



ESTATE PLANNING QUESTIONNAIRE- Married Couples

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.)

Spouse 1: Yes No Spouse 2: Yes No

PERSONAL INFORMATION

1. Spouse 1 name (exactly as appears on Driver's License): _____
Any others you are known by: _____
Are you a US citizen, if not where are you a citizen of? _____

2. Spouse 2 name (exactly as appears on Driver's License): _____
Any others you are known by: _____
Are you a US citizen, if not where are you a citizen of? _____

3. 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? _____
C. Do you own any other property? Yes No

Property Address: _____
(include zip code) _____

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

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

6. Telephone number(s):
A. Home: _____
B. Spouse 1's Cell: _____
C. Spouse 2's Cell: _____

7. Email Addresses:
A. Spouse 1's: _____
B. Spouse 2's: _____

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

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9. Do you have children that are not of you and your spouse? Yes No

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

a) Name: _____

Spouse 1's Child Spouse 2's Child Spouse 1 & 2's Child

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: _____

Spouse 1's Child Spouse 2's Child Spouse 1 & 2's Child

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: _____

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c) Name: _____
 Spouse 1's Child Spouse 2's Child Spouse 1 & 2's Child
 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: _____

11. 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.).

12. Your desired funeral arrangements:

A. Do you have any present arrangements?	Spouse 1:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Spouse 2:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B. Do you have a pre-paid funeral plan?	Spouse 1:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Spouse 2:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C. Do you desire cremation?	Spouse 1:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	Spouse 2:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Preferred funeral home (if any):
 Spouse 1: _____
 Spouse 2: _____



13. **Spouse 1's** Personal Representative: (The person in charge of administering your estate at your death)

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

1. Name: _____

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

2. Name: _____

3. Name: _____

14. **Spouse 1's** Power of Attorney:(The person who can make financial decisions on your behalf)

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

1. Name: _____

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

2. Name: _____

3. Name: _____

15. **Spouse 1's** 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:

1. Name: _____

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

2. Name: _____

3. Name: _____

16. **Spouse 1's** 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:

1. Name: _____

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

2. Name: _____

3. Name: _____

17. **Spouse 1's** 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: _____



18. **Spouse 2's** Personal Representative: (The person in charge of administering your estate at your death)

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

1. Name: _____

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

2. Name: _____

3. Name: _____

19. **Spouse 2's** Power of Attorney: (The person who can make financial decisions on your behalf)

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

1. Name: _____

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

2. Name: _____

3. Name: _____

20. **Spouse 2's** 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:

1. Name: _____

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

2. Name: _____

3. Name: _____

21. **Spouse 2's** 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:

1. Name: _____

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

2. Name: _____

3. Name: _____

22. **Spouse 2's** 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: _____



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):

Spouse 1's:

Name: _____	Fraction or %: _____
Name: _____	Fraction or %: _____
Name: _____	Fraction or %: _____
Name: _____	Fraction or %: _____

Spouse 2's:

Name: _____	Fraction or %: _____
Name: _____	Fraction or %: _____
Name: _____	Fraction or %: _____
Name: _____	Fraction or %: _____



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: _____

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ESTATE PLANNING CONSULTATION

1. County Location of Signing: _____
2. Special Requests/Needs: _____
3. POA: Joint Act Individually
4. Gifting of POA: 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:

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