

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"

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: _____

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; include your spouse) This will be the person designated as your agent under your Durable Power of Attorney.

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; include your spouse) 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)

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 including your spouse)

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 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 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 #: _____

4. 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	<i>Approximate Value</i>

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: