



LIFE & LEGACY CLIENT QUESTIONNAIRE

ESTATE PLANNING INFORMATION FORM 2025

The information you provide on this form is an important beginning for us to understand your estate planning needs. The more completely you prepare this information prior to your consultation, the further ahead we will be during your initial consultation.

**DON'T WORRY ABOUT TOTAL ACCURACY –
JUST DO THE BEST YOU CAN**

If you have a prior plan where information is still updated, or a financial statement prepared by an advisor, and don't want to fill-in everything, then please attach a copy and spend your time completing non-financial sections. We appreciate you taking the time to give us this information—it will be kept in strict confidence.

If you have any questions, do not hesitate to call us at 863-220-7927 or email Info@tessierlawfirm.com

WE LOOK FORWARD TO SEEING YOU!!!

Part 1: PERSONAL INFORMATION

** Please Print Clearly **

DATE COMPLETED: _____

Married Single Divorced Widowed Partners

1. Client # 1 FULL LEGAL NAME (including middle name): _____

Name you prefer to be called by: _____

Birthdate: _____ SSN -----

Cell phone: _____ Other phone: _____ US Citizen? _____

Email Address (preferred): _____ Country of Birth: _____

Occupation (current or former) _____ Retired? ___ Yes ___ No

Employer (current or former, if pension plan applies): _____

Business Address: _____ City: _____ State: _____ Zip: _____

It is okay to communicate with me via Email.

It is okay to Text Me

2. Client # 2 FULL LEGAL NAME (including middle name): _____

Name you prefer to be called by: _____

Birthdate: _____ SSN -----

Cell phone: _____ Other phone: _____ US Citizen? _____

Email Address (preferred): _____ Country of Birth: _____

Occupation (current or former) _____ Retired? ___ Yes ___ No

Employer (current or former, if pension plan applies): _____

Business Address: _____ City: _____ State: _____ Zip: _____

It is okay to communicate with me via Email.

It is okay to Text Me

3. RESIDENCE Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing/Seasonal/Other Address _____

City: _____ State: _____ Zip: _____ County: _____

{OTHER PROPERTY ADDRESSES SHOULD BE PROVIDED IN A SEPARATE LIST AS PART OF ASSET INVENTORY}

4. **MARRIAGE:** If married, date of marriage: _____ State where married: _____

Prenuptial agreement? Yes No

Previous marriages: Name of former spouse: _____ Deceased? Year marriage ended: _____

Name of former spouse: _____ Deceased? Year marriage ended: _____

Previous marriages of Spouse: Name of former spouse: _____ Deceased? Year marriage ended: _____

Name of former spouse: _____ Deceased? Year marriage ended: _____

Part 2: FAMILY / BENEFICIARY INFORMATION

5. **CHILDREN and/or PRIMARY BENEFICIARIES or FIDUCIARIES/AGENTS** (Please write "dec" after name if child is deceased)
PLEASE ADD ADDITIONAL PAGES AS NECESSARY FOR ADDITIONAL PEOPLE

CHILD, HEIR or AGENT #1 Full legal name including middle name: _____

Their Date of Birth: _____ Gender: Male Female Child of: Both Husband Wife OTHER

Street Address: _____

City: _____ State: _____ Zip: _____ Any Concerns? Yes No

Best Phone: _____ Email: _____

Married? Spouse's Name _____ Divorced? Former spouse: _____

Names/ages of their kids/ your grandchildren: _____

Notes: _____

CHILD, HEIR or AGENT #2 Full legal name: _____

Their Date of Birth: _____ Gender: Male Female Child of: Both Husband Wife OTHER

Street Address: _____

City: _____ State: _____ Zip: _____ Any Concerns? Yes No

Best Phone: _____ Email: _____

Married? Spouse's Name _____ Divorced? Former spouse: _____

Names/ages of their kids/ your grandchildren: _____

Notes: _____

CHILD, HEIR or AGENT #3 Full legal name: _____

Their Date of Birth: _____ Gender: Male Female Child of: Both Husband Wife OTHER

Street Address: _____

City: _____ State: _____ Zip: _____ Any Concerns? ___ Yes ___ No

Best Phone: _____ Email: _____

Married? Spouse's Name _____ Divorced? Former spouse: _____

Names/ages of their kids/ your grandchildren: _____

Notes: _____

CHILD, HEIR or AGENT #4 Full legal name: _____

Their Date of Birth: _____ Gender: Male Female Child of: Both Husband Wife OTHER

Street Address: _____

City: _____ State: _____ Zip: _____ Any Concerns? ___ Yes ___ No

Best Phone: _____ Email: _____

Married? Spouse's Name _____ Divorced? Former spouse: _____

Names/ages of their kids/ your grandchildren: _____

Notes: _____

CHILD, HEIR or AGENT #5 Full legal name: _____

Their Date of Birth: _____ Gender: Male Female Child of: Both Husband Wife OTHER

Street Address: _____

City: _____ State: _____ Zip: _____ Any Concerns? ___ Yes ___ No

Best Phone: _____ Email: _____

Married? Spouse's Name _____ Divorced? Former spouse: _____

Names/ages of their kids/ your grandchildren: _____

Notes: _____

PLEASE ADD ADDITIONAL PAGES AS NECESSARY For ADDITIONAL PEOPLE

PLEASE LIST EVEN IF SIBLINGS or PARENTS ARE NOT GOING TO BE BENEFICIARIES/HEIRS or FIDUCIARIES/ POWERS OF ATTORNEYS or HEALTHCARE PROXIES. If they **ARE** serving in a role or are receiving money, please be prepared to provide their contact information as above, on additional pages if necessary.

6. PARENTS (Please write "dec" after name if deceased) *PROVIDE FULL NAME (FIRST/MIDDLE/CURRENT LAST NAME)*

Parent's names: Father: _____ Mother: _____

Spouse's parent's names: Father: _____ Mother: _____

7. SIBLINGS (Please write "dec" after name if deceased) *PROVIDE FULL NAME (FIRST/MIDDLE/CURRENT LAST NAME)*

Siblings' names: _____

Spouse's siblings' names: _____

8. Is there anyone you want to NAME and EXCLUDE?

Yes No If so, who and why * ? ***To be discussed at our consultation***

9. Is there anyone you have a particular concern about ? (Money Management, In-law issues, Adult or Minor children or grandchildren with a disability or potential disability, Potential Separation or Divorce, Alcohol or Drug Abuse, Minor Child/Grandchildren, etc.)

Yes No If so, who and why * ? ***To be discussed at our consultation***

Other than a spouse or minor child, is there any family member or non-family member ***currently living with you*** or anticipated to be moving in soon?

Yes No If so, who and why * ? ***To be discussed at our consultation***

***SPECIAL NOTE:**

If your spouse or other family member is deceased and you still have bank accounts or other financial assets and / or real estate still listed in BOTH of your names, you should bring in an original copy of the decedent's death certificate in the event that any such assets need to be transferred or probated.

Part 3: ESTATE ASSET SUMMARY

FOR ALL CONSULTATIONS - Please estimate as closely as possible and enter approximate dollar amounts for the categories listed below, so that we may evaluate alternative beneficial strategies for you.

This list will be supplemented, and copies of documents should be supplied, at a follow up ASSET MEETING if a TRUST is needed. Our firm assists with funding the living trust to the extent possible/practical.

10. INCOME SUMMARY

INCOME SOURCES	HUSBAND	WIFE	OTHER
Earned income from employment	\$	\$	\$
Social Security income	\$	\$	\$
Pension income	\$	\$	\$
Other income (investments, family trust payments, royalties)	\$	\$	\$

11. ASSET SUMMARY

TYPE OF ASSET	Title in Which Asset is Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)	Current Value (Fair Market Value)
REAL ESTATE (Include type of property; e.g., residential, agricultural, commercial, manufacturing, etc.)		
Personal Residence (Florida Homestead)	<input type="checkbox"/> One spouse only <input type="checkbox"/> In Joint names <input type="checkbox"/> Other	Estimated Value: Mortgage Balance: Net Equity:
Second or Vacation Home where you reside <input type="checkbox"/> In Florida <input type="checkbox"/> Out of state, location _____		
Other Real Estate (i.e. Rental Properties or Vacant Land) <input type="checkbox"/> Personally Owned in our names <input type="checkbox"/> Owned via LLC or Property Investment Trust		
Other assets with a title <input type="checkbox"/> TIMESHARE(s) <input type="checkbox"/> Recreational vehicle <input type="checkbox"/> Boat		
<input type="checkbox"/> Any Expected Inheritances ?		
Total Real Estate and Titled / Vested Assets:		

LIQUID ASSETS (Include account number or ID# and Bank or Institution where held)

** A BALLPARK VALUE IS FINE - FIGURES DO NOT NEED TO BE EXACT AT THIS STAGE IN THE PROCESS	Title in Which Asset is Held (Husband sole, Wife sole, Joint with spouse, Joint with third party, Tenants in common, etc.)		Current Value (Fair Market Value)	
Cash on Hand (or safe, including gold, silver or Cryptocurrency)				
Checking Account(s)				
Savings Account(s)				
Certificates of Deposit or Money Market Accounts				
"Regular" Investment or Brokerage Account Savings/Funds, Government Bonds and Publicly Traded Securities (i.e. Edward Jones, Fidelity, E-Trade, Charles Schwab, Merrill Lynch)				
"Retirement" / Defined Benefit Plans such as Traditional and Roth IRAs, 301ks, 403 (b)s and other retirement funds with tax advantaged structures	Spouse 1	Spouse 2	Spouse 1	Spouse 2
Unlisted Securities (Not publicly traded) or Paper stock certificates, including US government Savings Bonds in paper				
Equity in Business: <input type="checkbox"/> Sole Prop. <input type="checkbox"/> Corporation C/S <input type="checkbox"/> LLC				
Annuities <input type="checkbox"/> In payout mode now <input type="checkbox"/> Not being paid out yet, age _____	Owner	Beneficiary		
Life Insurances	Owner	Beneficiary	Cash Value	Death Benefit
Long Term Care Insurance?				
Notes and Loans Receivable, including Lease/rental agreements				
High Value Personal Property (misc. jewelry, antiques, furniture, household goods, collectibles, etc.)				
Automobiles (2 personal vehicles are exempt from probate)				
Other Assets:				
Total Liquid Assets:				
12. LIABILITIES (Other than Mortgage) (credit card debt, consumer debt, business debt, etc.)	Name Loan Taken in (Self, Husband, Wife, etc.)		Amount Owed	
Total Liabilities:				
YOUR FAMILY TOTAL NET WORTH				

Part 4: YOUR CURRENT PLANNING

Indicate all Documents you currently have in place and date of signing:

- | | | |
|---|--|---|
| <input type="checkbox"/> Will | <input type="checkbox"/> Durable Power of Attorney | <input type="checkbox"/> Prenuptial Agreement |
| <input type="checkbox"/> Community Property Agreement | <input type="checkbox"/> Health Care Power of Attorney | <input type="checkbox"/> Long Term Care Ins _____ |
| <input type="checkbox"/> Revocable Living Trust | <input type="checkbox"/> Living Will | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Irrevocable Trust(s) – please explain: _____ | | |

Part 5: YOUR ESTATE PLANNING GOALS

13. Your Objectives. Please describe any special Estate Planning objectives and concerns you may have:

Points to Ponder. Below is a list of many of the things that concern people in their Estate Planning. It is here to help you think through some possible objectives. **Please place a check mark beside anything of interest or concern.**

Incapacity Planning

- Provide continuity in the management of my affairs before and after my death.
- If I (or my spouse) become incapacitated, I want to provide for management of my affairs without the cost and expense of a court guardianship procedure (which is essentially a “living probate”).
- Make sure my assets are properly titled so that they can be sold or transferred as easily as possible

Probate Issues

- Avoid the costs, delays and hassle associated with probate. (***Ask about Florida Probate Fees and Timings!**)
- Avoid public disclosure of the nature and extent of my assets and beneficiaries – PROTECT MY PRIVACY
- Avoid possible challenges to my estate plan by disgruntled heirs.
- Make sure my documents are properly organized while I am alive, thereby lessening considerably the likelihood my loved ones will confront chaos and needless delays once I have passed away.

