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Preliminary Estate Planning Information

This form can be completed and given to the Attorney at your initial consultation to begin the process of drafting estate planning documents. This is NOT a Will or a Will substitute and is *only* used to obtain preliminary information.

1. **Your Full Name:** _____

2. **Your Street Address (including County):** _____

3. **Your Social Security Number:** _____

4. **Your Telephone Number(s).** *Please indicate the telephone number and best time to contact you should we need to discuss this information:*
Home: _____ *Work:* _____ *Other:* _____

5. **Full name(s) and ages of your child(ren), including adopted, step and children from previous relationship(s):**

6. **Please list the person(s) you wish to have guardianship of your minor child(ren) as well as an alternate/contingent guardian*:**
Primary Guardian(s) name: _____
Address: _____

Alternate/Contingent Guardian(s) name: _____
Address: _____

**If you have a minor child or children, the designation by the parent of a guardian is given great deference by the courts if something were to happen to you, the parent. Other family members may have the right to contest the designation and petition for custody themselves since the designation in your Will does not waive the family members' rights to try to seek custody if they feel they have valid reasons to do so. However, such action rarely occurs with success. You have the right to designate a family member or non-family member in this section.*

7. **Full names of your mother and father** *(Please indicate if either is deceased):*
Mother: _____
Father: _____

8. **Full names of all sibling(s)** *(Please indicate if any are deceased):*

9. **Full name of your spouse/partner:** _____
Are you legally married? *Yes* *No*

10. **Name and Address of your Personal Representative** (also known as the Executor or Executrix):
The person who will administer the affairs and paperwork of your estate:

11. **Name and Address of your Alternate Personal Representative** (also known as the alternate Executor or Executrix): *The person who will administer the affairs and paperwork of your estate:*

12. **Briefly describe, in your own words, how you would like your property (personal and real) distributed or disposed of when you die.** *Please provide at least the city and state of residence of any persons not already listed above. Use additional pages if necessary.*

13. **Please describe, in your own words, how you would like your property distributed at your death if those persons listed in number 12 above should die before you do.**

14. **Do you have any specific instructions regarding the disposal of your remains when you die? If so, please explain:**

15. **Any Additional Comments or Questions:** _____

Please continue to next page

Please indicate if you have the following documents:

A. **Living Will / Declaration of a Desire for A Natural Death:** *Gives an attending or regular physician permission to forego extraordinary means to keep you alive if you are in a persistent vegetative state or the last stages of an incurable illness.*

Already have? Yes No

Want one drafted? Yes No

B. **Healthcare Surrogate:** *Necessary if you wish to appoint someone to consult with your doctor(s) and other healthcare professionals to make healthcare decisions on your behalf if you are unable to make them yourself.*

Already have? Yes No

Want one drafted? Yes No

If you want one drafted, please provide the following information:

Person you wish to designate as your healthcare surrogate (the person to act on your behalf): _____

That person's street address and phone number(s): _____

Alternate healthcare surrogate: _____

That person's street address and phone number(s): _____

C. **Durable Power of Attorney** *Gives power to the person(s) of your choice to act on your behalf as your "attorney in fact." Your attorney in fact is empowered to sign documents on your behalf and is empowered to carry on your banking, selling or buying of property and other financial activities. This document becomes active should you become incapacitated.*

Already have? Yes No

Want one drafted? Yes No

If you want one drafted, please provide the following information:

Person you wish to designate as your attorney in fact:

That person's street address and phone number(s): _____

Alternate attorney in fact: _____

That person's street address and phone number(s): _____

Please continue to next page

- D. What to bring to your initial appointment:** *(Summaries of information are acceptable)*
- G** Copies of any deeds for any property you own (including timeshares) [How titled?];
 - G** Information regarding any cars, boats, etc. that you may own;
 - G** Copies of insurance policies (especially beneficiary designations);
 - G** Copies of prior Will(s), Trusts, Power(s) of Attorney, Healthcare Power(s) of Attorney, or Living Wills;
 - G** Copies of latest bank, investment and retirement (401K, SIMPLE, IRA, or Profit-sharing) statement(s);
 - G** Information regarding any shares of stock held by you either in publicly traded or closely held companies;
 - G** Information regarding any business in which you may have an interest (i.e. shareholders' agreements, promissory notes, etc.);
 - G** Information regarding your debts (i.e., deeds of trust or mortgages, promissory notes, credit cards, lines of credit, equity lines, etc.);
 - G** Information regarding "pre-need" contracts for funerals that you may have;
 - G** Any other information you may feel is useful and pertinent.

NOTES: