



THE HAW LAW FIRM, PLLC

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An attorney-client relationship is not formed without the signing of an employment contract and payment for services. All information in this questionnaire is kept confidential regardless of whether an attorney-client relationship is ultimately formed.

Date Prepared: _____

I. YOUR INFORMATION

Full Name: _____ Name you prefer to be called: _____
Also Known As: _____ Last 3 Digits of SSN: _____
Street Address: _____ City, Zip Code: _____
County of Residence: _____ Home Phone: _____
Email Address: _____ Cell Phone: _____
Date of Birth: _____ Citizen of the US? _____ Yes _____ No
Occupation: _____ Employer: _____
Title/Position: _____ Work Phone: _____
Work Address: _____ City, Zip Code: _____
Work Email: _____ May we contact you at work? _____ Yes _____ No

How did you hear about us? _____

II. MARITAL HISTORY

If anybody can claim a current marriage to you, please give their name and describe the situation:

_____.

If you have been married before, please provide the following information:

Name of prior Spouse: _____
Date of Marriage: _____ Date Marriage Ended: _____
How did the marriage end (divorce, death, etc.)? _____

If you are required to leave property or maintain insurance for your prior spouse or children of the prior marriage, please provide a copy of the decree or settlement agreement relevant to the requirement.

III. CHILD(REN)'S INFORMATION, IF APPLICABLE

Child 1:

Full Name: _____ Date of Birth: _____
Address: _____
Spouse: _____ # of Children: _____
Phone: _____ Other parent: _____

Child 2:

Full Name: _____ Date of Birth: _____
Address: _____
Spouse: _____ # of Children: _____
Phone: _____ Other parent: _____

Child 3:

Full Name: _____ Date of Birth: _____
Address: _____
Spouse: _____ # of Children: _____
Phone: _____ Other parent: _____

Child 4:

Full Name: _____ Date of Birth: _____
Address: _____
Spouse: _____ # of Children: _____
Phone: _____ Other parent: _____

Child 5:

Full Name: _____ Date of Birth: _____
Address: _____
Spouse: _____ # of Children: _____
Phone: _____ Other parent: _____

Do you have any deceased children? ____ Yes ____ No. If yes, age at death? _____

If there are any special circumstances concerning your children or grandchildren (educational requirements, special health needs, etc. or any other people who you feel a financial responsibility toward, please describe the situation below:

Please e-mail additional children's information, if applicable.

Your Estate Plan (Trust or Will-Based)

I. SPECIFIC BEQUESTS

A Memorandum will be drafted that allows you to **request** specific items (furniture, vehicles, household goods, personal items, etc.) be given to certain people. This Memo can be kept with you estate plan, and it can be changed at any time. If you would like the gift(s) to be binding, please list these items below:

Item 1: _____ Recipient: _____

If recipient predeceases, to (estate, descendants, etc.): _____

Item 2: _____ Recipient: _____

If recipient predeceases, to (estate, descendants, etc.): _____

Item 3: _____ Recipient: _____

If recipient predeceases, to (estate, descendants, etc.): _____

Item 4: _____ Recipient: _____

If recipient predeceases, to (estate, descendants, etc.): _____

Item 5: _____ Recipient: _____

If recipient predeceases, to (estate, descendants, etc.): _____

II. DISPOSITION OF THE REST OF THE ESTATE

Please how you would like the remainder of the Estate shall be divided (e.g., "all to _____, divided equally between _____ and _____), $\frac{1}{4}$ to _____ and $\frac{3}{4}$ to _____):

III. ALTERNATE BENEFICIARIES FOR THE REST OF THE ESTATE

Please list the beneficiaries you would like to inherit if the above have predeceased you.

Any other important information or questions regarding the disposition of your estate:

IV. CONTINGENT TRUSTS – IF CHILDREN OR GRANDCHILDREN

If you have children or grandchildren, your estate plan will include contingent trusts. You can provide that your funds will be held in a single trust for all beneficiaries until the youngest reaches a certain age (“pot trust”) or separate trusts that can terminate when each child reaches a certain age (“separate trusts”). The most commonly selected ages are 30 or 35, but they can be any age you select.

Pot Trust? _____ Yes _____ No If yes, terminates when youngest reaches age _____

Separate Trusts? _____ Yes _____ No If yes, terminates when beneficiary reaches age _____; half at age _____ and half at age _____; or terminates in thirds at ages _____, _____, and _____

V. LIFETIME (OR UNTIL MUCH OLDER) TRUSTS - OPTIONAL

If you have children or grandchildren, your estate plan

If you would like separate trusts to last a lifetime or for a very long time, you can allow the children or descendants to become co-trustee or sole trustee of their trust. The most common ages are at 25 and 30 or 30 and 35 but can be any age you select.

If desired, what age would you like: _____ Co-Trustee Age _____ Sole Trustee Age

VI. EXECUTOR FOR PROBATING WILL

Even if you do a trust, your estate will include a pour-over will and Executor. Your Executor has the duty to settle your Estate. An Executor will collect the assets, pay debts and taxes, and finally distribute the Estate to the beneficiaries. You should only name an Executor that you trust completely.

Primary:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

First Alternative:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

Second Alternative:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

Third Alternative:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

It is generally better to name only one Executor for your Estate to prevent complications from multiple Executors with differing opinions. If you would like any of the above Executors to serve together despite the general recommendation to only name one, please indicate it below:

Which Executors should act together? _____

Should they make decisions independently, unanimously, or by majority? _____

VII. TRUSTEES

Your Trustee has the duty to manage any trusts created in your Estate. You should only name a Trustee that you trust completely to manage your money and also to take into account the needs of the beneficiary of the trust. The Trustee should be available for the duration of the trust, if possible. The Trustee does not have to be the same person as the Executor or the Guardian of any children or yourself.

Would you like the Trustee to be the same as the Executors? ____ Yes ____ No

If Yes, you may skip this section.

Primary:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

First Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Second Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Third Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

It is generally better to name only one Trustee for your Estate to prevent complications from multiple Trustees with differing opinions. If you would like any of the above Trustees to serve together despite the general recommendation to only name one, please indicate it below:

Which Trustees should act together? _____

Should they make decisions independently, unanimously, or by majority? _____

VIII. GUARDIANS OF CHILDREN UNDER 18 (if applicable)

The other parent is the natural guardian of the children, and the other parent will assume custody if alive. If the other parent is deceased, you may name a Guardian in your Will to raise your child(ren) in your absence. Two people may serve as long as they are a married couple.

Would you like the same designations as the Executors? Yes No

Would you like the same designations as the Trustees? Yes No

If Yes to either of the above, you may skip this section.

Primary:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

First Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Second Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Third Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

If there are any special arrangements you would like for your minor children, please list them below:

If you'd like to name different people to be charge of finances than physical custody (above), please explain. (You can simply write "use executors" if applicable)

IX. GUARDIANS OF YOU:

The following pages include designations for people to care for you if you become incapacitated, which will eliminate the need for a guardian for you. However, as a failsafe, you will designate a guardian in the unusual circumstance that it is needed. The guardian of the person takes care of your physical and medical needs wherein the guardian of the estate makes financial decisions. You may also disqualify specific people as guardian.

Would you like the same designations as the Executors? Yes No

Would you like the same designations as the Trustees? Yes No

If Yes to either of the above, you may skip this section.

Primary: **Person** **Estate** **Both**

Full Name: _____ Relation: _____

Street Address: _____ City, State Zip: _____

Phone: _____ Email: _____

First Alternative: **Person** **Estate** **Both**

Full Name: _____ Relation: _____

Street Address: _____ City, State Zip: _____

Phone: _____ Email: _____

Second Alternative: **Person** **Estate** **Both**

Full Name: _____ Relation: _____

Street Address: _____ City, State Zip: _____

Phone: _____ Email: _____

Third Alternative: **Person** **Estate** **Both**

Full Name: _____ Relation: _____

Street Address: _____ City, State Zip: _____

Phone: _____ Email: _____

If there is anybody you would not like to be named guardian, please list them below:

Person: _____

Estate: _____

X. AGENTS FOR DURABLE POWER OF ATTORNEY

A durable power of attorney is a powerful document that gives the personal named the power to sign your name if you are not able to do so. It may also give that person power over your financial accounts while you are still alive.

If Yes to any of the below, you may skip this section.

Would you like the same designations as the Executors? Yes No

Would you like the same designations as the Trustees? Yes No

Would you like the same designations as the Guardians? Yes No

Primary:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

First Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Second Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Third Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

XI. AGENTS FOR HEALTH CARE SURROGATE

Your health care surrogate will make medical or other health care decisions for you in the event that you cannot make them for yourself. You will also authorize release of information to this person.

If Yes to any of the below, you may skip this section.

- Would you like the same designations as the Executors? Yes No
Would you like the same designations as the Trustees? Yes No
Would you like the same designations as the Guardians? Yes No

Primary:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

First Alternative:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

Second Alternative:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

Third Alternative:

Full Name: _____ Relation: _____
Street Address: _____ City, State Zip: _____
Phone: _____ Email: _____

XII. DISPOSITION OF REMAINS

You may name an agent to be in control of the disposition of your remains. This person has authority over your funeral and body disposition. This is often the same person as named as medical POA.

Do you prefer to be: _____ Buried _____ Cremated _____ Undecided or no preference

Do you wish for that preference to be: _____ Enforceable _____ Requested

If Yes to any of the below, you may skip this section.

Would you like the same designations as the Executors? _____ Yes _____ No

Would you like the same designations as the Trustees? _____ Yes _____ No

Would you like the same designations as the Guardians? _____ Yes _____ No

Would you like the same designations as your health care surrogate? _____ Yes _____ No

Primary:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

First Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Second Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Third Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

XIII. FINANCIAL SUMMARY

Assets	Full Value	[Less Debt]	Net Value	Beneficiary Designation/ Other Comments
Life Insurance policy of employer				
Additional Policy				
Additional Policy				
Retirement Account				
Account 2				
Account 3				
Residence:				
Other Real Estate: #1				
Property #2				
Property #3				
Checking: Primary Account				
Other Account #1				
Other Account #2				
Savings				
CDs				
Brokerage: Account #1				
Account #2				
Account #3				
Notes (loans to others)				
Businesses				
Vehicles: #1				
Vehicle #2				
Vehicle #3				
Vehicle #4				
Personal Effects				
Potential Inheritance				
Other:				
Total:				

If there are any other assets or liabilities that you believe will affect the value of your estate, please disclose those in the space below:

If you expect any changes major changes to your assets listed, please disclose those in the space below:

XIV. ANNUAL INCOME

What is your annual salary? _____

Expected Bonuses: _____

Other income: _____

Total Annual Income: _____

If you anticipate any changes to your annual income, what are they? _____

XV. GENERAL INFORMATION

Have you previously had a Will drafted? Yes No If yes, please provide a copy.

Have you previously had a trust drafted? Yes No If yes, please provide a copy.

Are you the beneficiary of any trusts? Yes No If yes, please provide a copy.

Is there anything else you would like to discuss?

Where will you keep your original documents? _____

How do you typically sign your name? _____

XVI. SIGNING

The standard fee includes detailed instructions for your will signing. For an additional fee, The Haw Law Firm can be involved in the physical signing of your documents. Please choose from the options and costs below:

Note: Witnesses cannot be related to you or benefit from your estate in any way

_____ Cost: \$0 Detailed instructions with you arranging the signing

_____ Cost: \$0 At The Haw Law Firm Office, with you providing 2 witnesses and the firm providing a notary

_____ Cost: \$250 At The Haw Law Firm Office, with the firm providing 2 witnesses and a notary

_____ Cost: \$500 At your residence, with you providing 2 witnesses and the firm providing an attorney/notary