

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

7931 SW 45th Street
Davie, Florida 33328

Phone: 954-475-1139 Fax: 954-475-2634 E-Mail: shawn@snyderlawpa.com

****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"

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

Signature: _____

PERSONAL DATA

Please Print

Name: _____

Address: _____

Telephone: _____

Cell Phone: _____

Business Telephone: _____

Birthdate: _____ Age: _____

Employer: _____

Retirement Date _____

U.S. Citizen: Yes _____ No _____

Soc. Sec. #: _____

Email: _____

Driver License #: _____

State DL issued: _____

Signed Prenuptial/Postnuptial Agreement: Yes _____ No _____

Date of Agreement: _____

Resided in FL since _____

Type of residence:

_____ Rent home/apartment

_____ Own home/condominium

_____ Nursing Home/Care Facility

Name of Facility

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

If not, what made you choose my office? _____

Purpose of visit? _____

Health Status: _____

Goals: _____

If you were unable to carry out your financial business, who would you want to do so? (List in order of priority) 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)

1. Name: _____

Relationship: _____

Address: _____

Telephone #: _____

2. 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) This is the person who will be designated the decision maker under your Health Care Surrogate and Living Will.

1. Name: _____

Relationship: _____

Address: _____

Telephone #: _____

2. 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 be the initial trustee of your revocable trust? _____ Yes _____ No

If no, then please list the name address and telephone number of the initial trustee:

Name: _____
Relationship: _____
Address: _____

Telephone #: _____

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

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

Who would you like to serve as the personal representative of your estate?

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. 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 you expect to receive an inheritance? _____ If yes, please explain. _____

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

8. Do 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:

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.

1. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

2. Name: _____
Relationship: _____
Address: _____

Telephone #: _____

3. 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: _____

Please list all assets valued over \$5,000

| 1. Assets Titled in Your Name | <i>Approximate Value</i> |
|--------------------------------------|---------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| 2. Assets Titled in Joint Names with another person | <i>Approximate Value</i> | With Whom titled? (Name/relationship) |
|--|---------------------------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

3. 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):

4. 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):

5. 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):

6. 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: