



## **Confidential Estate Planning Survey Form**

**Please fill out this form and bring it with you to our appointment. The more information you provide, the better our meeting will be and the more complete our file will be. At our meeting, we'll help you plan so that:**

- **Your plan follows your wishes and meets your current needs**
- **Your plan meets the needs and circumstances of your beneficiaries**
- **Your plan meets all Federal and State requirements**
- **Your property is properly titled**
- **We have the necessary information so we can assist your loved ones**

**And, of course, we'll answer any concerns you may have**

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**Palm Beach Gardens  
(561)625-1100**

**Boynton Beach  
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**THE KARP LAW FIRM**

*A Professional Association*

Mar. Law • Estate Planning & Administration • Probate • Disability, Special Needs, Medicaid & Veterans Benefits Planning

# Confidential Estate Planning Survey Form

*We recognize that this information is of a personal nature. All information provided to this office by you will be treated confidentially and will not be revealed to anyone outside of this office without your permission.*

Today's Date \_\_\_\_\_

## SECTION 1: GENERAL INFORMATION

Your Name (for legal documents) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence: \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

How is your health?  Good  Fair  Poor

**If married:** Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

**Spouse's Name** \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

How is your spouse's health?  Good  Fair  Poor

**Alternate/2<sup>nd</sup> Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Alternate Home Phone number \_\_\_\_\_

**Name of person/company who referred you to this firm** \_\_\_\_\_

**May we thank the referral person?**  Yes  No

**Name, Address & Tel. No. of person filling out this form (if other than client)**

\_\_\_\_\_

### Children:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Do you have any children who are deceased?  Yes  No

	You	Spouse
Do you presently have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Health Care Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you expecting to receive an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your first marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would any of your heirs contest your wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 2: BENEFICIARIES**

Person(s) who are named or will be named as beneficiary of your estate.

Name	Address

**SECTION 3: FINANCIAL INFORMATION**

This is a general overview of your assets. Values should be approximate and are needed only to assist in your tax planning.

IRA's/ Pensions/Retirement Plans/401(k)'s/403(b)'s	How Titled	Approx Value

Non Tax-Deferred Bank Accounts (including CD's, Money Markets)	How Titled	Approx Value	If transferrable on death or payable on death, to whom?

Brokerage Accounts	How Titled	Approx Value	If transferrable on death or payable on death, to whom?

Stocks/Mutual Funds/Bonds (those held individually, not with a broker)	How Titled	Approx Value

Annuities	How Titled	Approx Value

Notes (money owed TO you)	How Titled	Approx Value

Extraordinary Valuables (i.e., antiques, art, patents)	Approx Value

**Life Insurance Policies**

Company	Owner	Insured Party	Cash Value	Death Benefit	Beneficiary

**Real Estate Owned (bring tax bills and deeds to your consultation)**

Property	How Titled	Mortgage Amount	Approx Value

Do you wish to leave your IRA to your beneficiaries so that the distributions would stretch out for their lifetime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to leave your assets so that they will stay in your bloodline after you die?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have long-term care insurance to cover extended nursing home costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone owe you money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a financial planner to assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a CPA to assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Husband	Wife	Joint
Monthly Income			

Approximate Total Gross Estate \$ \_\_\_\_\_

### Section 4: WHO WILL BE HANDLING YOUR AFFAIRS?

Determining who will act as your agents can be a difficult decision. Below is a guideline to assist you in choosing who will act as your agents for your financial and health care decisions. Please complete your agent designations below. In certain cases, you may wish to designate individual or co-agents, which we can discuss.

#### Living Trust

Your Trustee is responsible for managing the property titled in the name of your Living Trust under the terms provided by your Trust. Please list below all persons who you intend to have act as your initial and successor Trustees. Note that most people who create a revocable living trust are the initial Trustees and designate successor Trustees to serve when they can no longer act.

You	Spouse, if different
<b>Initial Trustee</b>	<b>Initial Trustee</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:
<b>First Successor Trustee</b>	<b>First Successor Trustee</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:
<b>Second Successor Trustee</b>	<b>Second Successor Trustee</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:

### Last Will

Your personal representative is responsible for probating your will, if probate is necessary, and distributing your assets to your beneficiaries. Please list below all persons whom you intend to have act as the primary and alternate personal representatives. We will review these designations to verify that these individuals will qualify to serve as personal representative under Florida law.

You	Spouse, if different
<b>Primary</b>	<b>Primary</b>
Name:	Name:
City/State:	City/State:
Relationship:	Relationship:
<b>First Alternate</b>	<b>First Alternate</b>
Name:	Name:
City/State:	City/State:
Relationship:	Relationship:
<b>Second Alternate</b>	<b>Second Alternate</b>
Name:	Name:
City/State:	City/State:
Relationship:	Relationship:

### Durable Property Power of Attorney

Your designated agent is authorized to handle all of your personal financial affairs that are not in your Trust, including, but not limited to, real estate sales, bank account transactions, execution of contracts, tax returns and motor vehicle registrations, in the event you become incapacitated.

You	Spouse, if different
<b>Primary</b>	<b>Primary</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:
<b>First Alternate</b>	<b>First Alternate</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:
<b>Second Alternate</b>	<b>Second Alternate</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:



### Designation of Health Care Surrogate

Your designated surrogate is authorized to make decisions on your behalf regarding your health care in the event you cannot make them yourself, including, but not limited to consenting to or refusing surgery, medical procedures, obtaining medical records about your care and admitting you to a nursing home.

You	Spouse, if different
<b>Primary</b>	<b>Primary</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:
<b>First Alternate</b>	<b>First Alternate</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:
<b>Second Alternate</b>	<b>Second Alternate</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Relationship:	Relationship:

### HIPAA (Medical Privacy Release)

Individuals you want to give permission to obtain medical information during your lifetime in addition to your health care surrogates named above.

1.	3.
2.	4.

If you have minor children, you should appoint a guardian to take care of them if both their parents were to die before they reach age 18 (you can also appoint a married couple as co-guardians).

Guardian of their Person	Guardian of their Property
<b>Primary</b>	<b>Primary</b>
Name:	Name:
City/State:	City/State:
Relationship:	Relationship:
<b>First Alternate</b>	<b>First Alternate</b>
Name:	Name:
City/State:	City/State:
Relationship:	Relationship:
<b>Second Alternate</b>	<b>Second Alternate</b>
Name:	Name:
City/State:	City/State:
Relationship:	Relationship:





