

The Law Offices of
Snyder & Snyder, P.A.
Attorneys and Counselors at Law

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****CONFIDENTIAL LEGAL PLANNING INFORMATION****

This form is extremely important. Your accuracy and completeness in responding will help our firm to best represent you. *Please list all names as they would properly appear on legal documents. Include full address and phone number where indicated.* If any section is not applicable to you, please indicate "N/A"

We acknowledge that the information contained herein will be used by Snyder & Snyder, P.A. solely for the preparation of our estate planning documents, and that the information is correct and complete.

SELF:

SPOUSE/PARTNER:

Signature: _____

Signature: _____

PERSONAL DATA

SELF

Please Print

SPOUSE/PARTNER

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Cell Phone: _____

Cell Phone: _____

Business Telephone: _____

Business Telephone: _____

Birthdate: _____ Age: _____

Birthdate: _____ Age: _____

Employer: _____

Employer: _____

Retirement Date _____

Retirement Date _____

U.S. Citizen: Yes _____ No _____

U.S. Citizen: Yes _____ No _____

Soc. Sec. #: _____

Soc. Sec. #: _____

Email: _____

Email: _____

Driver License #: _____

Driver License #: _____

State DL issued: _____

State DL issued: _____

Resided in FL since _____

Resided in FL since _____

Type of residence:

Type of residence:

_____ Rent home/apartment

_____ Rent home/apartment

_____ Own home/condominium

_____ Own home/condominium

_____ Nursing Home/Care Facility

_____ Nursing Home/Care Facility

Name of Facility

Name of Facility

Date of Marriage: _____

City, County, State: _____

Were you referred to my office? If so, by whom? _____

If not, what made you choose my office? _____

Purpose of visit? _____

Health Status: _____

Health Status: _____

Goals: _____

Goals: _____

If you were unable to carry out your financial business, who would you want to do so? (List in order of priority; include your Spouse/Partner) This will be the person designated as your Agent under your Durable Power of Attorney.

If you would like two or more Agents to serve at one time please check here: _____

If so, would you like your Agents to be able to act independently of one another? _____ (yes or no)

SELF

SPOUSE/PARTNER

1. Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

If you were unable to make medical decisions for yourself, whom would you want your doctor to consult with? (List in order of priority; include your Spouse/Partner) This is the person who will be designated the decision maker under your Health Care Surrogate and Living Will.

SELF

SPOUSE/PARTNER

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

If you have minor children, who would you like to serve as the guardian of the person and property of the child, while he or she is a minor? (List in order of priority)

If you would like two or more individuals to serve at one time as co-guardians please check here: _____

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Will you and your Spouse/Partner serve as the initial co-trustees of both of your revocable trusts or will you each serve as sole trustees of your separate trusts? _____ Co-Trustees _____ Sole Trustees _____ Other (please check next to your selection and explain if appropriate):

If you elect to have Co-Trustees and one of you is unable to serve, would you like the remaining Co-Trustee to continue to serve as Sole Trustee _____ (check if applicable) or would you like an additional trustee appointed to serve as a successor Co-Trustee _____ (check if applicable).

Who would you like to serve as the successor trustee of your revocable trust? (List in order of priority; include your Spouse/Partner)

SELF

SPOUSE/PARTNER

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Who would you like to serve as the personal representative of your estate? (List in order of priority; include your Spouse/Partner)

SELF

SPOUSE/PARTNER

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

PERSONAL INFORMATION

If you have previously had any of the following documents prepared please forward the originals to our office so we can have a copy of same for our files.

Last Will and Testament	(State)_____	(Date)_____
Durable Power of Attorney	(State)_____	(Date)_____
Living Will	(State)_____	(Date)_____
Health Care Surrogate	(State)_____	(Date)_____
Living Trust	(State)_____	(Date)_____
Premarital Agreement	(State)_____	(Date)_____

1. Who prepares your taxes? _____
Address: _____

2. Who is your financial advisor? _____
Address: _____

3. Where is the location of your important papers? _____

4. Do you have a safe deposit box? _____ If yes: What is the box number? _____
Where is it located? _____
What names are on the card? _____

5. Have arrangements been made for the disposition of your body at death? _____
Are the arrangements paid for? _____
If yes, please describe the arrangements: _____

6. Do either of you expect to receive an inheritance? _____ If yes, please explain. _____

7. Do either of you have special medical conditions that I should be aware of? _____ If yes, please explain: _____

8. Do either of you have any other legal issues which I should be aware of? _____
If yes, please explain: _____

9. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? _____ If yes, please explain: _____

Does anyone to whom you are leaving part of your estate receive disability payments? _____

If yes, please explain: _____

CHILDREN OF:

SELF

SPOUSE/PARTNER

Please list proper names as they would appear on legal documents. List children who predeceased you, if any, and their children.

