

PHILLIP A. BAUMANN, P. A.
ESTATE PLANNING GUIDE FOR UNMARRIED COUPLES

DATE: _____

Partner 1

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. Relationships or marriages predating this partnership: PARTNER 1: Yes No

4. List any children of prior relationships (Partner 1's)

A. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

B. Child: _____ Date of Birth: _____ Partner 1's Partner 2's

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

Address: _____

Grandchildren: _____

C. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

D. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

E. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

F. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

Partner 2

5. Full Name: _____ Date of Birth: _____

Social Security No.: _____ Place of Birth: _____

Other Names Known By: _____

6. Home Address: _____

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

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

7. Relationships or marriages predating this partnership: PARTNER 2: Yes No

8. List any children of prior relationships (Partner 2's)

A. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

B. Child: _____ Date of Birth: _____ Partner 1's Partner 2's

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

Address: _____

Grandchildren: _____

C. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

D. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

E. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

Grandchildren: _____

F. Child: _____ Date of Birth: _____ Partner 1 Partner 2

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

Address: _____

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 any of your estate (indicate what percent):

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):

Partner

Children equally

Other (specify): _____

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

12. Do you currently have any valid living trusts? Yes No

13. 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 \$ _____

14. 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	\$	\$	\$	\$	\$	\$	\$	\$

15. Is Partner 1 receiving or will he receive an annuity? Yes No
 If Yes, to whom will the payments be made? _____
 Will the amounts continue after his death? Yes No If yes, for how long? _____
 What will the amount of each payment be? \$ _____

16. Is Partner 2 receiving or will she receive an annuity? Yes No
 If Yes, to whom will the payments be made? _____
 Will the amounts continue after her death? Yes No If yes, for how long? _____
 What will the amount of each payment be? \$ _____

17. Do you work for a business that 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 \$ _____)

18. Will each partner serve as Personal Representative for the other?
 Yes No Someone else? _____
 Alternate if above person(s) unable to serve: _____

19. Your choice to act as Guardian of your minor children (if applicable):

Name: _____

Address: _____

Alternate(s): _____

Address: _____

20. Your choice to act as Partner 1's attorney-in-fact under a power of attorney:

Name: _____

Address: _____

21. Your choice to act as Partner 2's attorney-in-fact under a power of attorney:

Name: _____

Address: _____

22. Your choice to act as Partner 1's health care surrogate designate to make medical decisions:

Name: _____

Address: _____

Alternate(s): _____

23. Your choice to act as Partner 2's health care surrogate designate to make medical decisions:

Name: _____

Address: _____

Alternate(s): _____

24. Do you have a safe deposit box? Yes No

If Yes, where located?: _____

Name(s) box is listed under what name: _____

25. Do you own any property in a foreign country? Yes No

If Yes, give country and approximate value: _____

26. Who referred you to Phillip A. Baumann, P.A.? _____

27. Do you 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		
	PARTNER 1	PARTNER 2	JOINT
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		
PUBLICLY TRADED STOCK Name of corporation, type of shares, exchange on which traded	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
CLOSELY-HELD STOCK Name of corporation, number and type of shares, total number of shares & shareholders	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

BONDS AND MUTUAL FUNDS Issuer, face value, interest rate & maturity date; name of fund, fund group & number of units	PARTNER 1	PARTNER 2	JOINT
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	PARTNER 1	PARTNER 2	JOINT
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	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$

5. Other Business Interests (non-corporate)

OTHER BUSINESS INTERESTS)	APPROXIMATE VALUES		
NON-CORPORATE	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

6. Annuities

ANNUITIES	APPROXIMATE VALUES		
Attorney will fill in approximate values	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

7. Miscellaneous Property

MISCELLANEOUS PROPERTY	APPROXIMATE VALUES		
	PARTNER 1	PARTNER 2	JOINT
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	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$
g.	\$	\$	\$

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		
	PARTNER 1	PARTNER 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$
g.	\$	\$	\$
h.	\$	\$	\$
i.	\$	\$	\$
j.	\$	\$	\$
k.	\$	\$	\$

DESCRIPTION OF LIABILITY	APPROXIMATE VALUES		
	PARTNER 1	PARTNER 2	JOINT
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. We authorize the attorney to represent us and we waive any conflict of interest that may arise between us. We agree that there shall be no confidentiality between us regarding this representation. If in the course of the representation, one of us discloses information that the attorney reasonably should know must be disclosed to the other party to provide competent representation to that other party, the attorney shall, at the first reasonable opportunity, make that disclosure. We recognize that if the attorney is prohibited from making the disclosure, the attorney will withdraw entirely from the representation of both of us in this matter and shall not be required to make the disclosure or state any reason for the withdrawal. Unless we have expressly agreed otherwise with the attorney prior to our initial meeting, we understand we will be billed for all consultations at the prevailing hourly rate of the attorney.

Yes No We agree to have our photograph taken by Phillip Baumann so that our file may reflect a visual identification reference. We understand that the photograph will be kept confidential.

CLIENT: _____

CLIENT: _____

DATED: _____

DATED: _____

PHILLIP A. BAUMANN, P. A.

**ESTATE PLANNING GUIDE
FOR UNMARRIED COUPLES**

PLEASE COMPLETE AND RETURN TO:

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