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## ESTATE PLAN INFORMATION FORM

### PERSONAL INFORMATION

#### YOURSELF:

Full Name:

Address:

Home Telephone:

Social Security

No

Date of Birth:

Citizenship:

Marital Status:

Religious Affiliation:

Employment:

Address:

Business Telephone:

Is there anyone, at this time, designated as holding your power of attorney?  
(Please give name, address and telephone number)

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Who would you want as Personal Representative(s) to handle your estate?  
(Include address and telephone number)

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Please give an alternate Personal Representative

(Include address and telephone number)

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Who would you want as Trustee(s) if a trust is formed?

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Who would serve as alternate?

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List the name, address and relationship of the person or persons you wish to serve as Guardian of the person of your minor children, if any:

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**Miscellaneous Information:**

Is there any other information that you feel is important to be considered in planning your estate?

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What insurance coverage do you have?

Type	Company	Beneficiary	Face Value	Location of Policies

What Retirement Plans are in place? (IRA, KEOGH, 401K, etc.)

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Stock Broker: \_\_\_\_\_

Physician: \_\_\_\_\_

Clergyman: \_\_\_\_\_

Do you have a safe deposit box? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where? \_\_\_\_\_

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**FINANCIAL INFORMATION**

(Use additional paper, if necessary)

**Cash/Savings:**

Name of Bank or S & L	Address	Amount

**Personal Property:**

(List all personal property such as automobiles, boats, furniture, jewelry, valued collection, etc.)

Description	Value


(Use additional paper, if necessary)

**Stocks and Bonds:**

Name	Value	Tax Basis	Ownership (H/W/J)

Other intangible property?  
(Promissory notes, real estate mortgage owned, patents, royalties, etc.)

Type	Amount	Owner	Details

**Real Estate Holdings:**

Address	Value	Name of Record Title Holder


Are you the sole owner or a shareholder in any business venture?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give details:

Name	Address	Your Ownership Interest	Value

Are there any buy-sell agreements, stock option agreements or other agreements?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Children (in descending order)**

Name	Relation	D.O.B	S.S.N.	Address


**Grandchildren (in descending order)**

<b>Name</b>	<b>Relation</b>	<b>D.O.B.</b>	<b>S.S.N.</b>	<b>Address</b>

If any of the above children are from a previous marriage, please indicate:

<b>Child's Name</b>	<b>Parent's Name</b>	<b>Address</b>

Are there any other dependents (other than children)?

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What are your retirement objectives?

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**ADMINISTRATION INFORMATION**

Please list the names, addresses and telephone numbers of your professional advisors:

Accountant:

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Insurance Agent:

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Attorney:

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**WHAT LIABILITIES NEED TO BE CONSIDERED?**

List Your Short Term and Long Term Debts and Mortgages.

(Include credit cards and major purchases such as cars or boats, furniture, etc. Include present balances owed.)

St/Lt	Creditor	Balance	Terms	Secured By

Real Estate Holdings:

Address	Mortgages	Amount of Mortgage	Due Date	Terms

Are you a guarantor or contingently liable on any debt?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there, to your knowledge, any lawsuits filed or threatened to be filed against you from any source? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give full details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there child support or alimony from a previous marriage that need to be considered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a financial statement? If so, please provide a copy.

Please provide Federal tax returns for the last three (3) years.

In what states do you file income tax?

\_\_\_\_\_

\_\_\_\_\_

Are you currently being audited? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the audit issue:

\_\_\_\_\_

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**ESTATE INFORMATION**

(Use additional paper, if necessary)

What are your overall plans with regard to the disposition of your assets?

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Please list your beneficiary information for specific or special gifts (indicate if any specific items or real or personal property or cash bequeathed to any particular person or group of persons):

Description of Gift	Beneficiary

What part of your estate goes to your spouse?

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Who is to receive this residue or balance of your estate or your plan for its disposition?

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Are there any churches or charitable organizations that you wish to consider in your estate?

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Do you want a so-called "Florida Living Will"? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a pre-paid burial plan? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, with whom:

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Where is the burial site?

Do you have a Last Will and Testament or Trust in force? \_\_\_\_\_ Yes \_\_\_\_\_

No

If yes, please attach a copy or provide information as to the location of documents:

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**PLEASE DRAW A DIAGRAM OF YOUR FAMILY TREE.**