



**Pasco County Office**  
(Principal Office)  
5318 Balsam Street  
New Port Richey, FL 34652  
Telephone: (727) 849-1122  
Fax: (727) 848-4466  
Homepage: willtrust.com

**Gregory G. Gay, Esq.**  
Board Certified Elder Law  
Board Certified Wills, Trusts and  
Estates

**Audrey Gay Ehrhardt, Esq.**

**A. Edward Bound, Jr. Esq.,**  
Of Counsel

**CONFIDENTIAL CLIENT**  
**PART I - ESTATE PLANNING QUESTIONNAIRE**

Dear Client,

Thank you for selecting The Law Offices of Gay & Ehrhardt, P.A., to assist you in planning for the needs of your estate. The information requested in your Confidential Client Estate Planning Questionnaire is information that must be supplied initially to the attorney in order for the attorney to plan your estate. All information shown hereon and provided to the attorney will be maintained *in strict confidence*.

In this part of the Estate Planning Questionnaire you will be asked to provide personal information regarding you and your spouse so that the attorneys may better understand your family situation and assess your estate planning needs. If any of the questions do not apply to you please place the initials "NA" for "not applicable" in the blank. If any of the questions do apply to you but you do not know the answer please place the initials "UK" for "unknown" in the blank.

**Personal Client Information**

Client Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Former Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Spouse Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Former Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthday: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Client Addresses

Permanent Residence Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Date Florida Residency Established: \_\_\_\_\_

Was a Florida Declaration of Domicile Recorded: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you claim Florida Homestead exemption? \_\_\_\_\_ Yes \_\_\_\_\_ No

Where are you presently registered to vote? \_\_\_\_\_

Northern Address (if any): \_\_\_\_\_

Time Spent at Northern Address: \_\_\_\_\_

Additional Address (if any): \_\_\_\_\_

Time Spent at Additional Address: \_\_\_\_\_

Client Telephone Numbers

Client Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Present Marriage

Date: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Prior Marriage(s): Client

Date: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Reason/Date for termination (death, divorce, etc): \_\_\_\_\_

Prior Marriage(s): Client

Date: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Reason/Date for termination (death, divorce, etc): \_\_\_\_\_

Prior Marriage(s): Spouse

Date: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Reason/Date for termination (death, divorce, etc): \_\_\_\_\_

Prior Marriage(s): Spouse

Date: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Reason/Date for termination (death, divorce, etc): \_\_\_\_\_

Children

Children of Present Marriage (if any):

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Children of Prior Marriage: Client

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_

Children of Prior Marriage: Spouse

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_

Child Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Married? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, spouse name: \_\_\_\_\_

Children? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, child's name and age: \_\_\_\_\_

\_\_\_\_\_

Parents: Client

Legal Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Financially Dependent: \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents: Spouse

Legal Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Financially Dependent: \_\_\_\_\_ Yes \_\_\_\_\_ No

**CONFIDENTIAL CLIENT**  
**PART II - ESTATE PLANNING QUESTIONNAIRE**

In this part of the Estate Planning Questionnaire you will be asked to identify who you and your spouse would like to name in some capacity regarding your estate planning documents. If any of the questions do not apply to you please place the initials "NA" for "not applicable" in the blank. If any of the questions do apply to you but you do not know the answer please place the initials "UK" for "unknown" in the blank.

Last Will and Testament

Personal Representative

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Alternate Personal Representative

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Revocable Trust (If a trust is contemplated)

Trustee

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Successor Trustee

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Guardian of Minor Children (If necessary)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Durable Power of Attorney

Attorney in Fact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate Attorney in Fact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Healthcare Surrogate Designation

Surrogate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate Surrogate

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

Devises or Bequests to Individuals

<u>Name</u>	<u>Relationship</u>	<u>Description</u>	<u>Amount/Shares</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONFIDENTIAL CLIENT**  
**PART III - ESTATE PLANNING QUESTIONNAIRE**

In each of the sections below, you are requested to provide both the nature of the asset owned and the approximate value of said asset. You are also requested to specify the form of ownership of the asset and whether the asset is owned individually or jointly with any and all other individuals. Please provide this information to the best of your ability. If you have any documentation on the item, such as a real property deed or a current bank statement, you may bring this information with you to your initial appointment to better aid the attorney in planning for your estate.

**SECTION I – REAL ESTATE**

<u>Property Address/Legal Description</u>	<u>Fair Market Value</u>	<u>Ownership</u>

If any or all of the aforesaid real property is mortgaged or has a lien against it, please list the approximate amount owed and please indicate to what institution or person it is owed:

<u>Property Address</u>	<u>Lien Amount</u>	<u>Creditor</u>	<u>Ownership</u>

**SECTION II – STOCKS AND BONDS**

<u>Name of Company</u>	<u>Number of Shares</u>	<u>Estimated Share Value</u>	<u>Ownership</u>

**SECTION III – ANNUITIES OR PENSION**

<u>Company</u>	<u>Benefits Payable</u>	<u>Beneficiary</u>	<u>Present Value</u>	<u>Ownership</u>

**SECTION IV – BANK ACCOUNTS AND/OR CERTIFICATES OF DEPOSIT**

<u>Name of Bank</u>	<u>Type of Account</u>	<u>Balance</u>	<u>Ownership</u>

**SECTION V – LONG TERM CARE INSURANCE**

<u>Name of Company</u>	<u>Policy Number</u>	<u>Daily Benefit</u>	<u>Term of Payments</u>	<u>Ownership</u>

**SECTION VI – MORTGAGES, NOTES AND DEBTS RECEIVABLE**

<u>Interest Rate and Present Maker</u>	<u>Fair Market Value</u>	<u>Term Remaining</u>	<u>Ownership</u>

**SECTION VII – LIFE INSURANCE**

<u>Type of Policy</u>	<u>Policy Number</u>	<u>Face Amount</u>	<u>Beneficiary</u>	<u>Ownership</u>

Please indicate any and all loans against the aforesaid policy:

<u>Type of Policy</u>	<u>Policy Number</u>	<u>Face Amount</u>	<u>Loan Amount</u>	<u>Ownership</u>

**SECTION VIII – PRESENT TRUST**

Please be advised that this section is related to any present trust in which you have any interest. This interest would be related to a present right to receive income, to designate a person to receive income or principal, or to change the trustee or the beneficiary.

<u>Trustee</u>	<u>Living Trust</u>	<u>Trust Date</u>	<u>Approximate Value</u>	<u>Ownership</u>

**SECTION IX – AUTOMOBILES**

<u>Year</u>	<u>Make/Model</u>	<u>Equity Amount</u>	<u>Loan Amount</u>	<u>Ownership</u>

**SECTION X – INVESTMENTS**

Please be advised that this section addresses any investments or inheritance you or your spouse may receive in the foreseeable future. Please address who or where the monies are expected to come from and approximately when you expect to receive it.

<u>Source</u>	<u>Description</u>	<u>Date</u>	<u>Approximate Value</u>	<u>Ownership</u>

**SECTION XI- INCOME**

Please be advised that this section addresses any and all sources of income you or your spouse receive either on a monthly, quarterly, annual, etc., basis. Please address who or where the monies are expected to come from and approximately when you expect to receive it.

<u>Source</u>	<u>Description</u>	<u>Received (Monthly/Yearly)</u>	<u>Value</u>	<u>Ownership</u>

**SECTION XII- VALUABLE ITEMS**

This section should be used to detail person property items of value such as jewelry, art objects, antiques and other valuable items that you wish to leave specifically to a loved one, charity or other individual. Please be advised, that this should not be confused with your items of tangible person property which will be a separate writing to attach to your original Last Will and Testament that may be changed, by you, from time to time.

<u>Item Description</u>	<u>Approximate Value</u>

**SECTION XIII- MISCELLANOUS ITEMS NOT DESCRIBED ABOVE**

<u>Item Description</u>	<u>Approximate Value</u>

We look forward to see you at your appointment scheduled for \_\_\_\_\_ a.m./p.m. on \_\_\_\_\_, MONTH, 2007, in the \_\_\_\_\_ office. Please do not hesitate to contact us prior to your appointment should you have any questions.

With very best regards, I am

Very truly yours,

Audrey Gay Ehrhardt, Esquire/Gregory G. Gay. Esquire