

PHILLIP A. BAUMANN, P. A.
ESTATE PLANNING GUIDE FOR MARRIED PERSONS

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): _____
Email Address: _____

3. Name of Spouse: _____ Date of Birth: _____
Social Security No.: _____ Place of Birth: _____
Florida Resident Since _____ Occupation (former if retired): _____

4. Date of marriage: _____ Where Living When Married: _____

5. Prior Marriages: YOURSELF: Yes No SPOUSE: Yes No

6. Names of Children of Present Marriage, 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: _____

List any children of prior marriages (indicate husband's or wife's)

D. Child: _____ Date of Birth: _____ Husband's Wife's
Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

E. Child: _____ Date of Birth: _____ Husband's Wife's
Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

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

8. 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):

Spouse; if spouse predeceased, to children equally

Children equally

Other (specify): _____

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

10. Do you currently have any valid inter vivos trusts? Yes No

11. 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 \$_____

12. 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	\$	\$	\$	\$	\$	\$	\$	\$

13. Is husband 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? \$_____
14. Is wife 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? \$_____
15. 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 \$_____)
16. Will each spouse serve as Personal Representative for the other?
 Yes No Someone else? _____
 Alternate if above person(s) unable to serve: _____
17. Your choice to act as Guardian of your minor children (if applicable):
 Name: _____
 Address: _____
 Alternate(s): _____
 Address: _____
18. Your choice to act as husband's attorney-in-fact under a power of attorney:
 Name: _____
 Address: _____

19. Your choice to act as wife's attorney-in-fact under a power of attorney:
Name: _____

Address: _____

20. Your choice to act as husband's health care surrogate designate to make medical decisions:
Name: _____

Address: _____

Alternate(s): _____

21. Your choice to act as wife's health care surrogate designate to make medical decisions:
Name: _____

Address: _____

Alternate(s): _____

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

If Yes, where located?: _____

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

23. Please check any of the following states in which you have lived or acquired property while married:
 Arizona Idaho Nevada Texas Wisconsin
 California Louisiana New Mexico Washington None

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

If Yes, give country and approximate value: _____

25. 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		
	HUSBAND	WIFE	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	HUSBAND	WIFE	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
CLOSELY-HELD STOCK Name of corporation, number and type of shares, total number of shares & shareholders	HUSBAND	WIFE	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$

STOCKS, BONDS, MUTUAL FUNDS	APPROXIMATE VALUES		
d.	\$	\$	\$
BONDS AND MUTUAL FUNDS Issuer, face value, interest rate & maturity date; name of fund, fund group & number of units	HUSBAND	WIFE	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	HUSBAND	WIFE	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	HUSBAND	WIFE	JOINT
a.	\$	\$	\$

b.	\$	\$	\$
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5. Other Business Interests (non-corporate)

OTHER BUSINESS INTERESTS)	APPROXIMATE VALUES		
NON-CORPORATE	HUSBAND	WIFE	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

6. Annuities

ANNUITIES	APPROXIMATE VALUES		
Attorney will fill in approximate values	HUSBAND	WIFE	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

7. Miscellaneous Property

MISCELLANEOUS PROPERTY	APPROXIMATE VALUES		
	HUSBAND	WIFE	JOINT
Motor vehicles (including boats, etc – list total value)	\$	\$	\$
Jewelry	\$	\$	\$
Art and other valuable items (describe):	\$	\$	\$

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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	HUSBAND	WIFE	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		
	HUSBAND	WIFE	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$
g.	\$	\$	\$
h.	\$	\$	\$
i.	\$	\$	\$
j.	\$	\$	\$
k.	\$	\$	\$

DESCRIPTION OF LIABILITY	APPROXIMATE VALUES		
	HUSBAND	WIFE	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 attorneys 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.

CLIENT: _____

CLIENT: _____

DATED: _____

DATED: _____