

****CONFIDENTIAL LEGAL PLANNING INFORMATION****
FOR USE BY OSTERHOUT & MCKINNEY, P.A.

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at _____ on _____, 2012. **Bring this completed form and the Estate Planning documents to our office at least one week prior to your appointment.** Please list all names as they would properly appear on legal documents. **Please complete this form to the best of your ability before the appointment. Without the fully completed form, we will be unable to discuss your situation with you and may need to reschedule your appointment.**

PERSONAL DATA

Please Print

Name _____

If widowed, please complete the following regarding your deceased spouse:

Address _____

Name: _____

Date of death: _____

*E-Mail Address _____

City/State of death: _____

Telephone _____

County of death: _____

Business Telephone _____

Birthdate: _____

Birthdate _____ Age _____

Social Security #: _____

Employer _____

Date of Florida residency: _____

Retirement Date _____

U.S. Citizen Yes _____ No _____

County of Residence _____

Social Security #: _____

If divorced, please complete the following regarding your former spouse:

Driver License # _____

Name: _____

State DL issued _____

Resided in FL since _____

Date of divorce: _____

Type of residence:

County/State of divorce: _____

_____ Rent home/apartment

_____ Own home/condominium

_____ Nursing Home/Care Facility

Name of Facility: _____

Admission date: _____

Were you referred to our firm? _____ If so, by whom? Name: _____

Address: _____

Can we send a thank you to the referral? Yes _____ No _____

If not referred, what made you choose our firm? _____

Purpose of visit? _____

Name of person who completed the form: _____

Have you visited our website? Yes _____ No _____

*We do not communicate with clients by E-Mail, but occasionally make announcements by E-Mail.

PERSONAL INFORMATION

It is imperative that you bring the originals of the following documents to be copied for our file as well as completing this portion of the form.

Living Trust	State_____	Date_____
Last Will and Testament	State_____	Date_____
Durable Power of Attorney	State_____	Date_____
Health Care Surrogate	State_____	Date_____
Living Will	State_____	Date_____

1. Have you filed tax returns with the IRS for the past three years?_____

2. Have you filed intangible tax returns with the State of Florida for the past three years? _____

3. Who prepares your taxes?_____
- Address:_____

4. Who is your financial adviser?_____
- Address:_____

5. Who is your home insurance agent?_____
- Address:_____

- Who is your car insurance agent?_____
- Address:_____

- Who is your health insurance agent?_____
- Address:_____

6. Who is your spiritual advisor?_____
- Address:_____

7. What is the location of your important papers?_____

8. Do you have a safe deposit box?_____ If yes, what is the box number?_____
- Where is it located?_____
- What names are on the card?_____

9. Do you pay your own bills?_____ Balance the checkbook?_____ Decide how to invest?_____

10. Have arrangements been made for the disposition of your body at death? _____ Do you want to be buried or cremated? _____ Are the arrangements paid for? _____ If yes, complete the following:

Company: _____ Contract No.: _____
 Total Amount: \$ _____

11. Do you expect to receive an inheritance? _____ If yes, please explain. _____

12. Are you a veteran? _____ If yes, did you serve during wartime*? _____ What branch of the Military? _____ Are any benefits currently being received? _____ If yes, please explain. _____

If widowed, was your spouse a veteran? _____ If yes, did they serve during wartime*? _____
 What branch of the Military _____ Are any benefits currently being received? _____
 If yes, please explain. _____

*WWII 12/1941 - 12/1946; Korean Conflict 6/1950 - 1/1955; Vietnam 8/1964-5/1975 (or 2/1961 - 5/7/1975 for vets who served "in country"/boots on ground during that time period); Persian Gulf 8/1990

13. **FUNCTIONAL LIMITATIONS AND SUPPORT** - This section may not apply to you. If you need help in your living environment, please complete the following section.

The term "activities of daily living" refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devices (such as a walker or wheelchair) or both.

Why do we want this information? Measurement of activities of daily living is critical because the more assistance people need with their daily activities, the more likely they are to be admitted to a nursing home or assisted living facility; use paid home care; and use hospitals and doctors.

Place an X in the box that most applies for each activity.

Activities for Daily Living			
Activity	Need No Help	Need Some Help	Unable to Do at All
Bathing			
Dressing			
Transferring from bed to chair			
Walking			
Feeding Self			

Activity	Need No Help	Need Some Help	Unable to Do at All
Using the toilet			
Grooming			

Instrumental Activities for Daily Living			
Activity	Need No Help	Need Some Help	Unable to Do at All
Using the telephone			
Getting out by car or public transport			
Grocery Shopping			
Preparing meals			
Doing housework or handyman work			
Doing laundry			
Taking medications			
Managing money			

List the names of all persons who provide assistance or caregiving for you: _____

Do you have medical conditions that we should be aware of? _____ If yes, please explain:

What medications do you take and what are they for? _____

14. Who is your primary physician? _____

Address: _____

15. Do you have any other legal issues which we should be aware of? _____ If yes, please explain.

16. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? _____ If yes, please explain. _____

17. Does anyone to whom you are leaving part of your estate receive disability payments (SSDI) \$_____, Medicare \$_____, Medicaid \$_____, SSI \$_____, or other benefit (indicate which benefit and amount)? _____

18. **CHILDREN:** Please list names as they would properly appear on legal documents. Also list children who predeceased you, if any, and their children.

1. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

2. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

3. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

4. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

5. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

6. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

19.

BENEFICIARY DATA

PLEASE LIST THE NAMES AND ADDRESSES OF BENEFICIARIES OTHER THAN CHILDREN.

1. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

2. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

3. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

4. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

Do you have a pet? ____ Have you made arrangements for your pet at your death? ____

IF YOU ARE LEAVING FUNDS TO A CHARITY, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE CHARITY. PLEASE CALL THE CHARITY'S OFFICE AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) LETTER, AND BRING THAT TO YOUR APPOINTMENT.

1. Charity Name: _____
Address: _____

Telephone: _____

2. Charity Name: _____
Address: _____

Telephone: _____

3. Charity Name: _____
Address: _____

Telephone: _____

4. Charity Name: _____
Address: _____

Telephone: _____

20.

HEALTH INSURANCE

Medicare/Private Insurance/Medicare HMO

Company: _____

Address: _____

Telephone: _____

Part D: YES NO

Medicare Supplement

Company: _____

Address: _____

Telephone: _____

Monthly premium: _____

Deduction from pension? _____

Auto payment from bank account? _____

Prescription Coverage: YES NO

Long -Term Care Insurance

Company: _____

Address: _____

Telephone: _____

Daily benefit: _____

Elimination period: _____

Is it an indemnity policy? _____

Other; Cancer, Accidental

Type: _____

Company: _____

Address: _____

Type: _____

Company: _____

Address: _____

21. If you were unable to make medical decisions for yourself, whom would you want to do so for you (i.e. name as your health care surrogate)? (List in order of priority. Florida law does not allow for joint medical decision makers).

1. Name: _____ Relationship: _____
Address: _____ Telephone: _____

2. Name: _____ Relationship: _____
Address: _____ Telephone: _____

3. Name: _____ Relationship: _____
Address: _____ Telephone: _____

If you were seriously ill or in a comatose state, would you want to have your life prolonged artificially? YES NO

If you were seriously ill or in a comatose state, would you want to have a feeding tube put in? YES NO

If you were seriously ill, would you want to be resuscitated (given CPR)? YES NO

If you were having a heart attack, would you want to be resuscitated (given CPR)? YES NO

22. Do you wish to be an organ donor? YES NO

23. If you were unable to carry out your financial business, who would you want to manage your assets (i.e. name as your Power of Attorney)? (List in order of priority)

1. Name: _____ Relationship: _____
Address: _____ Telephone: _____

2. Name: _____ Relationship: _____
Address: _____ Telephone: _____

3. Name: _____ Relationship: _____
Address: _____ Telephone: _____

FINANCIAL

THE FINANCIAL SECTION MUST BE COMPLETED OR WE WILL NOT BE ABLE TO CONDUCT THE INTERVIEW. PLEASE BRING ALL REQUESTED DOCUMENTATION TO THE APPOINTMENT.

24. Have you made gifts or transfers, totaling \$500.00 in any month, within the last 60 months? _____
Have you added a person's name to a deed within the last 36 months? _____ If yes, please complete the following **and bring documentation of gifting** (use a separate page if necessary):

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

25. Have you given a gift greater than \$10,000 to any individual during your lifetime? _____
If yes, did you file a gift tax return? _____ If yes, please complete the following (use a separate page if necessary).

