

Skrivan & Gibbs, PLLC
ATTORNEYS AT LAW

1110 PINE RIDGE ROAD, SUITE 300
NAPLES, FLORIDA 34108
TELEPHONE: (239) 597-4500
FACSIMILE: (239) 234-5029
E-MAIL: KENT@SGNAPLESLAW.COM
E-MAIL: NANCY@SGNAPLESLAW.COM

ESTATE & TAX PLANNING QUESTIONNAIRE

PART ONE: FAMILY DATA

1. BASIC INFORMATION

Husband: _____
NAME DOB SOCIAL SECURITY NO.

Wife: _____
NAME DOB SOCIAL SECURITY NO.

2. RESIDENCE

Permanent home address: _____

City, State & zip: _____

Home Phone: _____

Cell Phone: _____

Business: _____

Business address: _____

Business Phone: _____

Other temporary residences: _____

E-mail: _____

Period of resident in the State of Florida: _____

Are you a United States Citizen?:

_____ Husband

_____ Wife

3. (a) CHILDREN

Name	Date of Birth	Phone #
1) _____		
Address: _____		
2) _____		
Address: _____		
3) _____		
Address: _____		
4) _____		
Address: _____		
5) _____		
Address: _____		

3. (b) GRANDCHILDREN AND OTHERS

Name	Parent	Date of Birth
1) _____		
Address: _____		
2) _____		
Address: _____		
3) _____		
Address: _____		
4) _____		
Address: _____		
5) _____		
Address: _____		
6) _____		
Address: _____		

4. **Marital History:**
Date of marriage: _____

Prior marriages and divorces, if any.

PART TWO: SUMMARY OF ASSETS

REAL ESTATE:

<u>Brief Description</u>	<u>Ownership</u>	<u>Value</u>	<u>Mortgage</u>
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BANK ASSETS (CASH/CD):

<u>Financial Institution</u>	<u>Ownership</u>	<u>Value</u>
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BROKERAGE ACCOUNTS (NON-IRA):

<u>Financial Institution</u>	<u>Ownership</u>	<u>Value</u>
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PRIVATELY HELD COMPANIES:

<u>Name</u>	<u>Ownership</u>	<u>Ownership Percentage</u>	<u>Value</u>
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INSURANCE:

<u>Name</u>	<u>Owner</u>	<u>Insured</u>	<u>Beneficiary</u>	<u>Death Benefit</u>	<u>Current Value</u>
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IRA'S/401(K)S:

<u>Financial Institution</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Value</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MISCELLANEOUS:

PART THREE: CHECKLIST OF DOCUMENTS

A. SAFE DEPOSIT BOX LOCATION/SIGNER: _____

B. PRESENT DOCUMENTS (IF ANY) INCLUDING DATE

1) **WILL:** _____

2) **CODICILS:** _____

3) **TRUSTS:**

i)Created by the Client: _____

ii)Created for Client by Others: _____

4) **Trust Amendments:** _____

5) **Powers of Attorney:** _____

6) **Health Care Declarations or Living Wills** _____

7) **Do you wish to be an Organ Donor?** _____

8) **Disposition of remains request.** _____

9) **Gift Tax Returns—Filed?** **Yes** **No**

Dates & Location of Filing Office: _____

10) **Other Pertinent Documents:** _____

Signature

Date

Signature

Date