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The purpose of this questionnaire is to assist in the preparation of your legal documents and to provide you with an opportunity to consider how you would like your assets to be distributed and managed upon your death, incapacity or disability. Please take a few moments and provide me with as much information as possible. Thank you.

DATE: _____

CLIENT QUESTIONNAIRE

1. a) Your full name: _____

b) Your Date of Birth: _____

c) Status of Your Health: _____

d) U.S. Citizen: _____

2. a) Spouse's full name: _____

b) Spouses's Date of Birth: _____

c) Status of Spouse's Health: _____

d) U.S. Citizen: _____

3. First Marriage/Second Marriage/Other: _____

4. Address: _____

Phone No.: Home: _____ Work: _____

Cell Phone(s): _____ Spouse: _____

E-mail(s): _____

5. Current Documents: (Please provide me with copies of all of the following documents)

- a) Do you have a Will? YES _____ NO _____
- b) Do you have a Trust? YES _____ NO _____
- c) Do you have a Power of Attorney? YES _____ NO _____
- d) Do you have a Living Will? YES _____ NO _____
- e) Do you have a Pre-Need Guardian? YES _____ NO _____
- f) Do you have a Prenuptial Agreement? YES _____ NO _____
- g) Other? _____

6. List children, grandchildren or other persons that you want as beneficiaries with addresses, and the Social Security Numbers only for your minor children/beneficiaries:

	<u>NAME</u>	<u>ADDRESS/PHONE</u>	<u>S.S.#</u>	<u>DOB</u>	<u>ADOPTED</u>	<u>PARENT</u>
a)	_____	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____	_____
c)	_____	_____	_____	_____	_____	_____
d)	_____	_____	_____	_____	_____	_____
e)	_____	_____	_____	_____	_____	_____
f)	_____	_____	_____	_____	_____	_____
g)	_____	_____	_____	_____	_____	_____
h)	_____	_____	_____	_____	_____	_____
i)	_____	_____	_____	_____	_____	_____

7. List any deceased children: Name Date of Death

_____	_____
_____	_____

8. Are any of your beneficiaries handicapped or have special needs? If yes please describe: _____

9. Are beneficiaries U.S. Citizens? _____

10. Please briefly described how you would like your estate to be distributed among your children/ beneficiaries (Helpful hint: Give some thought to who would receive your estate if any of your beneficiaries should predecease you)?

11. Any special provisions or burial instructions to be considered regarding either the Will or Trust (For example: buried, cremation, type of funeral, religious services):

12. Type of Document (Will / Trust / Other): _____

13. a) Do you wish to have Durable Powers of Attorney (This document allows someone to make financial decisions during your lifetime)? YES _____ NO _____

b) To whom will they be given (spouse, child, friend):

14. a) Do you wish to have a Living Will and Declaration of Health Care (This document allows someone to make medical decisions including pulling the plug)?

YES _____ NO _____

b) Who will be your Living Will/Health Care Surrogate?

Name: _____

Address: _____

Phone: _____

c) Who will be your Alternate Living Will/Health Care Surrogate?

Name: _____

Address: _____

Phone: _____

d) Do you have any donated or stored genetic tissue? YES _____ NO _____

15. a) Do you wish to select a Guardian for your minor children (under age 18) (This is the person who will raise your children when both parents die)? YES ___ NO__

If yes, please fill in the following information for Guardian:

1st choice: Name: _____

Address: _____

Phone: _____

2nd choice: Name: _____

Address: _____

Phone: _____

3rd choice: Name: _____

Address: _____

Phone: _____

16. Whom would you like to appoint as Trustee of your Trust (This person will be in charge of your Trust and will make financial decisions including paying out your assets from the Trust when you die):

Name of Trustee: _____

Address: _____

Telephone No.: _____

Name of Alternative Trustee: _____

Address: _____

Telephone No.: _____

Name of 2nd Alternative Trustee: _____

Address: _____

Telephone No.: _____

17. Whom would you like to appoint as Personal Representative in your Will (This is the person who will be in charge of your Will):

Name of Personal Representative: _____

Relationship: _____

Address: _____

Telephone No.: _____

Name of Alternative Personal Representative: _____

Relationship: _____

Address: _____

Telephone No.: _____

Name of 2nd Alternative Personal Representative: _____

Relationship: _____

Address: _____

Telephone No.: _____

18. a) Is your gross estate, which includes life insurance benefits, likely to exceed \$11,200,000.00? YES _____ NO _____

(In 2017 President Trump signed into law a new tax act. Beginning in 2018 the credit before any death tax will be due is now \$11,200,000.00 per person/\$22,400,000.00 if married. This credit will increase each year based on a CPI type of formula).

b) Estimated Fair Market Value of Estate: _____

c) How are assets owned: jointly _____ individually _____ other _____

19. Summary of Assets: (indicate "J" for Joint, "I" for Individually, "C" Corporation/Entity or "UK" for Unknown)

a) Real Estate:

Address of Property	Type of buildings/ Improvements (rental/home/bus./ investment)	If mortgaged, approx. amount and date of next payment due	How is it owned	Approx. value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b) Investments: (indicate “J” for Joint, “I” for Individual, “C” Corporation/Entity or “UK” for Unknown)

Name of Company/Brokerage (i.e. Edward Jones/Fidelity/AmeriPrise)	Owner	Approx. value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

c) Bank Accounts or Certificates of Deposit: (indicate “J” for Joint, “I” for Individual, “C” Corporation/Entity or “UK” for Unknown)