Estate Tax Issues

- Save estate taxes. (Generally speaking, only estates over \$15,000,000 per person are subject to Federal estate taxes today but this figure is subject to change.. State taxes may also apply if you live in more than one state).
- Maximize the tax-free benefits of gifting through life insurance
- Overseas Relatives who are not U.S. citizens (U.S. and international tax issues)
- Non-Citizen Spouse

Legacy Issues

- Ensure that my spouse is taken care of if he/she is ill or incapacitated and cannot take care of themselves
- Concerned about leaving assets outright to my heirs. Would rather assets be protected for a period of time.
- Provide creditor and/or divorce protection for my heirs.
- Plan for my grandchildren or other family members
- Provide for charities.
- Be able to designate specific personal items for specific heirs; e.g., jewelry, musical instruments, pictures, etc.

Surviving Spouse Issues

- Be sure my spouse has access to my half of our estate if they need it after I die.
- Protect against the possibility that assets will be lost if my spouse remarries after I die.
- Protect at least my half of our estate from my spouse's creditors after I die.
- Protect my assets from creditors while I am alive.

Business Ownership/Succession Issues

- Own a business and want my children to share equally, even though one of them gets the business.
- Own a business and want there to be a smooth transition in the operation of the business when I die.
- Prepare for the sale of my business prior to my death.

Part 6: Charities

13. Do you have any Preferred Charity(ies) who you may want to give money or property to either as part of an immediate distribution or a residual/remainder beneficiary? Contact information in advance would be helpful.

Charity name: _____

Address: _____

Best contact phone number(s) _____

Email Address: _____ WEBSITE: _____

Charity name: _____

Address: _____

Best contact phone number(s) _____

Email Address: _____ WEBSITE: _____

Part 7: MISCELLANEOUS INFORMATION

14. Are you or your spouse Veterans? Yes No If so, what were your dates of service? _____

Branch & Service Number/Identification: _____

If honorably discharged, have you ever applied for ANY Veteran's benefits? Yes No

If so, which ones? _____

Are you planning on a military funeral or burial in a Veteran's cemetery? Yes No

15. Have other Funeral or Cremation arrangements been made ? Yes No

16. Pet(s) ? Names(s): _____ Caregiver -Add to PEOPLE _____ Money for Caregiver? ___Yes___No

17. Who referred you to The Tessier Law Firm, P.A? _____

If you weren't referred, how did you hear about our firm? (check all that apply)

Internet search – which site? (Google, Bing, Yahoo, etc.) _____

Firm website (www.tessierlawfirm.com) or Facebook page

Newspaper or magazine ad (print) Online ad (digital) Other (Please specify)

YOUR OTHER PROFESSIONAL ADVISORS

Name	Telephone or email	Referral Request
Accountant: _____	_____	<input type="checkbox"/>
Financial Advisor: _____	_____	<input type="checkbox"/>
Life Insurance Agent: _____	_____	<input type="checkbox"/>
Long Term Care Insurance Agent: _____	_____	<input type="checkbox"/>

Part 8: PRIVACY & CONTACT AUTHORIZATION

The Tessier Law Firm, P.A. respects your privacy and maintains all client information as confidential. As part of our holistic services, we do provide our clients with proactive reminders about their specific Plans, as well as periodic newsletters and emails with educational information. We may also send invitations to seminars of interest to you , and/or special client appreciation events. **We do not sell or share your information for marketing or analytics purposes.**

THANK YOU FOR YOUR TIME!