



Estate Planning - Prospective Client Information Sheet

Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

All information provided on this sheet and during the consultation is confidential pursuant to Rule 4-1.6 of the Florida Rules of Professional Conduct.

I. Personal Information

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Suite#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth (City & Country): \_\_\_\_\_

Employer/Business Name and Address: \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Status of Health: \_\_\_\_\_

Are you currently insurable? \_\_\_\_\_

II. Objectives and Goals

Please briefly discuss what you would like to accomplish as part of this process. You may want to include in your discussion thoughts about the following issues, as well as other issues important to you.

- Asset protection for children and descendants
- Estate and gift planning
- Intergenerational planning
- Simplification of estate administration
- Charitable objectives

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

III. Family Relationships

If any relative is deceased, please write “(D)” after his or her name.

A. Spouse(s)

How many times have you been married? \_\_\_\_\_

Current marital status (married, widowed, divorced, separated)? \_\_\_\_\_

Full Legal Name	Address	Date of Birth	Date & Place of Marriage (County/State)	Current Marital Status

B. Children, and Grandchildren (Include Step-Children and Adopted Children)

Full Legal Name	Address	Date of Birth	Relationship	Marital Status

C. Parents (Include Step-Parents, Adopted Parents, Biological Parents)

Full Legal Name	Address	Date of Birth	Relationship	Marital Status

D. Siblings (Include Half-Siblings, Adopted Siblings, and Step-Siblings)

Full Legal Name	Address	Date of Birth	Relationship	Marital Status

E. Other Dependents. Are there any persons other than your minor children that are depend on you?  
If so, please describe the relationship and the degree of dependency:

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F. Other People. Are there any other persons than those listed above who will be important to your estate planning process, i.e. nieces and nephews, cousins, close friends, etc.? If so, please describe the relationship and how you wish them to be included in your estate plan:

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IV. Assets and Liabilities

ASSETS

(List current value of each, disregarding any debt or liabilities attached to asset.)

1. Liquid Assets (sum of savings and checking accounts, CDs, stocks and bonds, and other securities).

\$ \_\_\_\_\_

2. Real Property (current value of real estate - ignore any mortgage).

Residence: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

3. Tangible Personal Property (sum of value of jewelry, antiques, electronics, art objects, household furnishings, automobiles, boats, airplanes, hobby collections, etc.)

\$ \_\_\_\_\_

4. Closely Held Business Interests (approximate value of any business interests).

\$ \_\_\_\_\_

5. Life Insurance (enter the following information for each life insurance policy you own, including group plans).

Name of Insurance Company	Type: (T)erm, (W)hole Life, (O)ther	Owner of Policy	\$ Amount of Death Benefit	Named Beneficiary(ies) in Policy (with %)

6. Retirement Plans (current value of retirement/employee benefit plans, including IRAs, 401(k)s, profit sharing, etc., in which you have an interest - Attach explanation, if necessary.)

	Value	Beneficiary(ies)
IRA (Traditional)	\$ _____	_____
IRA (Roth)	\$ _____	_____
401(k) (Traditional)	\$ _____	_____
401(k) (Roth)	\$ _____	_____



3. Are there any individuals for which you would like their share to be held in trust until a certain age? If yes, please list their name, and at what age you would like them to receive their share.

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4. Are there any support payments now that you would like to provide for in your will? If yes, please provide the names and amounts for each person. If no, please explain why.

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5. Are there any individuals that you are specifically not providing for in your will? If yes, please list their name, their relationship to you, and the reason why.

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## VI. PERSONAL REPRESENTATIVE

1. Do you have a person that you would like to appoint to serve as the Personal Representative of your Estate? If yes, please list the name and date of birth of that individual.

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2. Do you wish to name a successor trustee if the individual named above is unable to serve as Personal Representative?

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3. What powers do you want your Personal Representative to have?

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VII. CONTINGENT TRUST

1. In the event that a contingent trust is created under your will for a minor, who would you like to serve as the Trustee?

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2. In the event that the Trustee above is unable to serve, who would you like to serve as the successor Trustee?

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3. What powers would you like this Trustee to have?

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4. At what age do you want any contingent trusts to release the money to the beneficiary?

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5. For what purposes would you like the Trustee to be able to invade the principal or income of any contingent trust? (Ex: education, medical expenses, etc.)?

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Please Read and Sign Below Before Returning

The information you provide in this questionnaire will be relied upon by me in making recommendations concerning your estate planning. If the information given is either incorrect or incomplete, those recommendations may be inappropriate, or worse, harmful. I, therefore, rely upon you to take the necessary time and diligence to provide me with data which can and will be used by me in helping you meet your objectives. I cannot be responsible for recommendations made or conclusions reached which later prove to be erroneous because of incorrect or incomplete data.

This information provided in this form is true and accurate to the best of my knowledge as of this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Signature

## **SORIA LAW – COVID COMMUNICATION POLICY**

Since March 25, 2020, Soria Law has been operating from my home office, with the physical office closed to the public. This means that most of my communication will be by email and text messaging, with phone calls being scheduled ahead of time. At this point in time, I am not conducting any in-person meetings, and do not anticipate doing so for the foreseeable future. Documents or information requested should be provided through email, or alternatively mailed to, or dropped through, the mail slot at physical office. The physical location for the office is 1300 N. Federal Highway, Suite 208, Boca Raton, FL 33432. I will not accept physical copies of items at my home through mail or hand-delivery.

During non-COVID times, all estate planning documents would be executed in my office with the required notary and witnesses. Due to the fact that I am not conducting any in-person meetings, if you retain me to assist you with your Estate Planning, you understand that I will prepare the documents as requested, but that you will be responsible for having each document properly executed. You also understand that until a document is executed, it will not have any legal authority.

If I am not immediately available, I will respond to all emails, texts, or calls within 24 hours, if made during business hours Monday through Thursday between the hours of 9:00 a.m. and 5:00 p.m. Inquiries made on Friday, may be returned on the following Monday. Please sign below to acknowledge your receipt and understanding of this policy.

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Signature