



LAW OFFICE OF
JESSICA LYNN SILVA PLLC

1360 S. Patrick Drive Suite 4 Satellite Beach FL 32937 | 1646 W. Snow Avenue Suite 184 Tampa, FL 33606
321.474.2034 | office@jessicalynnlaw.com | www.jessicalynnlaw.com | 813.922.5272

PROBATE • WILLS • TRUSTS • ESTATE PLANNING

ESTATE PLANNING QUESTIONNAIRE – CONFIDENTIAL

High-Net-Worth Intake Form – Including Crypto & Digital Assets

*Disclaimer: This section is for identifying digital assets and planning purposes.
We do not require private keys, passwords, or seed phrases at intake. Secure those separately.*

Referred By: _____

Personal & Family Information

Full Legal Name(s): _____

Date of Birth: _____ SS# _____

U.S. Citizen? Yes No

Email: _____ **Home/Cell No:** _____

Address: _____

Do you claim Homestead on this real property? Yes No

Marital Status: Single Married Divorced Widowed

Do you have a **Prenuptial or Postnuptial Agreement**? Yes No

Spouse/Partner Full Legal Name (if applicable): _____

U.S. Citizen? Yes No

Date of Birth: _____ SS# _____

Email: _____ **Home/Cell No:** _____

Employment & Business Interests

Occupation/Employer: _____

Do you own a business? Yes No

Do you wish to make bequests to any charitable organization? Yes No

If so, please furnish details: _____

Do you have any assets to your knowledge located **outside** the State of Florida? If so, what and where (i.e. mineral interests, ownership in a town, gold mines, etc.) _____

Do you have a safe deposit box? Yes No If so, where _____

Do you have a keyholder (safe deposit box) named in the event of your passing? Yes No

Do you anticipate receiving any inheritance during your life? Yes No

CRYPTO & DIGITAL ASSETS

Do you currently hold any cryptocurrency, NFTs, or other blockchain-based digital assets?

Yes No

If yes, please list all types and approximate value: _____

Type of Assets

Which of the following do you own? (check all that apply)

- Bitcoin (BTC)
- Ethereum (ETH)
- Stablecoins (e.g., USDC, USDT, DAI)
- Altcoins (list: _____)
- NFTs / Digital Collectibles
- Tokens tied to DAOs / projects
- Other digital assets (describe: _____)

Acquisition & Ownership

When did you first acquire cryptocurrency?

Was it acquired:

- Before marriage (premarital)
- After marriage (marital)
- Both

Have you used marital funds to purchase additional crypto? Yes No

Do you receive income from crypto (staking, mining, yield farming, royalties, etc.)?

Yes No

Storage & Custody

Where are your crypto assets stored? (check all that apply)

- Centralized exchange (Coinbase, Binance, Kraken, etc.)
- Hardware wallet (Ledger, Trezor, etc.)
- Software wallet (Metamask, Trust Wallet, etc.)

Custodian / Third-party trust company

Other: _____

Do you maintain secure backup of private keys / seed phrases?

Yes No

Does anyone else have access to these wallets? (spouse, business partner, advisor)

Yes (*Name and relationship*) _____

No

Access & Documentation

Do you have a written record or inventory of your wallets, accounts, and keys?

Yes No

Have you authorized anyone (trustee, PR, attorney-in-fact) to access your digital assets through estate documents? Yes No

Would you like us to prepare a **Digital Asset Access Authorization** under Florida's RUFADAA law? Yes No

Valuation & Reporting

- Approximate current total value of your digital assets: \$ _____
- Are you currently reporting crypto holdings for tax purposes? Yes No
- Do you track gains/losses through software (CoinTracker, Koinly, TaxBit, etc.)?
 Yes No

Future Planning

- Do you want crypto designated as **separate property** in a prenup/postnup? Yes No
- Should crypto pass to your spouse, children, or a trust in the event of death? Yes No
- Do you have beneficiaries set up on exchange accounts that allow it? Yes No

Do you have any burial / cremation / funeral instructions for us to include in your documents?

Yes No If yes: _____

CHILDREN

Would any of your beneficiaries be considered **special needs**? Yes No

Do you plan to intentionally **not provide** for any spouse or child? Yes No

Should your children and/or grandchildren receive property at:

- a. Age of majority (18 years), Yes No
- b. Hold in trust until a more mature age? Yes No
If yes, then:

(1) Provide for interim partial distributions: Yes No

(2) If so, at what ages and percentages: _____ % at age _____ and _____ % at age _____, with final distribution at age _____.

(3) Whom do you want to name as trustee/guardian of the assets (property) (if different than below named guardian of person and property) until age of distribution(s) listed above and what is his/her relationship to you?

Primary Name: _____ Relationship to you: _____

Address: _____ Phone # _____ Email _____

1st Alternate Name: _____ Relationship to you: _____

Address: _____ Phone # _____ Email _____

2nd Alternate Name: _____ Relationship to you: _____

Address: _____ Phone # _____ Email _____

Child #1 Name: _____ Address: _____ Phone: _____

Age: _____ Last four of SS# _____ (If Minor Only) Date of Birth: _____ (If Minor Only)

Is Child #1 **biological or adopted** to you and your current spouse? Yes No

If no, who of above is the biological parent? _____

Child #1 Married: Yes No Spouse's Name: _____

Do you plan to **provide** for Child #1 in your estate planning? Yes No

Should Child #1 predecease you do you want his/her children to inherit Child #1's share?

Yes No

Child #2 Name: _____ Address: _____ Phone: _____

Age: _____ Last four of SS# _____ (If Minor Only) Date of Birth: _____ (If Minor Only)

Is Child #2 **biological or adopted** to you and your current spouse? Yes No

If no, who of above is the biological parent? _____

Child #2 Married: Yes No Spouse's Name: _____

Do you plan to **provide** for Child #2 in your estate planning? Yes No

Should Child #2 predecease you do you want his/her children to inherit Child #2's share?

Yes No

Child #3 Name: _____ **Address:** _____ **Phone:** _____

Age: _____ **Last four of SS#** _____ *(If Minor Only)* **Date of Birth:** _____ *(If Minor Only)*

Is Child #3 **biological or adopted** to you and your current spouse? Yes No

If no, who of above is the biological parent? _____

Child #3 Married: Yes No Spouse's Name: _____

Do you plan to **provide** for Child #3 in your estate planning? Yes No

Should Child #3 predecease you do you want his/her children to inherit Child #3's share?

Yes No

Child #4 Name: _____ **Address:** _____ **Phone:** _____

Age: _____ **Last four of SS#** _____ *(If Minor Only)* **Date of Birth:** _____ *(If Minor Only)*

Is Child #4 **biological or adopted** to you and your current spouse? Yes No

If no, who of above is the biological parent? _____

Child #4 Married: Yes No Spouse's Name: _____

Do you plan to **provide** for Child #4 in your estate planning? Yes No

Should Child #4 predecease you do you want his/her children to inherit Child #4's share?

Yes No

GUARDIANS

If you have any minor children, who would you like to be their guardian at your death?

Primary Name: _____ **Relationship to you:** _____

Include spouse as co-guardian? Yes No If so name of spouse: _____

In the event of death may co-guardian continue to serve alone? Yes No

In the event of divorce is co-guardian to continue to serve or be removed? Yes No

Address: _____ Phone # _____ Email _____

1st Alternate Name: _____ Relationship to you: _____

Include spouse as co-guardian? Yes No If so name of spouse: _____

In the event of death may co-guardian continue to serve alone? Yes No

In the event of divorce is co-guardian to continue to serve or be removed? Yes No

Address: _____ Phone # _____ Email _____

2nd Alternate Name: _____ Relationship to you: _____

Include spouse as co-guardian? Yes No If so name of spouse: _____

In the event of death may co-guardian continue to serve alone? Yes No

In the event of divorce is co-guardian to continue to serve or be removed? Yes No

Address: _____ Phone # _____ Email _____

TRUST(S)

Would you and your spouse like separate Trusts or one joint Trust?

Separate Trust(s) Yes No Joint Trust Yes No BOTH Yes No

What would you like to name your Trust(s)? _____

Name(s) and relationship of **Successor Trustee(s)** *(to serve after your passing or incapacity):*

Primary Successor Trustee: _____ Relationship to you: _____

Address: _____ Phone # _____ Email _____

1st Alternate Successor Trustee: _____ Relationship to you: _____

Address: _____ Phone # _____ Email _____

2nd Alternate Successor Trustee: _____ Relationship to you: _____
Address: _____ Phone # _____ Email _____

POWER OF ATTORNEY(S)

NAME #1's (from above) requested power of attorney designations are as follows:

Health Care Surrogate (Medical Power of Attorney)

Primary: _____ Relationship to you: _____
Address: _____ Phone # _____

1st Alternate: _____ Relationship to you: _____
Address: _____ Phone # _____

2nd Alternate: _____ Relationship to you: _____
Address: _____ Phone # _____

Durable Power of Attorney (Financial Power of Attorney)

Primary: _____ Relationship to you: _____
Address: _____ Phone # _____

1st Alternate: _____ Relationship to you: _____
Address: _____ Phone # _____

2nd Alternate: _____ Relationship to you: _____
Address: _____ Phone # _____

Personal Representative (Executor/Executrix) Designations

Primary: _____ Relationship to you: _____
Address: _____ Phone # _____

1st Alternate: _____ Relationship to you: _____
Address: _____ Phone # _____

2nd Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

NAME #2's (from above) requested power of attorney designations are as follows:

Health Care Surrogate (Medical Power of Attorney)

Primary: _____ Relationship to you: _____

Address: _____ Phone # _____

1st Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

2nd Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

Durable Power of Attorney (Financial Power of Attorney)

Primary: _____ Relationship to you: _____

Address: _____ Phone # _____

1st Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

2nd Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

Personal Representative (Executor/Executrix) Designations

Primary: _____ Relationship to you: _____

Address: _____ Phone # _____

1st Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

2nd Alternate: _____ Relationship to you: _____

Address: _____ Phone # _____

Charitable & Legacy Goals

Do you wish to leave assets to charity? Yes No

If yes, which charities/causes: _____

Would you consider a Donor Advised Fund or Private Foundation? Yes No

What are your top priorities? *(check all that apply)*

- Avoiding probate
- Reducing estate taxes
- Protecting assets from creditors/divorce
- Providing for spouse/partner
- Providing for children/grandchildren
- Managing volatile assets (crypto, NFTs, concentrated stock)
- Philanthropy/charitable giving
- Business succession planning
- Privacy & asset protection

Existing Trusts & Estate Planning Documents

Do you already have any of the following? *(check all that apply)*

- Revocable Living Trust
- Dynasty Trust
- SLAT (Spousal Lifetime Access Trust)

- Charitable Trusts (CRUT, CRAT, CLT)
- Last Will & Testament
- Living Will
- Durable Power of Attorney
- Health Care Surrogate
- Preneed Guardian
- Preneed Guardian Minor

If yes, please attach copies of these documents or bring to consultation.

Additional Notes

Please provide any other details, special circumstances, specifics you would like us to be aware of, or goals that are important for us to consider in your estate plan:

This completed questionnaire will be utilized in evaluating the need for any revocable trust, dynasty trust, SLAT, CRUT/CRAT, charitable foundation, or crypto-specific structures within the estate planning strategy and drafting session(s) in order to best serve your current legal estate planning needs.