

Christopher A. Likens, P.A.
1800 Second Street, Suite 971
Sarasota, Florida 34241
(941) 365-7838

ESTATE PLANNING QUESTIONNAIRE

Date: _____

1. Husband's Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security No. _____ U.S. Citizen: Yes No
Other Names known by: _____
Occupation (former if retired): _____
Office Telephone No.: _____ Email Address: _____
Mobile Phone No. _____ Fax No.: _____
2. Wife's Full Name: _____
Date of Birth: _____ Place of Birth: _____
Social Security No. _____ U.S. Citizen: Yes No
Other Names known by: _____
Occupation (former if retired): _____
Office Telephone No.: _____ Email Address: _____
Mobile Phone No. _____ Fax No.: _____
3. Home Address: _____ Resident Since: _____
Street Address/P.O. Box: _____
City: _____ State: _____ Zip Code: _____
County: _____ Home Telephone Number: _____
Other Residences: _____
4. Advisors:
Accountant: _____
Trust Officer: _____
Insurance Agent: _____
Investment Advisor: _____
5. Date of Marriage: _____ Where Living When Married: _____
6. Prior Marriages: Husband: Yes No Wife: Yes No
7. Names of children of present marriage, whether natural or adopted:
A. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Address: _____ Phone: _____
Grandchildren: _____

B. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Address: _____ Phone: _____
Grandchildren: _____

C. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Address: _____ Phone: _____
Grandchildren: _____

8. Names of children of prior marriage (indicate whether husband's or wife's);

A. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Address: _____ Phone: _____
Grandchildren: _____

B. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Address: _____ Phone: _____
Grandchildren: _____

C. _____ Date of Birth: _____
Name of Child's Spouse (if any): _____
Address: _____ Phone: _____
Grandchildren: _____

9. Do you have any other relatives dependent upon you for support? Yes No

(If yes, give names and relationships): _____

10. Names and addresses of other or alternate persons to receive property: _____

11. Please list any specific items or amounts that you wish to give to any individuals or organizations:

| NAME | GIFT |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

12. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to: (check one)

Spouse; if spouse predeceased, to children equally

Children equally

Other (specify): _____

13. Do you have a present Will: Yes No (If yes, attach a copy)

14. Have you ever created a trust? Yes No
 If yes, attach a copy and list approximate value: \$ _____
15. Do you have a prenuptial agreement in effect? Yes No (If yes, attach a copy)
16. Do you have any obligations under a divorce decree from a prior marriage? Yes No
 (If yes, attach a copy)
17. Have you ever received a substantial amount by inheritance? Yes No
 If yes, when? _____ Approximate Amount: \$ _____
18. Are you a beneficiary of a trust that was created by someone else? Yes No
 If yes, attach a copy and list approximate value: \$ _____
19. Do you anticipate receiving an inheritance? Yes No
 If yes, give approximate amount: \$ _____
20. Have you given away more than \$3,000 in money or property to any person in any single year after 1976 (or \$10,000 in 1982 or later)? Yes No (If yes, list amounts by years below or on the reverse side)
 Year: _____ Amount: \$ _____
 Year: _____ Amount: \$ _____
21. Are you receiving or will you receive an annuity? Yes No
 If yes, to who will the payments be made? _____
 Is this a Life Annuity? Yes No
 Will the amounts continue after your death? Yes No
 For how long? _____ What will the amount of each payment be? _____
- 22.a. Do you now or have you ever participated in a plan maintained by an employer that will provide benefits in the event of your retirement and/or death?
 Yes No Not sure
- b. If yes, have you made any elections with respect to beneficiary designations, survivor benefits, spousal rights, waivers, or forms of payment under your employer's plan(s)?
 Yes No
23. Do you presently have, or were you ever a participant in a Qualified Plan or an IRA?
 Yes No
24. Please attach copies of your designation of beneficiary form and your most recent IRA and/or retirement plan benefit statements.
25. Who will serve as your personal representative? (Indicate relationship to you.)
 Each spouse for the other? Yes No Someone else? _____
 Alternate (if above person(s) unable to serve): _____

26. Your choice to act as guardian of your minor children (if applicable): _____

 City and state of residence: _____
 Alternate(s): _____
 City and state of residence: _____

27. Do you have a safe deposit box? Yes No
If yes, where is it located: _____
Name(s) deposit box is listed under: _____
28. Please circle any of the following states in which you have lived or acquired property while married:
Arizona Louisiana Texas
California Nevada Washington
Idaho New Mexico Wisconsin
None
29. Do you own any property in a foreign country? Yes No
30. Are you concerned that one or more of your children or grandchildren will not behave responsibly with money that you give them? Yes No
31. Are any of your children or grandchildren attending private school, college, or graduate school?
Yes No
32. Do you have any relative who regularly incurs significant medical bills? Yes No

LIST OF ASSETS

(Attach additional sheets if necessary)

REAL ESTATE

Residence:

(Approximate mortgage balance):

Estimated value of furnishings:

Other real estate :

(give location or briefly describe)

STOCKS

Publicly traded stock. Name of corporation and type of shares and exchange on which traded:

Closely-held stock. Name of corporation, number of shares, and shareholders:

| Approximate Values | | |
|--------------------|------|-------|
| Husband | Wife | Joint |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

BONDS AND MUTUAL FUNDS

Bonds:
issuer, face value, interest rate, and maturity date.

Mutual Funds:
name of fund, fund group, and number of units:

**BANK ACCOUNTS, CERTIFICATES OF DEPOSIT,
MONEY MARKET FUNDS, ETC.**

Please give name of bank or institution, type of
account, and approximate balance or value:

| Approximate Values | | |
|--------------------|------|-------|
| Husband | Wife | Joint |
| | | |
| | | |
| | | |
| | | |

MORTGAGES, NOTES, OR DEBTS

(owed to you by someone else)

Please list debtor's name, date acquired, and approximate balance remaining:

OTHER BUSINESS INTERESTS (NON-CORPORATE)

Name of Partnership, Limited Liability Company, or sole proprietorship, percentage of ownership interest in business, and number of other partners or members in business

RETIREMENT ACCOUNTS

(list balances)

IRAs

Pension or Profit Sharing

Other

(indicate type)

ANNUITIES

(Value to be filled in by attorney)

Please list debtor's name, date acquired, and approximate balance remaining:

| Approximate Values | | |
|--------------------|------|-------|
| Husband | Wife | Joint |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

MISCELLANEOUS PROPERTY

Motor vehicles (including boats, etc.)
List total value:

Jewelry and Art:

Other valuable items (describe):

DEBTS

List any mortgages or other substantial debts owed by you that are not shown above:

| Approximate Values | | |
|--------------------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Life Insurance

| Company | Policy Number | Type* | Issue or Effective Date | Face Value | Cash Value | Person Insured | Policy Owner | Beneficiary | Annual Premium | Loan Against Policy |
|---------|---------------|-------|-------------------------|------------|------------|----------------|--------------|-------------|----------------|---------------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

* Type means: Individual, Group, etc.