Amount	Outstanding Balance / Date
1. Household Credit Card Debt			
2. Household Educational Debt			
3. Household Automobile Loan Debt			
4. Real Estate Mortgage Debt			
5. Outstanding Promissory Notes			
6. Loans on Insurance Policies			
7. Pending or Contingent Liabilities			
8. Charitable Pledges			
9. Other Payment Obligations			

SCHEDULE B

CLOSELY HELD BUSINESS INTERESTS*

A. Basic Information

1. Name of Business / Address ______________________
2. Type of Business Organization ______________________
3. Shareholders/members and % interests ______________________
4. Business advisors, accountants ______________________
5. Income Tax Returns Filed? (please provide copies) ______________________

B. Capitalization of Business

	Ownership Interest	Common	Preferred	Fair Market Value
Total Authorized				
Total Outstanding				
Client				
Other Shareholders, Members, Partners				

C. Shareholder Agreements

1. Did you execute a buy-sell agreement? (please attach) ______________________
2. If so, what type (cross-purchase, stock redemption or both)? ______________________
3. How is the buyout obligation to be funded and in what amount? ______________________
4. Funded by what type of insurance policy? ______________________
5. Other pertinent transfer restrictions? ______________________

D. Other Commitments of the Business

1. Employment agreement, stock option agreements or deferred compensation agreements executed? ______________________
2. Other employee benefit plans? Key-man insurance policies? ______________________
3. Anticipated date to sell interest in business? ______________________
4. Confidentiality, non-compete, or other restrictions upon employment? ______________________
5. Anticipated deferral of estate tax payment upon sale? ______________________

***** This form should be separately completed for each individual with a closely held business interest.

SCHEDULE C

REAL ESTATE*

	Property One	Property 2
A. Basic Information		
1. Address	______	______
2. Description / Type of property (homestead, investment, residential, commercial, land, other)	______	______
3. Form of ownership	______	______
4. If joint property, contribution by each joint tenant	______	______
5. Date acquired	______	______
6. Appraised value	______	______
7. Estimated fair market value	______	______
B. Mortgage Obligations		
1. Original mortgage amount	______	______
2. Current amount of mortgage	______	______
3. Mortgage Type / Maturity Date	______	______
C. Cash Flow Analysis		
1. Annual gross income	______	______
2. Annual maintenance costs	______	______
3. Annual real estate taxes	______	______
4. Annual tax depreciation	______	______
5. Annual mortgage payments (principal and interest)	______	______
6. Net positive (or negative) cash flow	______	______
D. Farm		
1. Farm machinery and equipment	______	______
2. Excess of value of land over value as operating farm	______	______

E. Estate Tax Special Use Valuation and Tax Payment Deferral Eligibility

1. Does real estate qualify for estate tax special use valuation? ______________________________

2. Is eligibility anticipated for estate tax deferral for farming and other closely held business activities? ______________________________

***** This form should be separately completed for each individual with an interest in real property.

SCHEDULE D

LIFE INSURANCE*

A. Policies Owned by Client on his Life

Company & Policy Number	Type of Policy	Annual Premium	Designated Beneficiary	Cash Surrender Value

B. Policies Owned by Client on Client's Life

Company & Policy Number	Type of Policy	Annual Premium	Designated Beneficiary	Cash Surrender Value

C. Policies Owned by Client on Lives of Others

Company & Policy Number	Type of Policy	Annual Premium	Designated Beneficiary	Cash Surrender Value

* This form should be separately completed for each individual owner of an insurance policy.

SCHEDULE E

EXECUTIVE COMPENSATION AND EMPLOYEE BENEFITS

Employer's name and address ______________________________

A. Type of Plan	Total Value:	Custodian/trustee:	Named Beneficiaries:
1. Pension	________	________	________
2. Profit-Sharing (401k, 403b, other)	________	________	________
3. Deferred Compensation Arrangement	________	________	________
4. Employer sponsored Individual Retirement Account	________	________	________
5. Other			
TOTAL	________	________	________

B. Stock Option Plan	Option Price	Current Value	Summary of Terms
1. Incentive Stock Plan	________	________	________
2. Non-qualified Stock Option Plan	________	________	________

C. Other Benefits	Company	Benefits	Beneficiary
1. Group term life insurance	________	________	________
2. Disability income	________	________	________
3. Health and medical insurance	________	________	________
4. Other	________	________	________
TOTAL	________	________	________

PART THREE

PRESENT CASH FLOW ANALYSIS

I. Present Net Income

A. Income/Cash Sources	Client	Client's Spouse	Foreign Source
Salaries			
Other Compensation			
Dividends			
Interest			
Net Rents			
Royalties			
Business Profits			
Trusts			
Other			
TOTAL			

B. Current Expenditures			
Living Expenses			
Insurance Premiums			
Tax Liabilities			
Mortgage & Other Debt Payments			
Other			
TOTAL			

C. Amount Available for Savings (Income/Cash Sources less Current Expenditures)			

II. Future Annual Cashflow

A. Future Cash Sources (after retirement)	Client	Client's Spouse	Foreign Source
Anticipated benefits under estates and trusts			
Dividends			
Interest			
Other Investment Income / Receivables			
Annuities & Insurance			
Social Security			
Employee Retirement Benefits			
Other Employee Benefits /Deferred Compensation			
Trusts			
Other			
TOTAL			

B. Future Cash Needs (after retirement)			
Living Expenses			
Tax Liabilities			
Other Obligations			
TOTAL			

C. Amount Available for Savings / Cash Sources			

Document Checklist for Initial Conference (copies of documents, most recent statements or information provided)

DOCUMENT/INFORMATION TO BE PROVIDED:	Information provided /values attested to by client:
LIQUID ASSETS	
Bank Accounts	___
Brokerage and money market accounts	___
Savings Accounts	___
Mutual Funds, IRA's	___
Certificates of deposit	___
Other liquid asset accounts	___
PRIOR ESTATE PLAN DOCUMENTS	
Prior executed Will and codicils	___
Revocable Trust	___
Irrevocable Trust	___
Wills of other family members	___
Durable power of attorney	___
Living Will / Declaration of health care surrogate	___
Instrument giving power of appointment	___
Other estate planning documents executed	___
LIFE INSURANCE	
Life insurance policy, annuity contract summary and declarations	___
TAX RETURNS	
Individual federal gift tax returns	___
Most recently filed individual federal and state income tax returns	___
Business federal and state income tax returns	___
REAL PROPERTY INTERESTS	
Deeds of title to real property or evidence of other interest in real property	___
Mortgage and lender promissory notes	___
Guaranty or other security agreements	___
Leases to real property	___
BUSINESS INTERESTS	
Offer Letter and/or employment agreement	___
Employer code of conduct	___
Shareholder (Buy-Sell), partnership agreement	___
Operating agreement	___
Company stock or membership certificates	___
Pension, keogh or profit-sharing plan summary	___
PRIOR MARRIAGE	
Award of judgments of dissolution of marriage	___
Pre-nuptial, post-nuptial or separation agreements	___
Court orders and settlement agreement	___
MISCELLANOUS PERSONAL PROPERTY	
Safe deposit box location and inventory	___
Clothing, jewelry, home furnishings	___
Certificates of title for any automobiles owned	___
Art, book, stamp or coin collections	___
Interest in social club membership	___
Boats or aircrafts	___
Cemetery plots, funeral arrangements	___
INTELLECTUAL PROPERTY	
Royalties, patents, trademarks, copyrights or other intellectual property interests	___
Mineral interest to oil, coal or gas	___