

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

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

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)

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

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

NAME

GIFT

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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
<b>PUBLICLY TRADED STOCK</b> Name of corporation, type of shares, exchange on which traded		
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
<b>CLOSELY-HELD STOCK</b> Name of corporation, number and type of shares, total number of shares & shareholders		
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
<b>BONDS AND MUTUAL FUNDS</b>		
	<b>INDIVIDUALLY</b>	<b>JOINTLY</b>

<b>STOCKS, BONDS, MUTUAL FUNDS</b>	<b>APPROXIMATE VALUES</b>	
<b>Issuer, face value, interest rate &amp; maturity date; name of fund, fund group &amp; number of units</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>INDIVIDUALLY</b>	<b>JOINTLY</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>INDIVIDUALLY</b>	<b>JOINTLY</b>
a.	\$	\$
b.	\$	\$
c.	\$	\$

5. Other Business Interests (non-corporate)

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

6. Annuities

ANNUITIES	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
Attorney will fill in approximate values		
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: \_\_\_\_\_