



THE NATURE COAST LAW OFFICES OF  
**GREGORY G. GAY P.A.**  
PLANNING FOR A LIFETIME™

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

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parents**

**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>