



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.

I. YOUR INFORMATION

Street Address: _____ City, Zip Code: _____

County of Residence: _____ Home Phone: _____

Husband:

Full Name: _____ Name you prefer to be called: _____

Also Known As: _____ Last 3 Digits of SSN: _____

Email Address: _____ Cell Phone: _____

Date of Birth: _____ Citizen of the US? _____ Yes _____ No

Occupation: _____ Employer: _____

Title/Position: _____ Work Phone: _____

Work Street Address: _____ City, Zip Code: _____

Work Email: _____ May we contact you at work? _____ Yes _____ No

Wife:

Full Name: _____ Name you prefer to be called: _____

Also Known As: _____ Last 3 Digits of SSN: _____

Email Address: _____ Cell Phone: _____

Date of Birth: _____ Citizen of the US? _____ Yes _____ No

Occupation: _____ Employer: _____

Title/Position: _____ Work Phone: _____

Work Street Address: _____ City, Zip Code: _____

Work Email: _____ May we contact you at work? _____ Yes _____ No

How did you hear about this firm? _____

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

Please list information about your children. If you are making provisions in your estate for your grandchildren, please provide their information by email. If one or more of your children is from a former relationship, please briefly describe your relationship and trust in the other parent.

Child 1:

Full Name: _____

Date of Birth: _____

Street Address: _____

City, Zip Code: _____

Phone: _____

Gender: _____

Spouse: _____

of Children: _____

Child 2:

Full Name: _____

Date of Birth: _____

Street Address: _____

City, Zip Code: _____

Phone: _____

Gender: _____

Spouse: _____

of Children: _____

Child 3:

Full Name: _____

Date of Birth: _____

Street Address: _____

City, Zip Code: _____

Phone: _____

Gender: _____

Spouse: _____

of Children: _____

Child 4:

Full Name: _____

Date of Birth: _____

Street Address: _____

City, Zip Code: _____

Phone: _____

Gender: _____

Spouse: _____

of Children: _____

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 _____), 1/4 to _____ and 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 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 execute 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.

Husband's Executors:

Would you like your spouse to be named as Executor of your estate? _____ Yes _____ No
If no, please list your Primary Executor below. If yes, skip to First Alternate.

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? _____

Wife's Executors:

Would you like to name the same set of Executors as your spouse? ____Yes ____No
If yes, skip to next section.

Would you like your spouse to be named as Executor of your estate? ____Yes ____No
If no, please list your Primary Executor below. If yes, skip to First Alternate.

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.

Husband's Trustees:

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

If Yes, you may skip this section.

Would you like your spouse to be named as Trustee of your estate? ____ Yes ____ No

If no, please list your Primary Trustee below. If yes, skip to First Alternate.

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 my majority? _____

Wife's Trustees:

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

If Yes, you may skip this section.

Would you like your spouse to be named as Trustee of your estate? ____ Yes ____ No

If no, please list your Primary Trustee below. If yes, skip to First Alternate.

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 my majority? _____

VIII. GUARDIANS OF CHILDREN UNDER 18 (if applicable)

You may name a Guardian to raise your child(ren) in your absence.

Primary:

Full Name: _____

Relation: _____

Spouse: _____

Include as Guardian? _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

First Alternative:

Full Name: _____

Relation: _____

Spouse: _____

Include as Guardian? _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Second Alternative:

Full Name: _____

Relation: _____

Spouse: _____

Include as Guardian? _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

Third Alternative:

Full Name: _____

Relation: _____

Spouse: _____

Include as Guardian? _____

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/trustees" if applicable)

III. GUARDIANS OF YOU:

The following pages include designations for people to care for you if you become incapacitated, which should 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.

Husband's Guardians:

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: _____

Wife's Guardians:

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: _____

IX. 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. It also gives your agent power over your financial accounts while you are still alive. In Florida, the power of attorney must be effective immediately, so the agent has power over your accounts as soon as you sign.

Husband's Agents:

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: _____

Wife's Agents:

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: _____
Street Address: _____
Phone: _____

Relation: _____
City, State Zip: _____
Email: _____

First Alternative:

Full Name: _____
Street Address: _____
Phone: _____

Relation: _____
City, State Zip: _____
Email: _____

Second Alternative:

Full Name: _____
Street Address: _____
Phone: _____

Relation: _____
City, State Zip: _____
Email: _____

Third Alternative:

Full Name: _____
Street Address: _____
Phone: _____

Relation: _____
City, State Zip: _____
Email: _____

X. AGENTS FOR HEALTH CARE SURROGATE

Your health care agent 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 medical information to your agent.

Husband's Agents:

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: _____
Street Address: _____
Phone: _____

Relation: _____
City, State Zip: _____
Email: _____

First Alternative:

Full Name: _____

Street Address: _____

Phone: _____

Relation: _____

City, State Zip: _____

Email: _____

Second Alternative:

Full Name: _____

Street Address: _____

Phone: _____

Relation: _____

City, State Zip: _____

Email: _____

Third Alternative:

Full Name: _____

Street Address: _____

Phone: _____

Relation: _____

City, State Zip: _____

Email: _____

Wife's Agents:

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: _____

Street Address: _____

Phone: _____

Relation: _____

City, State Zip: _____

Email: _____

First Alternative:

Full Name: _____

Street Address: _____

Phone: _____

Relation: _____

City, State Zip: _____

Email: _____

Second Alternative:

Full Name: _____

Street Address: _____

Phone: _____

Relation: _____

City, State Zip: _____

Email: _____

Third Alternative:

Full Name: _____

Relation: _____

Street Address: _____

City, State Zip: _____

Phone: _____

Email: _____

XI. 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.

Husband's Preferences:

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 agent? _____ 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: _____

Wife's Preferences:

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 agent? _____ 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. 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:

XIII. ANNUAL INCOME

Husband's Salary: _____ Wife's Salary: _____
Husband's Bonuses: _____ Wife's Bonuses: _____
Other income: _____
If you anticipate any changes to your annual income, what are they? _____

XIV. 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 names? _____

XV. 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 The signing will take place at The Haw Law Firm and you will provide 2 witnesses to be present for the signing. Emma Haw will act as the notary.
- _____ Cost: \$250 The signing will take place at The Haw Law Firm and the firm will arrange a notary and 2 witnesses to be present for the signing
- _____ Cost: \$500 Emma Haw will travel to a destination within 20 miles of Oviedo, Florida and provide a notary and two witnesses for the signing