

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?		
. 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		
Murphy & Berglund, PLLC • 1101 Douglas Avenue, Suite 1006 Altamonte Springs, FL 32714 (Orlando Office).		

9. I	you have children that are not of you and your spouse? Yes No
10. (dren or next of kin: Please list all children, including deceased and adopted children,
8	if none, then list all persons whom you may wish to name as Beneficiaries of your estate
8	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:
ŀ	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):
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	Address:
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	Address:

c) Name	:						
S	spouse 1's Child Spouse 2's Child Spouse 1's Child Spouse	Spouse 1 &	2's Child				
Relati	Relationship:						
Biolog	gical? Yes No Adopted?	Yes No					
Date of	of birth (children only):						
Does	he/she have any health problems, a pending	g law suit, or l	large debt? 🔲	Yes No			
	Inors:						
If he/s	she is a minor child, do you want to name a	preneed Gua	rdian? 🔲 Ye	s No			
Na	ame:						
	ddress:						
Back-	Up or Contingent Guardian?						
Na	ame:						
	ddress:						
Healtl	hcare Surrogate for minor? Yes No)					
Na	ame:						
	ddress:						
Truste	ee for minor? Yes No						
Na	ame:						
A	ddress:						
being left	ge do you want your beneficiaries to receive in trust? (Example: 18, 21, 30, upon the corst, etc.).			-			
12. Your desi	red funeral arrangements:						
A.	. Do you have any present arrangements?	Spouse 1:	☐ Yes ☐	No			
	<i>y y</i> 1	Spouse 2:	T Yes	No			
		-					
В.	Do you have a pre-paid funeral plan?	Spouse 1:	☐ Yes ☐	No			
		Spouse 2:	☐ Yes ☐	No			
C.	Do you desire cremation?	Spouse 1:	☐ Yes ☐	No			
		Spouse 2:	☐ Yes ☐	No			
	I funeral home (if any):						
Spouse 1:							
Spouse 2:							

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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:

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:	•	. Name:	is your primary decision maker.
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2. Name:		v	
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2. Name:			
3. Name:	3.	Name:	
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A. Name:	A. N	ame:	
B. Name:			
C. Name:			
D. Name:			

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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:

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A. Name: B. Name: C. Name:		medical re	ecords and other	er personal information. List all individuals you wish to have such
B. Name: C. Name:		access.		
B. Name: C. Name:		\mathbf{A}	Name:	
C. Name:			_	
			-	
			_	

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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:	
Name:	Fraction or %:
Name:	Fraction or %:
Spouse 2's:	
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.

Relationship: _	
Phone number: _	
Marital Status: _	
Relationship: _	
A ddmagg.	
Phone number: _	
Name:	
Relationship: _	
A dalma a a .	
_	
Phone number: _	
Name:	
Relationship:	
A ddmagg.	
Phone number:	

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NOTES:

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