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

26. **LIFE INSURANCE** Please do not list annuity policies here, list annuity policies under section 29 or 30. Please contact the insurance carrier and request the following information in writing and bring it to the appointment.

1. Company Name: _____
Address: _____

Owner: _____
Beneficiary: _____
Contingent Beneficiary: _____

Policy #: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____
Loan taken, if any: \$ _____

2. Company Name: _____
Address: _____

Owner: _____
Beneficiary: _____
Contingent Beneficiary: _____

Policy #: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____
Loan taken, if any: \$ _____

3. Company Name: _____
Address: _____

Owner: _____
Beneficiary: _____
Contingent Beneficiary: _____

Policy #: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____
Loan taken, if any: \$ _____

4. Company Name: _____
Address: _____

Owner: _____
Beneficiary: _____
Contingent Beneficiary: _____

Policy #: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____
Loan taken, if any: \$ _____

TOTAL FACE VALUES: \$ _____

TOTAL CASH SURRENDER VALUES: \$ _____

27. **PERSONAL PROPERTY:** *Please provide the title(s)*
(Automobiles, Manufactured Homes, R.V.s, Boats, Art, Antiques, Jewelry)

Description of Property	Value	How Titled?

TOTAL VALUE PERSONAL PROPERTY: \$ _____

28. **REAL ESTATE:** *Please provide deed(s) and most recent tax bill for all real property*

RESIDENCE: (Property Description) *Please bring your Deed and most recent tax bill with you.*

Is it a Manufactured Home? _____ If yes, do you own the ground _____, own a share in the park _____, is the park a cooperative _____, have you retired the title _____?

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Property Description) *Please bring your Deed and most recent tax bill with you.*

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Property Description)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Property Description)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

TOTAL VALUE REAL ESTATE: \$ _____

LESS OUTSTANDING MORTGAGES: \$ _____

EQUITY IN REAL ESTATE: \$ _____

29. **INTANGIBLE ASSETS:** (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). THIS MUST BE COMPLETED IN FULL. ONLY LIST THE LAST FOUR DIGITS OF ACCOUNT NUMBERS. PLEASE BRING PROVIDE DOCUMENTATION OF EACH ASSET. IF THE ASSET IS AN IRA, KEOGH OR 401K PLAN, PLEASE LIST IN SECTION #30.

EXAMPLE:

Type of Asset: Checking Account

Name & Address of Co.: Bank of America, 123 Any Street, Fort Myers, FL 33901

How is it titled?: John Doe

Value: \$10,000 Last 4 digits of Account #: xxxx1234

Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____

Name & Address of Co.: _____

How is it titled?: _____

Value: \$ _____ Last 4 digits of Account #: _____

Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

TOTAL INTANGIBLE ASSETS (#29) : \$ _____

30. RETIREMENT FUNDS (IRAs, KEOGHs OR 401K PLANS):

Type of Asset: _____
 Name & Address of Co.: _____
 How is it titled: _____
 Value: \$ _____ Last 4 digits of Account #: _____
 Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
 Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

Type of Asset: _____
 Name & Address of Co.: _____
 How is it titled: _____
 Value: \$ _____ Last 4 digits of Account #: _____
 Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
 Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

Type of Asset: _____
 Name & Address of Co.: _____
 How is it titled: _____
 Value: \$ _____ Last 4 digits of Account #: _____
 Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
 Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

Type of Asset: _____
 Name & Address of Co.: _____
 How is it titled: _____
 Value: \$ _____ Last 4 digits of Account #: _____
 Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
 Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

TOTAL IRA, KEOGH OR 401K ASSETS (#30) : \$ _____

Our firm does not give legal advice regarding retirement fund distribution. You will have to consult with a tax attorney or certified public accountant.

31.	Total face value of life insurance (#26)	\$ _____
	Total value of personal property (#27)	\$ _____
	Total equity value of real estate (#28)	\$ _____
	Total value of intangible assets (#29)	\$ _____
	Total value of retirement accounts (#30)	\$ _____
	TOTAL OF ALL ASSETS:	\$ _____

32. **MONTHLY INCOME.** LIST INCOME FROM ALL SOURCES, EVEN IF REINVESTED.