Bank	Owner (if joint, name of joint owner)	Checking, savings or C.D.	Approx. balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d) Life Insurance:

Company	Policy Number	Owner	Insured	Beneficiary	Location of orig. policy	Death benefit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

e) Automobiles: (indicate "J" for Joint, "I" for Individual, "C" Corporation/Entity or "UK" for Unknown)

Make	Model	Year	Owner	Primary Driver	If financed, name of lender, date & amount of next payment & approx. outstanding bal.	Approx. value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

f) Miscellaneous or Other Assets: (Indicate "J" for Joint, "I" for Individual, "C" Corporation/Entity or "UK" for Unknown)

Description	Owner	Location	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

g) Annuities, Pensions or 401(k):

Company	Owner	Beneficiary	Type	Approx. value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Name, address and telephone number of your CPA (if any): _____

Do you authorize O'Connor Law Firm to contact your accountant? YES _____ NO _____

21. Name, address and telephone number of your Financial Planner (if any): _____

Do you authorize O'Connor Law Firm to contact your financial planner? YES _____ NO _____

22. Tell me about your business:

a) Business Name: _____

b) Address: _____

c) Type of business: _____

d) How is your business taxed: _____ S Corporation _____ C Corporation _____ Partnership
_____ Single Member

e) Number of employees: _____

f) Approximate annual gross revenue: _____

g) Do you have a Corporate Book: YES _____ NO _____

h) Do you have Minutes: YES _____ NO _____

i) Do you have Bylaws/Operating Agreement: YES _____ NO _____

j) Shareholders/Members:

Name	% of Ownership
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

k) Buy/Sale/Shareholder Agreements (If yes, please provide me with a copy of the Agreement)? YES _____ NO _____

l) Estimated Value of Business? _____

m) Does it rent or own real estate? YES _____ NO _____

n) If rented who owns property or who is Landlord: _____

o) Assets owned by business:

- General Assets: _____

- Keyman/or other insurance owned by the Business or by the Shareholder(s):

Owner	Beneficiary	Person Insured	Death Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

p) Debt(s): _____

q) Explain your ideas concerning an exit strategy: _____

23. Other Corporations/LLC's/Partnerships that you own:

a) Name of Business: _____
Type of Business: _____
Address of Business: _____
What Assets Does the Entity Own: _____

<u>Name of Shareholders/Members</u>	<u>% of Ownership</u>
_____	_____
_____	_____
_____	_____

Approximate Value: _____

b) Name of Business: _____

Type of Business: _____

Address of Business: _____

What Assets Does the Entity Own: _____

<u>Name of Shareholders/Members</u>	<u>% of Ownership</u>
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_____	_____
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_____	_____
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_____	_____
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Approximate Value: _____

c) Name of Business: _____

Type of Business: _____

Address of Business: _____

What Assets Does the Entity Own: _____

<u>Name of Shareholders/Members</u>	<u>% of Ownership</u>
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_____	_____
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_____	_____
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_____	_____
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Approximate Value: _____

24. Please provide me with or attach the following documents:

a) Wills, Trusts, Power of Attorneys, and Living Wills

b) Corporate Minute Book (Bylaws, Minutes, Operating Agreement, Stock/Membership Certificates)

c) Buy/Sale/Shareholder Agreement

- d) Last two (2) years Business (1120, 1120S, 1065) and 1040 personal tax returns
- e) Prenuptial Agreement (if any)
- f) Life Insurance

CONFIDENTIALITY STATEMENT:

The information you provide in this Client Questionnaire is intended to be CONFIDENTIAL. O'Connor Law Firm does not disclose, sell, trade, exchange, or otherwise provide any information regarding your family or your assets to any third parties unless specifically authorized by you or required by applicable law. Sometimes clients choose to include family members, loved ones, and/or advisors in the planning process. However, it is important to remember that if someone else attends the meeting with you then the attorney-client privilege, which protects the confidentiality of what is discussed, may not apply. As a general rule, we would expect to meet with you individually or as a couple before family members or others are involved. We rely on the information that you provide to us in order to advise you regarding what we believe to be the most appropriate estate planning arrangements for your circumstances. Therefore we rely on the information you provide to use as being accurate and complete.

CONFLICTS OF INTEREST:

In the legal profession, it is generally unusual to represent more than one person as a party to any legal matter. Nevertheless, the nature of estate planning suggests that since spouses or partners usually have common goals, shared assets, and similar objectives, a husband and wife or lifetime partners can sometimes act as a single client.

If you are single or if you do not share the same goals and objectives as your significant other, it is important that you both obtain independent counsel.

Likewise, if a significant difference of opinion or a conflict occurs with your significant other after we have initiated representation, our Firm will be forced to stop the process and attempt to resolve that difference. In difficult situations, it may be necessary for our Firm to withdraw, and to advise you both to seek separate counsel. Depending on your specific situation, it may be necessary to have you execute a Joint Consent & Waiver Form.

PROFESSIONAL FEES:

Estate planning requires a complete review of your financial information and a candid discussion of the individual circumstances, needs, goals, and desires of each client. Estate planning documents that result from the planning process usually have significant legal and tax consequences.

Prior to our meeting, we will review the information that you have provided. As a courtesy to you and your financial advisors, we will not bill for that time nor the time for a consultation appointment. After our initial meeting, we will give you our recommended course of action along with the attorney fees that will be charged. Most of the time we charge a flat fee for the entire estate plan.

If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

In all cases, the Firm's legal representation will not commence until the execution of a Contract for Legal Services by the Client(s) and the Firm, as well as receipt of your professional fees for the services rendered.