

BAUMANNKANGAS ESTATE LAW
ESTATE PLANNING GUIDE FOR MARRIED PERSONS

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 (Spouse 1): _____ Date of Birth: _____

Social Security No.: _____ Place of Birth: _____

Other Names Known By: _____

2. Home Address (incl. zip code): _____

Primary Phone No.: _____ Secondary Phone No.: _____

Email Address: _____ Florida Resident Since: _____

3. Full Name (Spouse 2): _____ Date of Birth: _____

Social Security No.: _____ Place of Birth: _____

Other Names Known By: _____

Primary Phone No.: _____ Secondary Phone No.: _____

Email Address: _____ Florida Resident Since: _____

4. Date of marriage: _____ Where Living When Married: _____

5. Prior Marriages: SPOUSE 1: Yes No SPOUSE 2: Yes No

6. Names of Children of Present Marriage, 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: _____

Names of children of Prior marriages (indicate Spouse 1's or Spouse 2's)

D. Child: _____ Date of Birth: _____ Spouse 1's Spouse 2's
Phone No.: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

E. Child: _____ Date of Birth: _____ Spouse 1's Spouse 2's
Phone No.: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

F. Child: _____ Date of Birth: _____ Spouse 1's Spouse 2's
Phone No.: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

G. Child: _____ Date of Birth: _____ Spouse 1's Spouse 2's
Phone No.: _____ Name of Child's Spouse (if any): _____
Address: _____
Grandchildren: _____

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

8. Names of Siblings, whether natural or adopted:

A. Sibling: _____ Date of Birth: _____ Spouse 1's Spouse 2's
 Brother Sister
Address: _____

B. Sibling: _____ Date of Birth: _____ Spouse 1's Spouse 2's
 Brother Sister
Address: _____

C. Sibling: _____ Date of Birth: _____ Spouse 1's Spouse 2's
 Brother Sister
Address: _____

D. Sibling: _____ Date of Birth: _____ Spouse 1's Spouse 2's
 Brother Sister
Address: _____

E. Sibling: _____ Date of Birth: _____ Spouse 1's Spouse 2's
 Brother Sister
Address: _____

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

FULL NAME

GIFT/AMOUNT

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

Spouse; if spouse predeceased, to children equally

Children equally

Other (specify): _____

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

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

12. 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 \$ _____

13. 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)

YEAR								
PERSON								
AMOUNT	\$	\$	\$	\$	\$	\$	\$	\$

14. Is Spouse 1 receiving or will he/she 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? \$_____
15. Is Spouse 2 receiving or will he/she receive an annuity? Yes No
 If Yes, to whom will the payments be made? _____
 Will the amounts continue after her death? Yes No If yes, for how long? _____
 What will the amount of each payment be? \$_____
16. 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 \$_____
17. Will each spouse serve as Personal Representative for the other?
 Yes No - If no, please provide name(s): _____
 Alternate if above person(s) unable to serve: _____
18. Your choice of designation to act as Guardian of your minor children (if applicable):
 Name: _____
 Address: _____
 Phone No.: _____
 Alternate(s): _____
 Address: _____
 Phone No.: _____
19. Spouse 1's choice of designation to act as attorney-in-fact under a power of attorney:
 Name: _____
 Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

20. Spouse 2's choice of designation to act as attorney-in-fact under a power of attorney:

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

21. Spouse 1's choice of designation to act as health care surrogate to make medical decisions:

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

22. Spouse 2's choice of designation to act as health care surrogate to make medical decisions:

Name: _____

Address: _____

Phone No.: _____

Alternate(s): _____

Address: _____

Phone No.: _____

23. Are either of you an organ donor or wish to become an organ donor? Yes No

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

If Yes, where located? _____

Name(s) box is listed under what name: _____

25. Please check any of the following states in which you have lived or acquired property while married:

Arizona Idaho Nevada Texas Wisconsin

California Louisiana New Mexico Washington None

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

If Yes, give country and approximate value: _____

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

28. How did you hear about BaumannKangas Estate Law? _____

29. Is there anything else you believe our firm should know to help us plan your estate?

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		
PUBLICLY TRADED STOCK Name of corporation, type of shares, exchange on which traded	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
CLOSELY-HELD STOCK Name of corporation, number and type of shares, total number of shares & shareholders	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$