Social Security: Gross: \$ _____ Medicare Deduction:\$ _____
 Net: \$ _____ Direct deposit to: _____

Disability: From: _____
 Gross: \$ _____ Deductions:\$ _____
 Net: \$ _____ Direct deposit to: _____

Pension: From: _____ From: _____
 Gross: \$ _____ Gross: \$ _____
 Deductions:\$ _____ Deductions:\$ _____
 Net: \$ _____ Net: \$ _____
 Direct deposit to: _____ Direct deposit to: _____

Veterans Admin: Gross: \$ _____ Deductions:\$ _____
 Net: \$ _____ Direct deposit to: _____

Employment: From: _____
 Gross: \$ _____ Deductions:\$ _____
 Net: \$ _____ Direct deposit to: _____

IRA: From: _____ From: _____
 Distribution:\$ _____ Distribution:\$ _____
 Direct deposit to: _____ Direct deposit to: _____

Annuity (in pay mode): From: _____ From: _____
 Gross: \$ _____ Gross: \$ _____
 Deductions:\$ _____ Deductions:\$ _____
 Net: \$ _____ Net: \$ _____
 Direct deposit to: _____ Direct deposit to : _____

Interest: Bank Accounts \$ _____ CDs \$ _____ Paid out or reinvested? _____

Dividends (Stocks, Bonds): \$ _____ Paid out or reinvested? _____

Other (Rents, Mortgages, etc.): \$ _____

TOTAL GROSS MONTHLY INCOME: \$ _____

33. **MONTHLY ESTIMATED BUDGET**

Rent/Mortgage:	\$ _____	Electricity:	\$ _____
Water/Sewer:	\$ _____	Trash Pickup:	\$ _____
Telephone:	\$ _____	Cable TV:	\$ _____
Food:	\$ _____	Vehicle Expense:	\$ _____
Other Insurance:	\$ _____	Bus, Taxi, etc:	\$ _____
Doctor bills:	\$ _____	Laundry:	\$ _____
Prescriptions:	\$ _____	Clothes:	\$ _____
Furniture:	\$ _____	Credit Cards:	\$ _____
Loans:	\$ _____	Cigarettes:	\$ _____
Personal Items:	\$ _____	Real Estate Taxes:	\$ _____
Homeowner's Ins.	\$ _____	Condo Maintenance:	\$ _____
Other:	\$ _____		

TOTAL MONTHLY BUDGET: \$ _____

34. **LIABILITIES**

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Bills:	\$ _____	Other:	\$ _____

TOTAL LIABILITIES: \$ _____

35. Do you have a pet? _____ Have you made arrangements for your pet at your death? _____

36. Do you want anyone to receive your tangible personal property (furniture, jewelry, clothing, automobile, etc.)? YES NO

If yes, list the items and who should receive them: _____

37. If you want to make any specific gifts of money, please list the amount and recipient:

I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____

38. Whom shall receive the balance of your estate? (Give percentages if more than one) _____

39. Whom do you want to serve as your personal representative (executor)? (List in order of preference)

1. Name: _____ Relationship: _____
Address: _____ Telephone: _____

2. Name: _____ Relationship: _____
Address: _____ Telephone: _____

40. If you were ill and unable to manage your own affairs, could the attorneys at Osterhout & McKinney, P.A. discuss your financial situation and estate plan with any other individuals (i.e. family members, accountant, physician)? YES NO

If yes, write the names of all persons to whom the attorneys at Osterhout & McKinney, P.A. are authorized to disclose any information you have given. _____

41. If you were so ill that you could no longer reside at home and your family members had to find an alternate living arrangement, would you want your designated agent to transfer your resources to your family members so that you could qualify for Medicaid, a government program to pay for ill individuals? _____

Have you considered Long-Term Care Insurance to cover the cost if you could no longer live independently? _____

42. Do you have an emergency plan in case of ____ illness ____ natural disaster?

Although e-mail is not the primary method of communication by the attorneys and staff of Osterhout & McKinney, P.A., it is occasionally appropriate and serves to expedite communications. If you **DO NOT** want our attorneys and staff to communicate via e-mail with you, or anyone else on your behalf, you must so indicate by checking the box below.

I **DO NOT** authorize communication via e-mail regarding me or any information contained in my case file.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date: _____