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Estate Planning Initial Information Sheet

How did you hear about our office? _____

Client Information

Full Name (exactly as to be shown on documents)

_____ MI _____
First Name Last Name

Prefer to be called: _____

Known by any other names? _____

Date of Birth: _____

Address: _____
Number Street City State

_____ **EMAIL ADDRESS:** _____
Zip Code

Home Phone (____) _____ Other/Cell (____) _____

Where do you work? _____

Can we contact you there? _____ Work Phone (____) _____

Spouses Information

Full Name (exactly as to be shown on documents)

_____ MI _____
First Name Last Name

Prefer to be called: _____

Known by any other names? _____

Date of Birth: _____

Address _____
Number Street City State

_____ **EMAIL ADDRESS:** _____
Zip Code

Home Phone (_____) _____ Other/Cell (_____) _____

Where do you work? _____

Can we contact you there? _____ Work Phone (_____) _____

Name of Financial Plnr: _____ Telephone: _____
Name of Broker: _____ Telephone: _____
Name of Accountant: _____ Telephone: _____
Name of Insurance Agent: _____ Telephone: _____

Bank Relationships:

Do you have?	<u>Client</u>	<u>Spouse</u>
Last Will and Testament	Yes No	Yes No
Revocable Trust	Yes No	Yes No
Durable Power of Attorney	Yes No	Yes No
Health Care Power of Attorney	Yes No	Yes No
Living Will	Yes No	Yes No
Irrevocable Trust	Yes No	Yes No
Premarital Agreement	Yes No	Yes No

Children (*Jt=Joint children, C=Client's children, or S=Spouse's children;

PLEASE NOTE: Print names just as you want them to appear in documents.

Is there a physical possibility of more children? Yes / No

IMPORTANT INFORMATION

Are any children adopted? Yes / No

1. Child's Full Name: _____ Jt/C/S*
Date of Birth: _____ Telephone: () _____
Address: _____
Child's Spouse's Name: _____
Child's Other Parent's Name (if other than current spouse): _____
Grandchildren:
Name: _____ Born: _____
Name: _____ Born: _____
Name: _____ Born: _____

2. Child's Full Name: _____ Jt/C/S*
Date of Birth: _____ Telephone: () _____
Address: _____
Child's Spouse's Name: _____
Child's Other Parent's Name (if other than current spouse): _____
Grandchildren:
Name: _____ Born: _____
Name: _____ Born: _____
Name: _____ Born: _____

3. Child's Full Name: _____ Jt/C/S*
Date of Birth: _____ Telephone: () _____
Address: _____
Child's Spouse's Name: _____
Child's Other Parent's Name (if other than current spouse): _____
Grandchildren:
Name: _____ Born: _____
Name: _____ Born: _____
Name: _____ Born: _____

4. Child's Full Name: _____ Jt/C/S*
Date of Birth: _____ Telephone: () _____
Address: _____
Child's Spouse's Name: _____
Child's Other Parent's Name (if other than current spouse): _____
Grandchildren:
Name: _____ Born: _____
Name: _____ Born: _____
Name: _____ Born: _____

[Please attach additional sheets for additional children]

OPTIONAL: SHOULD CLIENT OMIT, CLIENT ACKNOWLEDGES THAT ATTORNEY IS NOT RESPONSIBLE FOR TAX PLANNING

FINANCIAL INFORMATION

ASSETS				
Type of Account	Individually (Client)	Spouse of Client (Individually)	Tenants In Common	Joint with Survivorship
Checking Account(s)	\$	\$	\$	\$
Savings Account(s)	\$	\$	\$	\$
Money Market/CD's	\$	\$	\$	\$
Other	\$	\$	\$	\$
Stocks & Traded Securities	\$	\$	\$	\$
Bonds (Taxable)	\$	\$	\$	\$
Bonds (Tax Free)	\$	\$	\$	\$
Mutual Funds	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Family Businesses	\$	\$	\$	\$
Funded Trusts	\$	\$	\$	\$
Partnerships	\$	\$	\$	\$
Tax Shelter Partnerships	\$	\$	\$	\$
Individual Retirement Accounts (IRA)	\$	\$	(Enter Beneficiary Info. Below)	
Pension/Profit Sharing	\$	\$	\$	\$
Deferred Comp. Plans	\$	\$	\$	\$
Whole Life Insurance*	\$	\$	(Include Total Amount Of Death Proceeds) \$	
Term Life Insurance*	\$	\$	(Enter Beneficiary Info. Below)	
Second to Die Life Insurance*	\$	\$	\$	\$
Residence	\$	\$	\$	\$

2 nd Home	\$	\$	\$	\$
Investment Real Estate	\$	\$	\$	\$
Investment Real Estate #2	\$	\$	\$	\$
Household Furnishings	\$	\$	\$	\$
Automobiles	\$	\$	\$	\$
Jewelry	\$	\$		
Clothing, Personal Property	\$	\$		
Hobbies	\$	\$		
Other	\$	\$		
ASSETS SUBTOTAL:	\$	\$	\$	\$
Allocated Joint Assets	\$	\$	(split the tenants in common & joint totals and put on this line) \$ _____	
TOTAL ASSETS	\$	\$	(Add the Client/Spouse Assets Subtotals & Allocated Joint Asset Totals) \$ _____	
LIABILITIES/TYPE				
Home Mortgage	\$	(Secured by What Asset) _____		
Other	\$	\$	\$	\$
TOTAL DEBT:	\$	\$	\$	\$
Allocated Debt:	\$	\$	(allocate Total Debt to each individual)	
NET WORTH:	\$	\$	(Total Assets minus Allocated Debt)	