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

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

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

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

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

5. Other Business Interests (non-corporate)

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

6. Annuities

ANNUITIES	APPROXIMATE VALUES		
	SPOUSE 1	SPOUSE 2	JOINT
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
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

11. Retirement Assets

RETIREMENT PROVIDER	PARTICIPANT	POLICY OWNER	BENEFICIARY (primary & secondary)	VALUE
				\$
				\$
				\$
				\$
				\$
				\$
				\$

ADDITIONAL SHEET FOR LIST OF ASSETS

DESCRIPTION OF ASSET	APPROXIMATE VALUES		
	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$
g.	\$	\$	\$
h.	\$	\$	\$
i.	\$	\$	\$
j.	\$	\$	\$
k.	\$	\$	\$
DESCRIPTION OF LIABILITY	APPROXIMATE VALUES		
	SPOUSE 1	SPOUSE 2	JOINT
a.	\$	\$	\$
b.	\$	\$	\$
c.	\$	\$	\$
d.	\$	\$	\$
e.	\$	\$	\$
f.	\$	\$	\$
g.	\$	\$	\$
h.	\$	\$	\$
i.	\$	\$	\$
j.	\$	\$	\$

IMPORTANT - PLEASE READ AND SIGN:

THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. WE UNDERSTAND THAT UNTIL WE RECEIVE CONFIRMATION FROM BAUMANNKANGAS ESTATE LAW INDICATING THAT THE FIRM CAN AND WILL REPRESENT US IN THE MATTER WE DISCUSS AT THE CLIENT CONSULTATION, BAUMANNKANGAS ESTATE LAW AND ITS ATTORNEYS ARE NOT OUR ATTORNEYS AND DO NOT REPRESENT US ON THIS OR ANY OTHER MATTER.

WE UNDERSTAND THAT IF WE HIRE BAUMANNKANGAS ESTATE LAW FOR LEGAL SERVICES, INCLUDING ESTATE PLANNING ADVICE, WE WAIVE ANY CONFLICT OF INTEREST THAT MAY ARISE BETWEEN US. WE AGREE THAT THERE SHALL BE NO CONFIDENTIALITY BETWEEN US REGARDING THIS REPRESENTATION. IF IN THE COURSE OF THE REPRESENTATION, ONE OF US DISCLOSES INFORMATION THAT THE ATTORNEY REASONABLY SHOULD KNOW MUST BE DISCLOSED TO THE OTHER PARTY TO PROVIDE COMPETENT REPRESENTATION TO THAT OTHER PARTY, THE ATTORNEY SHALL, AT THE FIRST REASONABLE OPPORTUNITY, MAKE THAT DISCLOSURE. WE RECOGNIZE THAT IF THE ATTORNEY IS PROHIBITED FROM MAKING THE DISCLOSURE, THE ATTORNEY WILL WITHDRAW ENTIRELY FROM THE REPRESENTATION OF BOTH OF US IN THIS MATTER AND SHALL NOT BE REQUIRED TO MAKE THE DISCLOSURE OR STATE ANY REASON FOR THE WITHDRAWAL. UNLESS WE HAVE EXPRESSLY AGREED OTHERWISE WITH THE ATTORNEY PRIOR TO OUR INITIAL MEETING, WE UNDERSTAND WE WILL BE BILLED FOR ALL CONSULTATIONS AT THE PREVAILING HOURLY RATE OF THE ATTORNEY.

Client Signature 1: _____ Date: _____

Client Signature 2: _____ Date: _____