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Originating Attorney: _____ Date: _____

Relationship Attorney: _____ Location: _____ Referred By: _____

ESTATE PLANNING DATA

1. Husband's full name: _____ DOB: _____
Social Security No: _____ RBD, if applicable: _____
Health Condition: _____ Birthplace: _____
Medications: _____ Occupation: _____
2. Wife's full name: _____ DOB: _____
Social Security No: _____ RBD, if applicable: _____
Health Condition: _____ Birthplace: _____
Medications: _____ Occupation: _____
3. Salutation: _____
4. Home Address: _____ County: _____
5. Home Phone Number: _____
6. (H) Cell Phone: _____ (W) Cell Phone: _____ 7.
Business Phone Number: _____
8. E-Mail Address: _____ Send docs via email: _____ WP capability: _____
9. Alternate Address: _____ County: _____
10. Alternate Phone Number: _____
11. Approximate Dates of Stay in Florida: _____
12. Year Married: _____

Pre-or Post-Nuptial Agreement: [] YES [] NO

OBTAIN COPY

Any obligations imposed at death: _____

13. When did you establish residence in Florida: _____

ADDRESS RESIDENCY ISSUES, IF ANY

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08/12/2013 9:15 am

14. U.S. Citizen: **H** [_____] YES [_____] NO If no, Citizen of: _____

U.S. Citizen: **W** [_____] YES [_____] NO If no, Citizen of: _____

15. Any prior marriages by Husband: [_____] YES [_____] NO

Obligations [_____] YES [_____] NO If yes,: _____

Any prior marriages by Wife: [_____] YES [_____] NO

Obligations [_____] YES [_____] NO If yes,: _____ **16. OTHER**

PROFESSIONALS:

C.P.A. _____ Phone: _____ Investment

Advisor #1 _____ Phone: _____

Investment Advisor #2 _____ Phone: _____

Insurance _____ Phone: _____

17. Location, Name of Institution of safe deposit boxes and names of signatories:

18. Have you ever lived in a community property state: [___] YES [___] NO

(Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin)

If yes, did you acquire any assets while living in those states: _____

19. Have you ever filed gift tax returns: [___] YES [___] NO **OBTAIN GIFT TAX RETURNS** If

yes, how much exemption do you have left: _____ GST: _____ **20.**

Have you ever gifted money to a 529 Plan or trust not created by you:

21. Do you have long term health care insurance: _____

22. Do you anticipate an inheritance or gifts from anyone: _____ **ADDRESS "INHERITANCE TRUST"**

23. Do you have existing estate planning documents: _____ **OBTAIN COPIES**

Should documents be scanned: ____ If so, which ones: _____

24. Are you a trustee or beneficiary of any trust: _____ **OBTAIN COPIES**

25. Does anyone depend on you for financial support: _____

26. Do you have any known creditors or judgments against you: _____

27. **CHILDREN AND GRANDCHILDREN**

<u>Name, Address, Phone #</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Spouse's Age</u>	<u>Grandchildren</u>	<u>Ages of GC</u>
1. _____	_____	_____	_____	_____	_____
_____				_____	_____
_____				_____	_____
H:(____)_____	C:(____)_____			_____	_____

E-mail address: _____

Child's profession: _____

[Address Great-Grandchildren]

Spouse's profession: _____

Combined incomes: _____

Net Worth: _____

Length of Marriage: _____

Prior Marriages: _____

Marital Relations: _____

Health of Child: _____

Health of GC: _____

<u>Name, Address, Phone #</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Spouse's Age</u>	<u>Grandchildren</u>	<u>Ages of GC</u>
2. _____	_____	_____	_____	_____	_____
_____				_____	_____
_____				_____	_____
H:(____)_____	C:(____)_____			_____	_____

E-mail address: _____

Child's profession: _____

[Address Great-Grandchildren]

Spouse's profession: _____

Combined incomes: _____

Net Worth: _____

Length of Marriage: _____

Prior Marriages: _____

Marital Relations: _____

Health of Child: _____

Health of GC: _____

<u>Name, Address, Phone #</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Spouse's Age</u>	<u>Grandchildren</u>	<u>Ages of GC</u>
3. _____	_____	_____	_____	_____	_____
_____				_____	_____
_____				_____	_____
H:(____)_____		C:(____)_____		_____	_____

E-mail address: _____

Child's profession: _____

Spouse's profession: _____

Combined incomes: _____

Net Worth: _____

Length of Marriage: _____

Prior Marriages: _____

Marital Relations: _____

Health of Child: _____

Health of GC: _____

[Address Great-Grandchildren]

<u>Name, Address, Phone #</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Spouse's Age</u>	<u>Grandchildren</u>	<u>Ages of GC</u>
4. _____	_____	_____	_____	_____	_____
_____				_____	_____
_____				_____	_____
H:(____)_____		C:(____)_____		_____	_____

E-mail address: _____

Child's profession: _____

Spouse's profession: _____

Combined incomes: _____

Net Worth: _____

Length of Marriage: _____

Prior Marriages: _____

Marital Relations: _____

Health of Child: _____

Health of GC: _____

[Address Great-Grandchildren]

<u>Name, Address, Phone #</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Spouse's Age</u>	<u>Grandchildren</u>	<u>Ages of GC</u>
5. _____	_____	_____	_____	_____	_____
_____				_____	_____
_____				_____	_____

H:(____)_____ C:(____)_____

E-mail address: _____

Child's profession: _____

Spouse's profession: _____

Combined incomes: _____

Net Worth: _____

Length of Marriage: _____

Prior Marriages: _____

Marital Relations: _____

Health of Child: _____

Health of GC: _____

[Address Great-Grandchildren]

<u>Name, Address, Phone #</u>	<u>Age</u>	<u>Spouse's Name</u>	<u>Spouse's Age</u>	<u>Grandchildren</u>	<u>Ages of GC</u>
6. _____	_____	_____	_____	_____	_____
_____				_____	_____
_____				_____	_____
H:(____)_____		C:(____)_____		_____	_____

E-mail address: _____

Child's profession: _____

Spouse's profession: _____

Combined incomes: _____

Net Worth: _____

Length of Marriage: _____

Prior Marriages: _____

Marital Relations: _____

Health of Child: _____

Health of GC: _____

[Address Great-Grandchildren]

Address Acreage of Principal Residence and Homestead Exemptions, including 3% Cap, and when home was acquired, including tacking period

Second Residence

ASSET SCHEDULE

Husband

Wife

Joint

Total

REAL ESTATE

Principal Residence

Third Residence

Other Real Estate

INVESTMENTS

Closely-Held Stock

CASH, NOTES & MORTGAGES

Checking A/Cs

Savings A/Cs/MMA/Cs

CDs

Notes

Mortgages

Will and Trust Provisions

PERSONAL REPRESENTATIVES

HUSBAND	RELATIONSHIP	WIFE	RELATIONSHIP
1. SPOUSE		SPOUSE	
2.			
3.			
4.			

***Confirm with the client whether the appointed PR(s) has ever been convicted of a felony (the PR must qualify and must continue to qualify as the PR per the new probate rules)**

TRUSTEES

HUSBAND	RELATIONSHIP	WIFE	RELATIONSHIP
1. SPOUSE		SPOUSE	
2.			
3.			
4.			

<p>CHILD TRUSTEE OF OWN TRUST? YES NO IF NO, THEN _____</p> <p>SUCCESSOR TRUSTEES OF TRUSTS FOR CHILDREN AND FURTHER ISSUE: _____</p>
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GUARDIAN

HUSBAND	RELATIONSHIP	WIFE	RELATIONSHIP
1.			
2.			
3.			
4.			

HEALTH CARE SURROGATE DESIGNATIONS/LIVING WILLS

HUSBAND	RELATIONSHIP	WIFE	RELATIONSHIP
1. SPOUSE		SPOUSE	
2.			
3.			
4.			

SPECIAL INSTRUCTIONS: Successors are J&S _____ Other _____

POWER OF ATTORNEY

HUSBAND	RELATIONSHIP	WIFE	RELATIONSHIP

1. SPOUSE <u>ESCROW</u> Y/N		SPOUSE <u>ESCROW</u> Y/N	
2. <u>ESCROW</u> Y/N		<u>ESCROW</u> Y/N	
3. <u>ESCROW</u> Y/N		<u>ESCROW</u> Y/N	