I.R.A. & Qualified Plan Beneficiary Designations

	Client	Spouse
Name of Plan(s)	_____	_____
Name of Primary Beneficiary	_____	_____
Name of Contingent Beneficiary	_____	_____

	Client	Spouse
Life Insurance Policies		
Name of Plan(s)	_____	_____
Name of Primary Beneficiary	_____	_____
Name of Contingent Beneficiary	_____	_____

Expected Inheritances
From Whom?
Approximate Value

Client

Spouse

Do you or your spouse have any powers of appointment? (Power of Attorney)

Yes/No

Details: _____

Are you or your spouse the beneficiary under any trust? Yes/No

Details: _____

Community Property (Client or Spouse)

Have you or your spouse ever lived in a state which has a community property law, i.e. California, Texas, New Mexico, Arizona, Washington, Louisiana, Nevada, Wisconsin, or Idaho?

Safety Deposit Box: Yes/No

Location: _____

In Whose Name(s): _____

Any Property of Others in the Box? _____

Identifiable as such? _____

Where are Other Valuable Papers Kept? _____

Who do you intend to name as beneficiaries of your will?

1. As to specific gifts, if any? THIS RELATES TO GIFTS OF INTANGIBLES SUCH AS CASH, STOCK OR TANGIBLE PERSONAL PROPERTY

2. As to the remainder of residue of your estate?

___ SUGGEST FIRST TO HUSBAND/WIFE

3. Will there be any contingent beneficiaries if a (primary) beneficiary does not survive? Please list:

___ SUGGEST CHILDREN OR GRANDCHILDREN

IMPORTANT: IF THERE ARE NO CONTINGENT BENEFICIARIES, THE ESTATE MAY DEVOLVE UNDER STATE LAWS OF INTESTACY

4. Other Relatives or Friends of Clients and Spouse Who Would Be Immediate Beneficiaries or Ultimate Beneficiaries if Client, Client's Spouse, All Issue, and Parents are dead:

Name: _____
Residence: _____
Age: _____
Relation: _____

5. Charities as Beneficiaries if All Individual Beneficiaries are dead:

Name: _____
Address: _____
Special Purpose (if any): _____

6. What other topics would you like to discuss at your appointment?

ADVANCE DIRECTIVES: OPTIONAL

1. Please name the person(s) or entities to serve as your Health Care Surrogate(s).

First: _____

Full Address: _____

Phone Number: _____

Second: _____

Full Address: _____

Phone Number: _____

2. Please name the person(s) or entities to serve as your Attorney-In-Fact.

First: _____

Full Address: _____

Phone Number: _____

Second: _____

Full Address: _____

Phone Number: _____

PERSONAL REPRESENTATIVE/TRUSTEE: ANSWER REQUIRED

1. Please name your Personal Representative(s).

NOTE IF PR IS NOT SPOUSE OR BLOOD RELATIVE, PR MUST BE FLORIDA RESIDENT (LICENSED FINANCIAL INST IS OK AS PR)

First: ___ SUGGEST SPOUSE

Full Address: _____

Phone Number: _____

Second:

Full Address: _____

Phone Number: _____

2. Please name your TRUSTEE/SUCCESSOR TRUSTEES.

First: ___ (Usually you name yourself as initial Trustee)

Full Address: _____

Phone Number: _____

Second: SUGGEST SPOUSE

Full Address: _____

Phone Number: _____

3. Do you wish to make any directions as to funeral arrangements or disposition of your remains? If yes, please describe.

PLEASE READ CAREFULLY & SIGN BELOW

Following your initial interview, if you agree to hire the Attorney, and the Attorney agrees to represent you, you will both sign a Contract for Legal Services. The Agreement for Representation will set forth the terms and conditions of representation. If the Attorney is willing to represent you and you decide not to sign a Contract for Legal Services today, you are strongly urged to schedule a second appointment with the Attorney at the earliest possible time or to immediately consult with other legal counsel to protect your rights.

NOTICE: This office does not represent you with regard to the matters set forth by you herein in this information sheet or discussed during your consultation, unless and until, both you and the Attorney execute a written Contract for Legal Services.

If the Attorney does not agree to represent you, this includes not representing you with regard to the matter set forth by you on this information sheet, nor any other matters you may discuss with the Attorney during your consultation. If your legal problem(s) involve a potential lawsuit, it is important that you realize a lawsuit must be filed within a certain period of time called a Statute of Limitations. Therefore, the Attorney strongly urges you to ***immediately*** consult with another attorney to protect your rights. The Attorney's decision not to represent you should not be taken by you as an expression regarding the merits of your case. **Your signature acknowledges only that you received a copy of this completed information sheet and does not mean you have hired the Attorney.**

SIGNATURE _____ Date ____/____/____

SIGNATURE _____ Date ____/____/____
SPOUSE OR 2ND PARTY

PLEASE PROVIDE A FORM OF PHOTO I.D. TO COPY FOR YOUR FILE
&
PLEASE NOTE THAT **FULL PAYMENT IS DUE AT TIME OF SIGNING**
YOUR ESTATE PLANNING DOCUMENTS