

## 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. As an alternative to in-person consult meeting at our office, we are also available to schedule a ZOOM video teleconference consult meeting at no cost to you.

### 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@wealthprotection.us](mailto:lrhoden@wealthprotection.us) 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. Personal Information

Client Name:

Client Spouse Name:

Legal Name: \_\_\_\_\_

Former Names: \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_

☐ Single ☐ Married ☐ Separated  
☐ U.S. Citizen ☐ Previously married  
☐ Prenuptial or postnuptial agreement

☐ Single ☐ Married ☐ Separated  
☐ U.S. Citizen ☐ Previously married  
☐ Prenuptial or postnuptial agreement

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

☐ Do you claim the Florida homestead exemption?

☐ Do you claim the Florida homestead exemption?

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

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

Home Phone#: \_\_\_\_\_

Cell #: \_\_\_\_\_

Fax #: \_\_\_\_\_

### 2. Employer

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

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

Business Phone#: \_\_\_\_\_

Business Fax: \_\_\_\_\_

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

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

Referred by: \_\_\_\_\_

Contact Preference: ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Email

### 3. Employer Pension; Citizenship Status; Visa Status

	Do you contribute to a 401(k) or 403(b) plan?	If so, what is the name of the plan sponsor?	Are you a U.S. citizen?	If not, what is your visa status?	What is your country of citizenship?	What is your city/country of birth?
Client:	_____	_____				
Client's Spouse:	_____	_____				

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

☐ Children by marriage   ☐ Stepchildren   ☐ Estranged children   ☐ Adopted or foster children   ☐ Deceased children

Name / Relationship to client / Email address:	Home address / phone #:	Date and place of birth:	Status of health / Special needs:	Spouse's name? Children's names?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any deceased children? Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Living descendants of deceased children? Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

### 5. Siblings

Name / Email address	Home address / phone #:	Date and place of birth:	Married?	Spouse's name? Children's names?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any deceased siblings? Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

Living descendants of deceased siblings? Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

### 6. Parents

Name / U.S. citizen?:	Home address / phone #:	Living or deceased?:	Age:	2 <sup>nd</sup> marriage spouse's name and address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### 7. 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:	_____	_____	_____	_____

8. **Objectives for Estate Plan** (check box for each that applies):

- |  |   |
|--|---|
| <input type="checkbox"/> Planning to preserve wealth for the primary benefit of spouse and children                  | <input type="checkbox"/> Planning to establish health care decision making in the case of incapacity                                    |
| <input type="checkbox"/> Planning to protect estate from poor decision making, spendthrift spouse or children        | <input type="checkbox"/> Planning to make charitable bequests to church, synagogue or other charitable organization                     |
| <input type="checkbox"/> Planning for blended family and/or children from previous marriage or relationship          | <input type="checkbox"/> Planning for the transfer or transition of a family owned business   |
| <input type="checkbox"/> Planning for elderly parents or loved ones with health care concerns                        | <input type="checkbox"/> Planning to manage income earning property other than real estate, e.g., tangible and/or intellectual property |
| <input type="checkbox"/> Planning to create privacy and establish confidentiality of asset ownership                 | <input type="checkbox"/> Planning to pass life insurance death benefits to loved ones via trust   |
| <input type="checkbox"/> Planning to transition wealth to loved ones after maintaining control of assets during life | <input type="checkbox"/> Planning for avoidance of probate and minimization of estate administration expenses                           |
| <input type="checkbox"/> Planning for long-term management of real property held for investment                      | <input type="checkbox"/> Planning to avoid or reduce potential federal estate taxes   |
| <input type="checkbox"/> Planning for grandchildren's education, health, welfare or maintenance                      | <input type="checkbox"/> Planning for disability or special needs of a loved one; i.e. to avoid court involvement                       |
| <input type="checkbox"/> Planning for care of family pets  | <input type="checkbox"/> Planning to disinherit a family member   |
|  | <input type="checkbox"/> Planning for management of non-U.S. foreign assets   |

Please offer any special instructions regarding primary and secondary estate planning objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **Family Advisors**

	Contact name / Firm name:	Address, phone # and email:
Other Attorneys	_____	_____
C.P.A., Accountant or Tax Preparer	_____	_____
Trust Officer or Trust Services Company	_____	_____
Mortgage Broker or Commercial Banker	_____	_____
Financial Investment Advisor	_____	_____
Stock, Securities Broker	_____	_____
Retirement Planning Advisor	_____	_____
Life Insurance Agent	_____	_____
Closest Relative(s)	_____	_____
Physician(s)	_____	_____

## 10. 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:	_____	_____	_____	

## 11. Estate Planning Objectives

	Retirement needs and objectives?	Anticipated executor of your Will? Alternate?	Anticipated beneficiaries of Will?	Executor compensation as in F.S. 733.617 or other?	Specific/unusual bequests to be made Will?
Client:	_____	_____	_____	_____	_____
Client's Spouse:	_____	_____	_____	_____	_____
	Separate writing for property? Property to be devised?		Specific or general devise? To which beneficiaries?	Pre-arranged burial and funeral plan?	Providing for pets in Will or Trust?
Client:	_____		_____	_____	_____
Client's Spouse:	_____		_____	_____	_____
	Name/phone # of agent-in-fact named in durable power of attorney? Alternate?	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 3 <sup>rd</sup> parties or charity?	Name and address of charitable beneficiary?
Client:	_____	_____	_____	_____	_____
Client's Spouse:	_____	_____	_____	_____	_____
	Residue of estate to devise to Trust?, i.e. Pour-Over Will	Anticipated trustee of your Trust? Individual or corporate trustee?	Anticipated beneficiaries of your Trust?	Specific or unusual Trust provisions?	Age or time based distribution preference?
Client:	_____	_____	_____	_____	_____
Client's Spouse:	_____	_____	_____	_____	_____

12. **Estate Planning Directives** (section may be completed at Legacy Plan Consultation meeting with attorney present). Please answer questions and provide additional documentation as may be necessary.

Questions:	Yes / No / Explanation
1. Did you sign a prenuptial or postnuptial agreement with your current or former spouse?	
2. Did you have a divorce or separation agreement from your prior marriage?	
3. What is the nature of your joint assets that were acquired in the state of Florida after marriage?	
4. Do you have any joint assets that were acquired outside the state of Florida prior to marriage and before relocating to Florida?	
5. Do you have any special or unusual estate planning objectives not covered in this Questionnaire?	
6. Do you have any children with health care or special needs?	
7. Do you anticipate receipt of a gift, devise, bequest or inheritance from a third party or trust? If so, please explain and estimate the value of gift.	
8. Do you maintain a list of passwords for your digital assets? i.e. online banking codes, home security systems, smart phones, social media accounts, email accounts, voicemail boxes, computers and cloud date storage, etc.	
9. What are the URL's for websites you actively maintain?	
10. Which social media accounts do you maintain actively? i.e. Facebook, LinkedIn, Instagram, Twitter, SnapChat, etc.	
11. Do you have any children with health care or special needs?	
12. Do you maintain a safe deposit box? If so, where.	
13. Is any person other than your spouse and minor children wholly dependent on you for financial support?	
14. Do you anticipate receipt of a gift, devise, bequest or inheritance from a third party or trust? If so, please explain and estimate the value of gift.	
15. Do you currently own a burial plot or have you made funeral or burial arrangements?	

## PART TWO

### SUMMARY OF ASSETS & LIABILITIES – NET WORTH DETERMINATION

I. Assets	Client	Spouse or Jointly Owned	TOTAL
A. Cash and Bank Accounts	<hr/>	<hr/>	<hr/>
B. Homestead Property (Personal residence)	<hr/>	<hr/>	<hr/>
C. Stocks, Bonds and Other Marketable Securities (broker, account type)	<hr/>	<hr/>	<hr/>
D. Certificates of Deposit, Mutual Funds, IRA's (Institution, owner, beneficiary, type)	<hr/>	<hr/>	<hr/>
E. Intellectual Property Interests	<hr/>	<hr/>	<hr/>
F. Real Estate (Investment property)	<hr/>	<hr/>	<hr/>
G. Life Insurance (Insurer, insured, owner, type, cash value)	<hr/>	<hr/>	<hr/>
H. Closely Held Business Interests (Business name, # of shares or % owned)	<hr/>	<hr/>	<hr/>
I. Personal Property and Other Assets of Significant Value (over \$25K)	<hr/>	<hr/>	<hr/>
<b>TOTAL ASSETS</b>	<hr/>	<hr/>	<hr/>
	<b>Client</b>	<b>Spouse or Jointly Owned</b>	<b>TOTAL</b>
<b>II. Liabilities</b>			
A. Household Bills/Debt	<hr/>	<hr/>	<hr/>
B. Real Estate Mortgages	<hr/>	<hr/>	<hr/>
C. Outstanding Promissory Notes	<hr/>	<hr/>	<hr/>
D. Taxes Due	<hr/>	<hr/>	<hr/>
E. Pending or Contingent Liabilities	<hr/>	<hr/>	<hr/>
F. Loans on Insurance Policies	<hr/>	<hr/>	<hr/>
G. Other Debt Obligations	<hr/>	<hr/>	<hr/>
<b>TOTAL LIABILITIES</b>	<hr/>	<hr/>	<hr/>
<b>APPROXIMATE NET WORTH</b>	<hr/>	<hr/>	<hr/>

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

DOCUMENT/INFORMATION TO BE PROVIDED:

Information provided /value:

**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	_____

**MISCELLANEOUS 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	_____