

**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): \_\_\_\_\_

Email Address: \_\_\_\_\_

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): \_\_\_\_\_

Email Address: \_\_\_\_\_

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)

<b>YEAR</b>								
<b>PERSON</b>								
<b>AMOUNT</b>	\$	\$	\$	\$	\$	\$	\$	\$

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		
	PARTNER 1	PARTNER 2	JOINT
<b>PUBLICLY TRADED STOCK</b> Name of corporation, type of shares, exchange on which traded			
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

<b>STOCKS, BONDS, MUTUAL FUNDS</b>	<b>APPROXIMATE VALUES</b>		
<b>CLOSELY-HELD STOCK</b> Name of corporation, number and type of shares, total number of shares & shareholders	<b>PARTNER 1</b>	<b>PARTNER 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

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

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

<b>BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, etc</b>	<b>APPROXIMATE VALUES</b>		
<b>Please give the name of bank or institution, type of account and approximate balance or value</b>	<b>PARTNER 1</b>	<b>PARTNER 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$

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

<b>MORTGAGES, NOTES OR DEBTS OWED TO YOU BY SOMEONE ELSE</b>	<b>APPROXIMATE VALUES</b>		
<b>Please list the debtor's name, date acquired, and approximate balance remaining</b>	<b>PARTNER 1</b>	<b>PARTNER 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$

5. Other Business Interests (non-corporate)

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

6. Annuities

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

7. Miscellaneous Property

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

9. Life Insurance

INSURANCE COMPANY	PERSON INSURED	POLICY OWNER	BENEFI-CIARY	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: \_\_\_\_\_