

PHILLIP A. BAUMANN, P.A.
ESTATE PLANNING GUIDE FOR AN INDIVIDUAL

DATE: _____

1. Full Name: _____ Date of Birth: _____

Social Security No.: _____ Place of Birth: _____

Other Names Known By: _____

2. Home Address: _____

Home Telephone No.: _____ Office Telephone No.: _____

Florida Resident Since _____ Occupation (former if retired): _____

3. Have you previously been married? Yes No

4. Names of Children, whether natural or adopted:

A. Child: _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

B. Child: _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

C. Child: _____ Date of Birth: _____

Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

5. Do you have any other relatives dependent upon you for support? Yes No
(If Yes, give names and relationships)

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

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

NAME

GIFT

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

Previous spouse

Children equally

Other (specify): _____

7. Do you presently have a valid will: Yes No (If Yes, attach copy)

8. Do you presently have any valid inter vivos trusts? Yes No

9. Have you ever received a substantial amount of inheritance? Yes No

If Yes, when? _____ Approximate amount? \$ _____

Do you anticipate receiving an inheritance? Yes No

If Yes, give approximate amount \$ _____

10. Have you given away more than \$3,000 in money or property to any person in any single year after 1976?

Yes No (If Yes, list amounts by years and individuals.)

YEAR								
PERSON								
AMOUNT	\$	\$	\$	\$	\$	\$	\$	\$

11. Are you receiving or will you receive an annuity? Yes No

If Yes, to whom will the payments be made? _____

Will the amounts continue after your death? Yes No If Yes, for how long? _____

What will the amount of each payment be? \$ _____

12. Do you work for a business which has some type of plan under which your estate or the person you specify will receive benefits on your death?

Yes No Not Sure (If Yes, list amount payable at death \$ _____)

13. Who will serve as your Personal Representative?

Alternate if above person(s) unable to serve: _____

14. Your choice to act as Guardian of your minor children (if applicable):
Name: _____
Address: _____
Alternate(s): _____
Address: _____
15. Do you have a safe deposit box? Yes No
If Yes, where located?: _____
Name(s) box is listed under what name: _____
16. Do you own any property in a foreign country? Yes No
If Yes, give country and approximate value: _____

17. Who referred you to Phillip A. Baumann, P.A.? _____
18. Do you currently have any pets? Yes No If so, how would you like to provide for them in your estate plan? _____

LIST OF ASSETS

(Attach additional sheets if necessary)

1. Real Estate

REAL ESTATE	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
Home - homestead (Approximate mortgage balance \$_____)	\$	\$
Estimated value of furnishings	\$	\$
Other real estate (give location or briefly describe)		
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$

2. Stocks, Bonds, Mutual Funds

STOCKS, BONDS, MUTUAL FUNDS	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
PUBLICLY TRADED STOCK Name of corporation, type of shares, exchange on which traded		
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
CLOSELY-HELD STOCK Name of corporation, number and type of shares, total number of shares & shareholders		
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
BONDS AND MUTUAL FUNDS Issuer, face value, interest rate & maturity date; name of fund, fund group & number of units		
	INDIVIDUALLY	JOINTLY

STOCKS, BONDS, MUTUAL FUNDS	APPROXIMATE VALUES	
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$

3. Bank Accounts, Certificates of Deposit, Money Market Funds, etc.

BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, etc	APPROXIMATE VALUES	
Please give the name of bank or institution, type of account and approximate balance or value	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
f.	\$	\$

4. Mortgages, Notes or Debts Owed to You by Someone Else

MORTGAGES, NOTES OR DEBTS OWED TO YOU BY SOMEONE ELSE	APPROXIMATE VALUES	
Please list the debtor's name, date acquired, and approximate balance remaining	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$

5. Other Business Interests (non-corporate)

OTHER BUSINESS INTERESTS)	APPROXIMATE VALUES	
NON-CORPORATE	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$

6. Annuities

ANNUITIES	APPROXIMATE VALUES	
Attorney will fill in approximate values	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$

7. Miscellaneous Property

MISCELLANEOUS PROPERTY	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
Motor vehicles (including boats, etc - list total value)	\$	\$
Jewelry	\$	\$
Art and other valuable items (describe):	\$	\$

8. Other debts Owed by You

OTHER DEBTS OWED BY YOU	APPROXIMATE VALUES	
List any mortgages or other substantial debts owed by you that are not shown above	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$

9. Life Insurance

INSURANCE COMPANY	PERSON INSURED	POLICY OWNER	BENEFICIARY	FACE VALUE	CASH VALUE	LOANS AGAINST POLICY
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

ADDITIONAL SHEET FOR LIST OF ASSETS

DESCRIPTION OF ASSET	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
f.	\$	\$
g.	\$	\$
h.	\$	\$
i.	\$	\$
j.	\$	\$
k.	\$	\$

DESCRIPTION OF LIABILITY	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
f.	\$	\$
g.	\$	\$
h.	\$	\$
i.	\$	\$
j.	\$	\$
k.	\$	\$

IMPORTANT - PLEASE READ AND SIGN:

The undersigned hire Phillip A. Baumann, P.A., for legal services, including estate planning advice. If there are two or more of us, we each have signed this form. Unless I have expressly agreed otherwise with the attorney prior to our initial meeting, I understand I will be billed for all consultations at the prevailing hourly rate of the attorney.

- Yes No I agree to have my photograph taken by Phillip A. Baumann, P.A. so that my file may reflect a visual identification reference. I understand that the photograph will be kept confidential.

CLIENT: _____

DATED: _____