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ESTATE PLAN INFORMATION FORM

PERSONAL INFORMATION

YOURSELF:

Full Name: _____

Address: _____

Home Telephone: _____ Email Address: _____

Social Security No: _____ Foreign Tax ID No.: _____

Date of Birth: _____

Citizenship: _____

Marital Status: _____

Religious Affiliation: _____

Employment: _____

Business Address: _____

Business E-Mail address: _____

Business Telephone: _____

YOUR FAMILY:

(Use additional paper, if necessary)

Spouse Full Name: _____

Spouse Social Security No: _____ Spouse Foreign Tax ID: _____

Spouse Date of Birth: _____

Spouse Citizenship: _____

Spouse Religious Affiliation: _____

Spouse Employment: _____

Spouse Business Address: _____

Spouse Business E-Mail address: _____

Spouse Business Telephone: _____

Is there anyone, at this time, designated as holding your power of attorney?
(Please give name, address and telephone number)

Who would you want as Personal Representative(s) to handle your estate?
(Please give name, address and telephone number)

Please give an alternate Personal Representative
(Please give name, address and telephone number)

Who would you want as **Distribution Advisor(s)** of your South Dakota irrevocable self-settled
asset preservation/estate planning trust ("APT")?

Full Name: _____

Address: _____

Home Telephone: _____ Email Address: _____

Social Security No: _____ Foreign Tax ID No.: _____

Date of Birth: _____

Citizenship: _____

Who would you want as **Trust Protector(s)** of your APT?

Full Name: _____

Address: _____

Home Telephone: _____ Email Address: _____

Social Security No: _____ Foreign Tax ID No.: _____

Date of Birth: _____

Citizenship: _____

Please give an alternate Distribution Advisor and Protector of your APT
(Please give name, address and telephone number)

List the name, address and relationship of the person or persons you wish to serve as Guardian of the person of your minor children, if any:

MISCELLANEOUS INFORMATION:

Is there any other information that you feel is important to be considered in planning your estate?

Insurance Coverage:

What insurance coverage do you have?

Type	Company	Beneficiary	Face Value	Location of Policies

Retirement Plans:

What Retirement Plans are in place? (IRA, KEOGH, 401K, etc.)

Stock Broker (Please give name, address and telephone number):

Physician (Please give name, address and telephone number)::

Do you have a safe deposit box? _____ Yes _____ No

If yes, Where? _____

FINANCIAL INFORMATION

(Use additional paper, if necessary)

Cash/Savings:

Name of Bank or S & L	Address	Amount

Personal Property:

(List all personal property such as automobiles, boats, furniture, jewelry, valued collection, etc.)

Description	Value

Stocks and Bonds:

Name	Value	Tax Basis	Ownership (H/W/J)

Other intangible property?

(Promissory notes, real estate mortgage owned, patents, royalties, etc.)

Type	Amount	Owner	Details

Real Estate Holdings:

Address	Value	Name of Record Title Holder

Business Ventures:

Are you the sole owner or a shareholder in any business venture?

_____ Yes _____ No If yes, give details requested below:

Name of Venture	Address	Your Ownership Interest	Value

Are there any buy-sell agreements, stock option agreements or other agreements in effect? _____ Yes _____ No If yes, give details:

Children (in descending order):

Name	Relation	D.O.B	S.S.N	Foreign Tax ID	Address

Grandchildren (in descending order)

Name	Relation	D.O.B	S.S.N	Foreign Tax ID	Address

If any of the above children are from a previous marriage, please indicate:

Child's Name	Parent's Name	Address

Are there any other dependents (other than children)?

What are your retirement objectives?

ADMINISTRATION INFORMATION

Please list the names, addresses and telephone numbers of your professional advisors:

Accountant: _____

Insurance Agent: _____

Attorney: _____

Banker: _____

WHAT LIABILITIES NEED TO BE CONSIDERED?

List Your Short Term and Long Term Debts and Mortgages.
(Include credit cards and major purchases such as cars or boats, furniture, etc.
Include present balances owed.)

St/Lt	Creditor	Balance	Terms	Secured By

Real Estate Holding Liabilities:

Address	Mortgages (Y/N)	Amount of Mortgage(s)	Due Date	Terms

Are you a guarantor or contingently liable on any debt?

Are there, to your knowledge, any lawsuits filed or threatened to be filed against you from any source? _____ Yes _____ No. If yes, give full details:

Is there child support or alimony from a previous marriage that need to be considered?

Do you have a financial statement? If so, please provide a copy.
Please provide Federal tax returns for the last three (3) years.
In what states do you file income tax returns?

Are you currently being audited? _____ Yes _____ No. If yes, describe the audit issue:

ESTATE INFORMATION

(Use additional paper, if necessary)

What are your overall plans with regard to the disposition of your assets?

Please list your beneficiary information for specific or special gifts (indicate if any specific items or real or personal property or cash bequeathed to any particular person or group of persons):

Description of Gift	Beneficiary

What part of your estate goes to your spouse?

Who is to receive this residue or balance of your estate or your plan for its disposition?

Are there any churches or charitable organizations that you wish to consider in your estate?

Do you want a so-called Living Will? _____ Yes _____ No.

Do you have a pre-paid burial plan? _____ Yes _____ No.

If yes, with whom: _____

Where is the burial site for you and your spouse?

Do you have a Last Will and Testament or Trust in force? _____ Yes _____ No.

If yes, please attach a copy or provide information as to the location of documents:

PLEASE DRAW A DIAGRAM OF YOUR FAMILY TREE.