

**BAUMANNKANGAS ESTATE LAW**  
**ESTATE PLANNING GUIDE FOR INDIVIDUAL**

DATE: \_\_\_\_\_

It is imperative for you to complete this Estate Planning Guide in its entirety. **Please take the time to complete ALL applicable sections.** Once completed, send this Estate Planning Guide to our office at least 24 hours before the scheduled appointment in order for our firm to efficiently address all of your needs and desires. Should you need assistance in completing this form, please call and we will be happy to assist you.

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Other Names Known By: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

Primary Phone No.: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_ Florida Resident Since: \_\_\_\_\_

3. Have you previously been married?  Yes  No

A. If yes, for how many years? \_\_\_\_\_ When was the divorce finalized? \_\_\_\_\_

4. Names of Children, whether natural or adopted:

A. Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

B. Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Name of Child's Spouse (if any): \_\_\_\_\_

Address: \_\_\_\_\_

Grandchildren: \_\_\_\_\_

C. Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Name of Child's Spouse (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchildren: \_\_\_\_\_

5. Do you have any other relatives dependent upon you for support?  Yes  No  
(If yes, give names and relationships)

\_\_\_\_\_

6. Names of Siblings, whether natural or adopted:

A. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Brother  Sister  
Address: \_\_\_\_\_

B. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Brother  Sister  
Address: \_\_\_\_\_

C. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Brother  Sister  
Address: \_\_\_\_\_

D. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Brother  Sister  
Address: \_\_\_\_\_

E. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Brother  Sister  
Address: \_\_\_\_\_

F. Sibling: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Brother  Sister  
Address: \_\_\_\_\_

7. Names and addresses of other or alternate persons to receive property:

\_\_\_\_\_

\_\_\_\_\_

Please list any specific items or amounts that you wish to give to any individuals or organizations:

NAME

GIFT

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All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to (check one):

- Previous spouse
- Children equally
- Other (specify): \_\_\_\_\_

8. Do you currently have a valid will:  Yes  No (If Yes, attach copy)

9. Do you currently have any valid living trusts?  Yes  No

10. Have you ever received a substantial amount of inheritance?  Yes  No

If Yes, when? \_\_\_\_\_ Approximate amount? \$\_\_\_\_\_

Do you anticipate receiving an inheritance?  Yes  No

If Yes, give approximate amount \$\_\_\_\_\_

11. Have you given away more than \$3,000 in money or property to any person in any single year after 1976?

Yes  No (If Yes, list amounts by years and individuals)

<b>YEAR</b>								
<b>PERSON</b>								
<b>AMOUNT</b>	\$	\$	\$	\$	\$	\$	\$	\$

12. Are you or will you receive an annuity?  Yes  No

If Yes, to whom will the payments be made? \_\_\_\_\_

Will the amounts continue after his death?  Yes  No If yes, for how long? \_\_\_\_\_

What will the amount of each payment be? \$\_\_\_\_\_

13. Do you work for a business which has some type of plan under which your estate or the person you specify will receive benefits on your death?

Yes  No  Not Sure (If Yes, list amount payable at death \$\_\_\_\_\_)

14. Who will serve as your Personal Representative?

\_\_\_\_\_

Alternate if above person(s) unable to serve: \_\_\_\_\_

\_\_\_\_\_

15. Your choice of designation to act as Guardian of your minor children (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

16. Your choice of designation to act as attorney-in-fact under a power of attorney:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

17. Your choice of designation to act as health care surrogate to make medical decisions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Alternate(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

18. Are you an organ donor or wish to be an organ donor?  Yes  No

19. Do you have a safe deposit box?  Yes  No

If Yes, where located? \_\_\_\_\_

Name(s) box is listed under what name: \_\_\_\_\_

20. Do you own any property in a foreign country?  Yes  No

If Yes, give country and approximate value: \_\_\_\_\_

\_\_\_\_\_

21. Do you have any pets?  Yes  No If so, how would you like to provide for them in your estate plan?

\_\_\_\_\_

22. Who referred you to BaumannKangas Estate Law? \_\_\_\_\_

**LIST OF ASSETS**

(Attach additional sheets if necessary)

\*PLEASE COMPLETE ALL APPLICABLE SECTIONS\*

1. Real Estate

REAL ESTATE	APPROXIMATE VALUES		
	SPOUSE 1	SPOUSE 2	JOINT
Home - homestead Approximate mortgage balance \$ _____	\$	\$	\$
Estimated value of furnishings	\$	\$	\$
Other real estate (give location or briefly describe)			
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

2. Stocks, Bonds, Mutual Funds

STOCKS, BONDS, MUTUAL FUNDS	APPROXIMATE VALUES		
<b>PUBLICLY TRADED STOCK</b> Name of corporation, type of shares, exchange on which traded	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
<b>CLOSELY-HELD STOCK</b> Name of corporation, number and type of shares, total number of shares & shareholders	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$

<b>STOCKS, BONDS, MUTUAL FUNDS</b>	<b>APPROXIMATE VALUES</b>		
<b>BONDS AND MUTUAL FUNDS Issuer, face value, interest rate &amp; maturity date; name of fund, fund group &amp; number of units</b>	<b>SPOUSE 1</b>	<b>SPOUSE 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

3. Bank Accounts, Certificates of Deposit, Money Market funds, etc.

<b>BANK ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, etc.</b>	<b>APPROXIMATE VALUES</b>		
<b>Please give the name of bank or institution, type of account and approximate balance or value</b>	<b>SPOUSE 1</b>	<b>SPOUSE 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$

4. Mortgages, Notes or Debts Owed to You by Someone Else

<b>MORTGAGES, NOTES OR DEBTS OWED TO YOU BY SOMEONE ELSE</b>	<b>APPROXIMATE VALUES</b>		
<b>Please list the debtor's name, date acquired, and approximate balance remaining</b>	<b>SPOUSE 1</b>	<b>SPOUSE 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$

5. Other Business Interests (non-corporate)

<b>OTHER BUSINESS INTERESTS)</b>	<b>APPROXIMATE VALUES</b>		
<b>NON-CORPORATE</b>	<b>SPOUSE 1</b>	<b>SPOUSE 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

6. Annuities

<b>ANNUITIES</b>	<b>APPROXIMATE VALUES</b>		
	<b>SPOUSE 1</b>	<b>SPOUSE 2</b>	<b>JOINT</b>
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$



7. Motor Vehicles (incl. boats, etc.)

CARS, BOATS, MOTORCYCLES, ETC.	APPROXIMATE VALUES		
Please list each separately	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$

8. Miscellaneous Property

MISCELLANEOUS PROPERTY	APPROXIMATE VALUES		
	SPOUSE 1	SPOUSE 2	JOINT
Jewelry	\$	\$	\$
Art and other valuable items (describe)	\$	\$	\$

9. Other Debts Owed by You

OTHER DEBTS OWED BY YOU	APPROXIMATE VALUES		
List any mortgages or other substantial debts owed by you that are not shown above	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$
g.	\$	\$	\$

10. Life Insurance

INSURANCE COMPANY	PERSON INSURED	POLICY OWNER	BENEFICIARY	FACE VALUE	CASH VALUE	LOANS AGAINST POLICY
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$



**ADDITIONAL SHEET FOR LIST OF ASSETS**

DESCRIPTION OF ASSET	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
f.	\$	\$
g.	\$	\$
h.	\$	\$
i.	\$	\$
j.	\$	\$
k.	\$	\$
DESCRIPTION OF LIABILITY	APPROXIMATE VALUES	
	INDIVIDUALLY	JOINTLY
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$
e.	\$	\$
f.	\$	\$
g.	\$	\$
h.	\$	\$
i.	\$	\$
j.	\$	\$
k.	\$	\$

**IMPORTANT - PLEASE READ AND SIGN:**

**THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT UNTIL I RECEIVE CONFIRMATION FROM BAUMANNKANGAS ESTATE LAW INDICATING THAT THE FIRM CAN AND WILL REPRESENT ME IN THE MATTER I DISCUSS AT THE CLIENT CONSULTATION, BAUMANNKANGAS ESTATE LAW AND ITS ATTORNEYS ARE NOT MY ATTORNEYS AND DO NOT REPRESENT ME ON THIS OR ANY OTHER MATTER. UNLESS I HAVE EXPRESSLY AGREED OTHERWISE WITH THE ATTORNEY PRIOR TO OUR INITIAL MEETING, I UNDERSTAND I WILL BE BILLED FOR ALL CONSULTATIONS AT THE PREVAILING HOURLY RATE OF THE ATTORNEY.**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_