



ESTATE PLANNING QUESTIONNAIRE- Individual

Today's date: _____

Whom may we thank for your referral to our office? _____

Do you have an old will? (If yes, please bring a copy with you.) Yes No

PERSONAL INFORMATION

1) Client name (exactly as appears on Driver's License): _____

a) Any other names you are known by: _____

b) Are you a US citizen, if not where are you a citizen of? _____

2) Home Address (include zip code):

a) Do you own your homestead? Yes No

b) Is there a mortgage? Yes No

If yes, how much is the total remaining? _____

3) Do you own any other property? Yes No

a) Property Addresses (include zip codes):

4) Do you own any businesses or have any business interests? Yes No

5) County in which you reside: _____ for how long? _____

6) Telephone number(s):

a) Home: _____

b) Cell: _____

7) Email Addresses:

8) Marital Status: Single Engaged Domestic Partnership
 Legally Married Separated Widowed

Murphy & Berglund, PLLC

• 1101 Douglas Avenue, Suite 1006 Altamonte Springs, FL 32714 (Orlando Office) •

(407) 865-9553 Office • (407) 865-5742 Fax • Info@MurphyBerglund.com • www.MurphyBerglund.com



9) Children or next of kin: Please list all children, **including deceased and adopted** children. If none, please list all persons whom you may wish to name as Beneficiaries of your estate.

a) Name: _____
Relationship: _____
Biological? Yes No Adopted? Yes No
Date of birth (children only): _____
Does he/she have any health problems, a pending law suit, or large debt? Yes No
For Minors:
If he/she is a minor child, do you want to name a preneed Guardian? Yes No
Name: _____
Address: _____
Back-Up or Contingent Guardian?
Name: _____
Address: _____
Healthcare Surrogate for minor? Yes No
Name: _____
Address: _____
Trustee for minor? Yes No
Name: _____
Address: _____

b) Name: _____
Relationship: _____
Biological? Yes No Adopted? Yes No
Date of birth (children only): _____
Does he/she have any health problems, a pending law suit, or large debt? Yes No
For Minors:
If he/she is a minor child, do you want to name a preneed Guardian? Yes No
Name: _____
Address: _____
Back-Up or Contingent Guardian?
Name: _____
Address: _____
Healthcare Surrogate for minor? Yes No
Name: _____
Address: _____
Trustee for minor? Yes No
Name: _____
Address: _____

Murphy & Berglund, PLLC

• 1101 Douglas Avenue, Suite 1006 Altamonte Springs, FL 32714 (Orlando Office) •



Murphy & Berglund, PLLC

Estate Planning • Trusts • Probate
Bankruptcy • Family and Elder Law

c) Name:
Relationship:
Biological? Yes No Adopted? Yes No
Date of birth (children only):
Does he/she have any health problems, a pending law suit, or large debt? Yes No
For Minors:
If he/she is a minor child, do you want to name a preneed Guardian? Yes No
Name:
Address:
Back-Up or Contingent Guardian?
Name:
Address:
Healthcare Surrogate for minor? Yes No
Name:
Address:
Trustee for minor? Yes No
Name:
Address:

10) At what age do you want your beneficiaries to receive those assets outright as opposed to being left in trust? (Example: 18, 21, 30, upon the completion of college or age 30 whichever occurs first, etc.).

11) Your desired funeral arrangements:

- a) Do you have any present arrangements? Yes No
b) Do you have a pre-paid funeral plan? Yes No
c) Do you desire cremation? Yes No
d) Preferred funeral home (if any):

12) Personal Representative: (The person in charge of administering your estate at your death).

Who do you want to name as your primary decision maker:

Name:

Who should be your Back-Up or Contingent Decision Makers

Name:

Name:

Murphy & Berglund, PLLC

• 1101 Douglas Avenue, Suite 1006 Altamonte Springs, FL 32714 (Orlando Office) •



13) Power of Attorney: (The person who can make financial decisions on your behalf).

Who do you want to name as your primary decision maker:

Name: _____

Who should be your **Back-Up or Contingent Decision Makers**

Name: _____

Name: _____

14) Health Care Surrogate: (A surrogate to speak on your behalf regarding medical treatment or procedures if you are unable to do so yourself).

Who do you want to name as your primary decision maker:

Name: _____

Who should be your **Back-Up or Contingent Decision Makers**

Name: _____

Name: _____

15) Successor Trustee: (The person in charge of administering your trust after your passing/incapacity).

Who do you want to name as your primary decision maker:

Name: _____

Who should be your **Back-Up or Contingent Decision Makers**

Name: _____

Name: _____

16) To whom do you wish to receive the balance of your estate (if there is more than one beneficiary, please list the portions you are leaving them in fractions or percentages):

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

Name: _____ Fraction or %: _____

17) HIPAA (Health Insurance Portability and Accountability Act) Release. A document that will allow the listed individuals access to and authorized release of your medical records and other personal information. List all individuals you wish to have such access.

A. Name: _____

B. Name: _____

C. Name: _____

D. Name: _____



Murphy & Berglund, PLLC

Estate Planning • Trusts • Probate
Bankruptcy • Family and Elder Law

Please use this page to write down the full name, marital status, address, phone number and their relationship to you for every person named on the questionnaire.

Name: _____
Marital Status: _____
Relationship: _____
Address: _____

Phone number: _____

Name: _____
Marital Status: _____
Relationship: _____
Address: _____

Phone number: _____

Name: _____
Marital Status: _____
Relationship: _____
Address: _____

Phone number: _____

Name: _____
Marital Status: _____
Relationship: _____
Address: _____

Phone number: _____

Murphy & Berglund, PLLC

• 1101 Douglas Avenue, Suite 1006 Altamonte Springs, FL 32714 (Orlando Office) •

(407) 865-9553 Office • (407) 865-5742 Fax • Info@MurphyBerglund.com • www.MurphyBerglund.com



Murphy & Berglund, PLLC

Estate Planning • Trusts • Probate

Bankruptcy • Family and Elder Law

**FOR ATTORNEY USE ONLY
ESTATE PLANNING CONSULTATION**

1. County Location of Signing: _____
2. Special Requests/Needs: _____

3. POA Joint Act Individually
4. Gifting of POA. (circle one) Only Annual Exclusions / Annual Exclusions Plus Larger Gifts / None
5. HCS Joint Act Individually
6. Restrict decision-making of HCS? Yes No
7. Cremation/Burial Instructions: _____

NOTES:

Murphy & Berglund, PLLC

• 1101 Douglas Avenue, Suite 1006 Altamonte Springs, FL 32714 (Orlando Office) •

(407) 865-9553 Office • (407) 865-5742 Fax • Info@MurphyBerglund.com • www.MurphyBerglund.com