

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

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Davie, Florida 33328

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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.**

**Husband:**

**Wife:**

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

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

**PERSONAL DATA**

**Husband**

*Please Print*

**Wife**

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
- \_\_\_\_\_ Own home/condominium
- \_\_\_\_\_ Nursing Home/Care Facility

- \_\_\_\_\_ Rent home/apartment
- \_\_\_\_\_ Own home/condominium
- \_\_\_\_\_ 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) This will be the person designated as your agent under your Durable Power of Attorney.

**HUSBAND**

**WIFE**

1. Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

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

***HUSBAND***

***WIFE***

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)

1. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

Will you and your spouse 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 including your spouse)

***HUSBAND***

***WIFE***

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 including your spouse)

***HUSBAND***

***WIFE***

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 adviser? \_\_\_\_\_  
Address: \_\_\_\_\_
  
3. What 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:**

***HUSBAND***

***WIFE***

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.

***HUSBAND***

***WIFE***

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 #: \_\_\_\_\_

4. 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):

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

<b>2. Assets Titled in Wife's Name</b>	<i>Approximate Value</i>

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

**4. Husband – 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. Wife – 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. Husband – 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. Wife – 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. Husband – 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. Wife – 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. Husband – 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. Wife – 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: