



Law Offices of Damaris G. Claude

Estate Planning and Elder Law

Estate Planning Questionnaire (Married With or Without Children)

Full Legal Name:		
Full Legal Name of Spouse:		
Children's Names	Ages	Disability or Special Needs

Last Will and Testament

Burial Instructions (Optional): Do you wish to include special instructions regarding the disposition of your body? For example: Cremation, Burial, Viewing, Place of Burial etc.? If so, Please indicate:

Personal Property: Personal Property is comprised of tangible items of property, such as furniture, furnishings, jewelry, clothing, household goods, personal effects, animals, automobiles, and other recreational vehicles. (Typically clients leave all of their remaining items of personal property to their spouse, and then their children). To whom do you wish your personal property to go?

Primary(s): _____

Alternate(s): _____

Residuary: The residuary is comprised of all remaining assets not disposed of pursuant to the Personal Property provision above, and that are in your name alone without a beneficiary designation at the time of your death. This may include real estate. (Typically clients leave all of their residuary to their spouse and then their children). To whom do you wish your residuary to go?

Primary(s): _____

Alternate(s): _____

Special Provisions (Optional): Are there any other special provisions you would like to include? (i.e. specific bequests to individuals or charitable organizations) If so, please list:

Personal Representative (Executor/Executrix): This is the individual that is responsible for making sure that the directives of your Last Will and Testament are executed in accordance with your wishes, and the individual that will distribute your assets to beneficiaries accordingly. (Typically clients name their spouse as their primary personal representative). Whom do you wish to name as your personal representative?

Primary(s): _____
Relationship to you? _____

Alternate(s): _____
Relationship to you? _____

Testamentary Trust Provisions (Optional, at additional cost):

Trustee: If your children are young, special needs, or adult age, but need financial oversight, who would you like to name as Trustee to oversee their inheritance from you? (You may also choose to or more co-trustees to serve if you so desire).

Primary(s): _____

Alternate(s): _____

Trust distribution ages: At what age/ages would you want them to take control over their money?

1/3 at age 22, 1/3 at age 25, 1/3 at age 28? _____

1/2 at age 25, 1/2 at age 30? _____

All at age 25? _____

Other? _____

In the event any of the following documents are recommended by the attorney, please indicate the individuals you wish to designate:

DURABLE POWER OF ATTORNEY

Primary:

Alternate:

DESIGNATION OF HEALTH CARE SURROGATE

Primary:

Alternate:

DECLARATION NAMING PRE-NEEDS GUARDIAN

Primary:

Alternate:

LIVING WILL

Primary:

Alternate:

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