1. Name/Age: _____

Soc Sec #: _____

Residence: _____

Phone #: _____

Spouse's Name/Age: _____

Children Name/Age: _____

2. Name/Age: _____
 Soc Sec #: _____
 Residence: _____

 Phone #: _____
 Spouse's Name/Age: _____
 Children Name/Age: _____

3. Name/Age: _____
 Soc Sec #: _____
 Residence: _____

 Phone #: _____
 Spouse's Name/Age: _____
 Children Name/Age: _____

BENEFICIARY DATA

PLEASE LIST THE NAMES AND ADDRESSES OF BENEFICIARIES OTHER THAN CHILDREN.

SELF

SPOUSE/PARTNER

1. Name: _____
 Relationship: _____
 Address: _____

 Telephone #: _____

Name: _____
 Relationship: _____
 Address: _____

 Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

IF YOU ARE LEAVING FUNDS TO A CHARITY, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE CHARITY. PLEASE CALL THE CHARITY'S OFFICE PRIOR TO YOUR APPOINTMENT AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) LETTER.

Charity Name: _____
Address: _____

Telephone: _____

Charity Name: _____
Address: _____

Telephone: _____

Please list all assets valued over \$5,000 (use additional sheets if necessary):

1. Assets Titled in SELF's Name	<i>Approximate Value</i>

2. Assets Titled in SPOUSE/PARTNER's Name	<i>Approximate Value</i>

3. Assets Titled in Joint Names	<i>Approximate Value</i>

4. SELF – Life Insurance Policies:

Company & Policy #:

Insured:

Owner:

Beneficiary(ies):

Face Amount of Insurance:

Type of Insurance
(term, whole life, universal, variable):

Company & Policy #:

Insured:

Owner:

Beneficiary(ies):

Face Amount of Insurance:

Type of Insurance
(term, whole life, universal, variable):

Company & Policy #:

Insured:

Owner:

Beneficiary(ies):

Face Amount of Insurance:

Type of Insurance
(term, whole life, universal, variable):

5. SPOUSE/PARTNER – Life Insurance Policies:

Company & Policy #:

Insured:

Owner:

Beneficiary(ies):

Face Amount of Insurance:

Type of Insurance
(term, whole life, universal, variable):

Company & Policy #:

Insured:

Owner:

Beneficiary(ies):

Face Amount of Insurance:

Type of Insurance
(term, whole life, universal, variable):

Company & Policy #:

Insured:

Owner:

Beneficiary(ies):

Face Amount of Insurance:

Type of Insurance
(term, whole life, universal, variable):

6. SELF – Retirement Accounts:

Owner:

Beneficiary(ies):

Approximate Current Value:

Type of Account

(IRA, 401(k), Pension, Profit-Sharing):

Owner:

Beneficiary(ies):

Approximate Current Value:

Type of Account

(IRA, 401(k), Pension, Profit-Sharing):

Owner:

Beneficiary(ies):

Approximate Current Value:

Type of Account

(IRA, 401(k), Pension, Profit-Sharing):

7. SPOUSE/PARTNER – Retirement Accounts:

Owner:

Beneficiary(ies):

Approximate Current Value:

Type of Account
(IRA, 401(k), Pension, Profit-Sharing):

Owner:

Beneficiary(ies):

Approximate Current Value:

Type of Account
(IRA, 401(k), Pension, Profit-Sharing):

Owner:

Beneficiary(ies):

Approximate Current Value:

Type of Account
(IRA, 401(k), Pension, Profit-Sharing):

8. SELF – Annuities:

Owner:

Beneficiary(ies):

Approximate Fair Market Value:

Type of Annuity
(Immediate, Tax Deferred):

Owner:

Beneficiary(ies):

Approximate Fair Market Value:

Type of Annuity
(Immediate, Tax Deferred):

Owner:

Beneficiary(ies):

Approximate Fair Market Value:

Type of Annuity
(Immediate, Tax Deferred):

9. SPOUSE/PARTNER – Annuities:

Owner:

Beneficiary(ies):

Approximate Fair Market Value:

Type of Annuity
(Immediate, Tax Deferred):

Owner:

Beneficiary(ies):

Approximate Fair Market Value:

Type of Annuity
(Immediate, Tax Deferred):

Owner:

Beneficiary(ies):

Approximate Fair Market Value:

Type of Annuity
(Immediate, Tax Deferred):

10. SELF – Other Investment Accounts With a Beneficiary ITF (In Trust For), POD (Pay On Death), or TOD (Transfer on Death):

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

11. SPOUSE/PARTNER – Other Investment Accounts With a Beneficiary ITF (In Trust For), POD (Pay On Death), or TOD (Transfer on Death):

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account:

Account Owner:

Beneficiary(ies):

Amount of Account:

Type of Account: