

BAUMANNKANGAS ESTATE LAW
ESTATE PLANNING GUIDE FOR UNMARRIED COUPLES

DATE: _____

It is imperative for you to complete this Estate Planning Guide in its entirety. **Please take the time to complete ALL applicable sections.** Once completed, send this Estate Planning Guide to our office at least 24 hours before the scheduled appointment in order for our firm to efficiently address all of your needs and desires. Should you need assistance in completing this form, please call and we will be happy to assist you.

1. Full Name (Partner 1): _____ Date of Birth: _____

Social Security No.: _____ Place of Birth: _____

Other Names Known By: _____

2. Home Address: _____

Home Telephone No.: _____ Mobile Telephone No.: _____

Email Address: _____ Florida Resident Since: _____

3. Full Name (Partner 2): _____ Date of Birth: _____

Social Security No.: _____ Place of Birth: _____

Email Address: _____ Florida Resident Since: _____

5. Prior Marriages: PARTNER 1: Yes No PARTNER 2: Yes No

6. Names of Children of Present Relationship, whether natural or adopted:

A. Child: _____ Date of Birth: _____

Phone No.: _____ Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

B. Child: _____ Date of Birth: _____

Phone No.: _____ Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

C. Child: _____ Date of Birth: _____

Phone No.: _____ Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

Names of children of Prior Relationships (indicate Partner 1's or Partner 2's)

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

Phone No.: _____ Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

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

Phone No.: _____ Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

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

Phone No.: _____ Name of Child's Spouse (if any): _____

Address: _____

Grandchildren: _____

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

Phone No.: _____ 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 of Siblings, whether natural or adopted:

A. Sibling: _____ Date of Birth: _____ Partner 1's Partner 2's
 Brother Sister

Address: _____

B. Sibling: _____ Date of Birth: _____ Partner 1's Partner 2's
 Brother Sister

Address: _____

C. Sibling: _____ Date of Birth: _____ Partner 1's Partner 2's
 Brother Sister

Address: _____

D. Sibling: _____ Date of Birth: _____ Partner 1's Partner 2's
 Brother Sister

Address: _____

E. Sibling: _____ Date of Birth: _____ Partner 1's Partner 2's
 Brother Sister

Address: _____

F. Sibling: _____ Date of Birth: _____ Partner 1's Partner 2's
 Brother Sister

Address: _____

9. 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):

Partner

Children equally

Other (specify): _____

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

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

12. 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 \$_____

13. 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 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |

14. Is Partner 1 receiving or will he/she 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? \$_____
15. Is Partner 2 receiving or will he/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? \$_____
16. 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 \$_____)
17. Will each Partner serve as Personal Representative for the other?
 Yes No Someone else? _____
 Alternate if above person(s) unable to serve: _____
18. Your choice to act as Guardian of your minor children (if applicable):
 Name: _____
 Address: _____
 Phone No.: _____
 Alternate(s): _____
 Address: _____
 Phone No.: _____

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

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

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

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

21. Partner 1's choice of designation to act as health care surrogate to make medical decisions:

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

22. Partner 2's choice of designation to act as health care surrogate to make medical decisions:

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

23. Are either of you an organ donor or wish to become an organ donor? Yes No

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. Do you have any pets? Yes No

If so, how would you like to provide for them in your estate plan?

27. Who referred you to BaumannKangas Estate Law? _____

28. Is there anything else you believe our firm should know to help us plan your estate?

LIST OF ASSETS

(Attach additional sheets if necessary)

PLEASE COMPLETE ALL APPLICABLE SECTIONS

1. Real Estate

| REAL ESTATE | APPROXIMATE VALUES | | |
|---|--------------------|----------|-------|
| | SPOUSE 1 | SPOUSE 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 | SPOUSE 1 | SPOUSE 2 | JOINT |
| a. | \$ | \$ | \$ |
| b. | \$ | \$ | \$ |
| c. | \$ | \$ | \$ |
| d. | \$ | \$ | \$ |
| CLOSELY-HELD STOCK Name of corporation, number and type of shares, total number of shares & shareholders | SPOUSE 1 | SPOUSE 2 | JOINT |
| a. | \$ | \$ | \$ |
| b. | \$ | \$ | \$ |
| c. | \$ | \$ | \$ |

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

5. Other Business Interests (non-corporate)

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

6. Annuities

| ANNUITIES | APPROXIMATE VALUES | | |
|------------------|---------------------------|-----------------|--------------|
| | SPOUSE 1 | SPOUSE 2 | JOINT |
| a. | \$ | \$ | \$ |
| b. | \$ | \$ | \$ |
| c. | \$ | \$ | \$ |
| d. | \$ | \$ | \$ |

7. Motor Vehicles (incl. boats, etc.)

| CARS, BOATS, MOTORCYCLES, ETC. | APPROXIMATE VALUES | | |
|--------------------------------|--------------------|----------|-------|
| Please list each separately | SPOUSE 1 | SPOUSE 2 | JOINT |
| a. | \$ | \$ | \$ |
| b. | \$ | \$ | \$ |
| c. | \$ | \$ | \$ |
| d. | \$ | \$ | \$ |

8. Miscellaneous Property

| MISCELLANEOUS PROPERTY | APPROXIMATE VALUES | | |
|---|--------------------|----------|-------|
| | SPOUSE 1 | SPOUSE 2 | JOINT |
| Jewelry | \$ | \$ | \$ |
| Art and other valuable items (describe) | \$ | \$ | \$ |

9. 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 | SPOUSE 1 | SPOUSE 2 | JOINT |
| a. | \$ | \$ | \$ |
| b. | \$ | \$ | \$ |
| c. | \$ | \$ | \$ |
| d. | \$ | \$ | \$ |
| e. | \$ | \$ | \$ |
| f. | \$ | \$ | \$ |
| g. | \$ | \$ | \$ |

10. 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 ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT UNTIL WE RECEIVE CONFIRMATION FROM BAUMANNKANGAS ESTATE LAW INDICATING THAT THE FIRM CAN AND WILL REPRESENT US IN THE MATTER WE DISCUSS AT THE CLIENT CONSULTATION, BAUMANNKANGAS ESTATE LAW AND ITS ATTORNEYS ARE NOT OUR ATTORNEYS AND DO NOT REPRESENT US ON THIS OR ANY OTHER MATTER.

WE UNDERSTAND THAT IF WE HIRE BAUMANNKANGAS ESTATE LAW FOR LEGAL SERVICES, INCLUDING ESTATE PLANNING ADVICE, 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 Signature 1: _____ Date: _____

Client Signature 2: _____ Date: _____