

DANA H. HANKINS, P.A.
2510 E. JACKSON ST.
ORLANDO, FL 32807
407-896-9650

ESTATE PLANNING QUESTIONNAIRE

Date: _____

1. Client: _____ (Maiden Name) _____

Address: _____

City: _____ County: _____ Florida, Zip Code _____

Telephone: _____ (H) _____ (W)

Date of Birth: _____ Birthplace: _____

Social Security Number: _____

Other names by which you are known: _____

Occupation/Employer: _____

How were you referred to our office? _____

2. Spouse: _____ (Maiden Name) _____

Date of Birth: _____ Birthplace: _____

Social Security Number: _____

Other names by which you are known: _____

Occupation/Employer: _____

How were you referred to our office? _____

3. Marital Status: Single _____ Married _____ Widowed _____
Divorced _____ Date: _____

4. Living Children by Present Marriage:

Child's Name (living): _____ DOB: _____

Child's Name (living): _____ DOB: _____

Child's Name (living): _____ DOB: _____

Child's Name (living): _____ DOB: _____

Living Children by Prior Marriage:

Child's Name (living): _____ DOB: _____

Child's Name (living): _____ DOB: _____

Child's Name (living): _____ DOB: _____

Child's Name (living): _____ DOB: _____

Any of The Above Children Adopted? Yes _____ No _____

6. Real Estate:

Residence	Owner's Name	Current Value (approx.)	Mortgage Balance
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

Other:

7. Cash: (Checking, savings, money markets, C.D.'s):

Name of Bank/Institution	Type Account	Average Balance
A.	_____	_____

B. _____

C. _____

D. _____

8. Stocks/Investments:

Company	Owner's Names	No. of Shares/Value
---------	---------------	---------------------

A. _____

B. _____

C. _____

D. _____

9. IRA's/Annuities/Pension and Retirement Benefits:

Bank/Company	Owner	Approx. Value	Beneficiary
--------------	-------	---------------	-------------

A. _____

B. _____

C. _____

D. _____

10. Life Insurance:

Company	Owner	Amount	Beneficiary
---------	-------	--------	-------------

A. _____

B. _____

C. _____

D. _____

11. Other Personal Property:

Household Furniture/Furnishings	Owner's Name	Approx. Value
---------------------------------	--------------	---------------

A. _____

B. _____

C. _____

D. _____

Automobiles	Owner's Name	Approx. Value
-------------	--------------	---------------

A. _____

B. _____

C. _____

D. _____

Boats

A. _____

B. _____

Collections (Antiques, Guns, Coins)

A. _____

B. _____

C. _____

D. _____

12. Disposition: (Who do you want to receive your assets on your death?)

13. Personal Representative: (Who do you want to handle your affairs on your death?)

Name: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Alternative Personal Representative: (Who do you want to handle your affairs on your death?)

Name: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Telephone: _____

14. Proposed Guardian(s) of Minor Children:

Name: _____ Relationship: _____

City: _____ State: _____ Zip: _____

Telephone: _____

For Ms. Hankins to complete:

Ancillary Instruments:

Living Will: ___ yes ___ no

DPOA: ___ yes ___ no

Fee: _____