



# BETH A. PRATHER, P.A.

## ELDER LAW ATTORNEY

These questions pertain to the person for whom we are planning. Do your best, but don't worry if some of the information you need to complete this form is not available to you. You have an appointment at: \_\_\_\_\_ on \_\_\_\_\_ . Please provide us with your completed intake as early as possible before your appointment date. The intake may be mailed or dropped off at our office. This information may be emailed or faxed if you prefer. Please call us at 239-208-3050 if you have any questions or concerns about completing this form.

### PERSONAL DATA

*Please Print*

Date of marriage: \_\_\_\_\_

City, County, State: \_\_\_\_\_

#### **Husband**

#### **Wife**

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

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

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

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

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

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

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No

Are you a U.S. Citizen? Yes  No

Are you a Florida Resident? Yes  No

Are you a Florida Resident? Yes  No

Were you referred to our firm? Yes  No  If so, by whom? Name: \_\_\_\_\_

If not referred, what made you choose our firm? \_\_\_\_\_

What is the primary purpose of your visit? \_\_\_\_\_

Please indicate the name of the person who completed this form: \_\_\_\_\_

### PERSONAL INFORMATION

#### **Husband**

#### **Wife**

- Living Trust
- Last Will & Testament
- Durable Power of Attorney
- Health Care Surrogate
- Living Will
- Pre/Post Nuptial Agreement

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1. Did you file tax returns with the IRS last year? Yes  No
2. Who prepares your taxes? \_\_\_\_\_ Phone: \_\_\_\_\_  
 May speak with this person about you if needed? Yes  No
3. Who is your financial advisor? \_\_\_\_\_ Phone: \_\_\_\_\_  
 May speak with this person about you if needed? Yes  No
4. What is the location of your important papers? \_\_\_\_\_
5. Do you have a safety deposit box? Yes  No  If yes, what is the box number? \_\_\_\_\_  
 Where is it located? \_\_\_\_\_  
 Whose names are on the card? \_\_\_\_\_

- |  |  |
|--|--|
| <p>6. <b>Husband</b></p> <p>Do you want to be buried or cremated? _____</p> <p>Are the arrangements paid for? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Company: _____</p> <p>Contract Number: _____</p> | <p><b>Wife</b></p> <p>Do you want to be buried or cremated? _____</p> <p>Are the arrangements paid for? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please complete the following:</p> <p>Company: _____</p> <p>Contract Number: _____</p> |
|--|--|

7. Are either of you a veteran? Yes  No   
 If yes to either, did you serve during wartime\*? Yes  No  What branch? \_\_\_\_\_  
 \*WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975  
 (or 02/1961 – 05/07/1975 for veteran who served “in country”/boots on ground during that time period);  
 Persian Gulf–08/1990

- |  |   |  |
|--|---|--|
| <p>8. Do you need help with any of the following activities?</p> <p>Bathing</p> <p>Transferring from bed to chair</p> <p>Feeding yourself</p> <p>Using the telephone</p> <p>Taking medications</p> <p>Dressing</p> <p>Walking</p> <p>Using the toilet</p> <p>Doing laundry</p> <p>Managing money</p> | <p><b>Husband</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p><b>Wife</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|---|--|

9. Do either one of you have medical conditions we should be aware of? Yes  No   
 If yes, please explain:  
 Husband: \_\_\_\_\_  
 Wife: \_\_\_\_\_

10. What medications do you take and what are they for?  
 Husband: \_\_\_\_\_  
 Wife: \_\_\_\_\_

11. Who is your family physician? \_\_\_\_\_

12. Do either of you have any other legal issues which we should be aware of? Yes  No   
 If yes, please explain: \_\_\_\_\_

13. **CHILDREN**

Please list names as they properly appear on legal documents. List any children who predeceased you, and their children.

**Husband**

**Wife**

a) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

a) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

b) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

b) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

c) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

c) Name/Age: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

**d) Name/Age:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

**e) Name/Age:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

**f) Name/Age:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

**d) Name/Age:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

**e) Name/Age:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

**f) Name/Age:** \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact number: \_\_\_\_\_  
Spouse's name/age: \_\_\_\_\_  
Children's names/ages: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we speak with this person if needed? Yes  No

14. Does anyone to whom you are leaving part of your estate receive Social Security Disability Benefits (SSDI), Supplemental Security Income (SSI), Medicaid, Medicare or other benefit? Yes  No   
If yes, please indicate the type and the amount: \_\_\_\_\_

**15. HEALTH INSURANCE**

**Medicare:**

If yes, do you also have **Part D** coverage?

**Medicare Supplement:**

If yes, list company: \_\_\_\_\_

**Private Health Insurance:**

If yes, list company: \_\_\_\_\_

**Retirement Health Insurance:**

If yes, list company: \_\_\_\_\_

**Prescription Coverage:**

If yes, list company: \_\_\_\_\_

**Long Term Care Insurance:**

If yes, list company: \_\_\_\_\_

<b>Husband</b>	<b>Wife</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. If you were unable to make medical decisions for yourself, whom would you want to do so for you?  
(i.e. name as your health care surrogate) Please list in order of priority; include your spouse.

**Husband**

**Wife**

a) Name: \_\_\_\_\_

a) Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

May we speak with this person if needed? Yes  No

May we speak with this person if needed? Yes  No

b) Name: \_\_\_\_\_

b) Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

May we speak with this person if needed? Yes  No

May we speak with this person if needed? Yes  No

c) Name: \_\_\_\_\_

c) Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

May we speak with this person if needed? Yes  No

May we speak with this person if needed? Yes  No

**Husband**

**Wife**

17. Do you wish to be an organ donor?

Yes  No

Yes  No

18. If you were having a heart attack, would you want to be resuscitated (given CPR)?

Yes  No

Yes  No

19. If you were seriously ill or in a comatose state, would you want to have a feeding tube?

Yes  No

Yes  No

20. If you were unable to carry out your financial business, who would you want to manage your assets?  
 (i.e. name as your Power of Attorney) Please list in order of priority; include your spouse.

<b>Husband</b>	<b>Wife</b>
a) Name: _____	a) Name: _____
Relationship: _____	Relationship: _____
Contact Number: _____	Contact Number: _____
May we speak with this person if needed?    Yes <input type="checkbox"/> No <input type="checkbox"/>	May we speak with this person if needed?    Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Name: _____	b) Name: _____
Relationship: _____	Relationship: _____
Contact Number: _____	Contact Number: _____
May we speak with this person if needed?    Yes <input type="checkbox"/> No <input type="checkbox"/>	May we speak with this person if needed?    Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Name: _____	c) Name: _____
Relationship: _____	Relationship: _____
Contact Number: _____	Contact Number: _____
May we speak with this person if needed?    Yes <input type="checkbox"/> No <input type="checkbox"/>	May we speak with this person if needed?    Yes <input type="checkbox"/> No <input type="checkbox"/>

**FINANCIAL**

21. Have you made **gifts** or **transfers**, totaling \$500.00 in any month, within the last 60 months?    Yes  No   
 Have you added a person's name to real property or other asset within the last 60 months?    Yes  No   
 If yes, please complete the following: (use separate page if necessary)

<b>Husband</b>	<b>Wife</b>
a) Gift Recipient: _____	a) Gift Recipient: _____
Date of gift: _____	Date of gift: _____
Value of gift or transfer: _____	Value of gift or transfer: _____
b) Gift Recipient: _____	b) Gift Recipient: _____
Date of gift: _____	Date of gift: _____
Value of gift or transfer: _____	Value of gift or transfer: _____
c) Gift Recipient: _____	c) Gift Recipient: _____
Date of gift: _____	Date of gift: _____
Value of gift or transfer: _____	Value of gift or transfer: _____
d) Gift Recipient: _____	d) Gift Recipient: _____
Date of gift: _____	Date of gift: _____
Value of gift or transfer: _____	Value of gift or transfer: _____

22. Do you have any life insurance policies? (Do not list annuities here)  
If yes, please complete the following:

Yes  No

**Husband**

**Wife**

- a) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_
- b) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_
- c) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_
- d) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

- a) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_
- b) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_
- c) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_
- d) Company Name: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Insured: \_\_\_\_\_  
Face Value: \_\_\_\_\_  
Cash Surrender Value: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Contingent Beneficiary: \_\_\_\_\_

**TOTAL CASH SURRENDER VALUES (#22):**      \$ \_\_\_\_\_      \$ \_\_\_\_\_

23. Please list the **personal property** that you own (cars, RVs, boats, manufactured homes, art, jewelry, antiques):

Description of property	Value	How titled?
_____		
_____		
_____		
_____		

**Total Value of Personal Property (#23): \$** \_\_\_\_\_

**24. REAL ESTATE**

(Please provide a copy of the deed or title for all real property)

a) Primary Residence Address: \_\_\_\_\_

Is this a manufactured home? Yes  No

If yes:

Do you own the ground? Yes  No  Own a share of the park? Yes  No

Is the park a cooperative? Yes  No  Have you retired the title? Yes  No

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

b) Secondary Residence Address (if applicable): \_\_\_\_\_

Is this a manufactured home? Yes  No

If yes:

Do you own the ground? Yes  No  Own a share of the park? Yes  No

Is the park a cooperative? Yes  No  Have you retired the title? Yes  No

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

c) Other Real Property Owned:

i) Address or Description: \_\_\_\_\_

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

ii) Address or Description: \_\_\_\_\_

Names as they appear on the deed or title: \_\_\_\_\_

Current value: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Mortgage balance (if any): \_\_\_\_\_

**Total Value of Real Estate:** \$ \_\_\_\_\_

**Less Outstanding Mortgages:** \$ \_\_\_\_\_

**Equity in Real Estate (#24):** \$ \_\_\_\_\_



**25. INTANGIBLE ASSETS**

(Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). Please list only the last four digits of the account number. If the asset is an IRA, 401K or Keogh Plan, you will list the asset in a later section.

EXAMPLE:

Type of Asset: Checking Account Last 4 digits of Account #: 1234  
Company Name: Checking Account  
How is it titled?: John Doe & Mary Doe  
Beneficiary: Children of John & Mary Doe  
Value: \$1,000.00 Maturity Date: 01/22/2014 Interest Rate: 1.5%

- a) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- b) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- c) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- d) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- e) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

- f) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- g) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- h) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- i) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- j) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- k) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 How is it titled? \_\_\_\_\_  
 Beneficiary: \_\_\_\_\_  
 Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Total Value of Intangible Assets (#25):** \_\_\_\_\_

**26. RETIREMENT FUNDS:**  
(IRAS, KEOGHS, OR 401K PLANS)

- a) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- b) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- c) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_
- d) Type of Asset: \_\_\_\_\_ Last 4 digits of Account #: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
How is it titled? \_\_\_\_\_  
Beneficiary: \_\_\_\_\_  
Value: \_\_\_\_\_ Maturity Date: \_\_\_\_\_ Interest Rate: \_\_\_\_\_

**Total Value of Retirement Funds (#26):** \$ \_\_\_\_\_

27. Total cash surrender value of life insurance (#22): \$ \_\_\_\_\_  
Total value of personal property (#23): \$ \_\_\_\_\_  
Total equity value of real estate (#24): \$ \_\_\_\_\_  
Total value of intangible assets (#25): \$ \_\_\_\_\_  
Total value of retirement accounts (#26): \$ \_\_\_\_\_
- TOTAL VALUE OF ALL ASSETS:** \$ \_\_\_\_\_

**27. MONTHLY INCOME**  
(Please list income from all sources)

	<b>Husband</b>	<b>Wife</b>
<u>Social Security:</u>	Gross: \$ _____ Medicare Deduction: \$ _____ Net: \$ _____ Direct deposit to: _____	Gross: \$ _____ Medicare Deduction: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Disability:</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Pension(s):</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Veteran's Admin.:</u>	Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____
<u>Employment:</u>	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____	From: _____ Gross: \$ _____ Deductions: \$ _____ Net: \$ _____ Direct deposit to: _____

Annuity: (in pay mode) From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

Other: (Rent, Mortgages, IRA, etc.)

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

From: \_\_\_\_\_  
 Gross: \$ \_\_\_\_\_  
 Deductions: \$ \_\_\_\_\_  
 Net: \$ \_\_\_\_\_  
 Direct deposit to: \_\_\_\_\_

**Total GROSS Monthly Income:** \$ \_\_\_\_\_ \$ \_\_\_\_\_

28. Which sources of income have a benefit for a surviving spouse upon the first death? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Does your monthly income cover your monthly expenses? Yes  No

**30. LIABILITIES**

Mortgages:	\$ _____	Notes to Banks:	\$ _____
Notes to Others:	\$ _____	Unpaid Medical:	\$ _____
Credit Card Debt:	\$ _____	Other:	\$ _____

**Total Liabilities:** \$ \_\_\_\_\_

30. Who, other than your spouse, shall receive the balance of your estate? (Give percentages if more than one)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Who do you want to serve as your personal representative? (This must be a blood relative or a Florida Resident. Please list in order of preference)

**Husband**

**Wife**

a) Name: \_\_\_\_\_

a) Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

May we speak with this person if needed? Yes  No

May we speak with this person if needed? Yes  No

b) Name: \_\_\_\_\_

b) Name: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

May we speak with this person if needed? Yes  No

May we speak with this person if needed? Yes  No

33. If you were ill and required assistance with care, would you want your designated agent to transfer your resources so that you could qualify for Medicaid/VA government programs? Yes  No

Although email is not the primary method of communication by the attorney and staff of Prather & Swank, P.A., it is occasionally appropriate and serves to expedite communications. May we contact you, or anyone else on your behalf, via email? Yes  No

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

\_\_\_\_\_  
**Husband**

\_\_\_\_\_  
**Wife**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## DOCUMENTS REQUIRED FOR INITIAL OFFICE CONFERENCE

**A copy of the following for your loved one and spouse:**

- |                          |   |                          |                          |                          |                          |
|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | A valid driver license or some other government issued photo identification (front and back). |                          |                          |                          |                          |
|                          |   | <b>Husband</b>           |                          | <b>Wife</b>              |                          |
|                          |   | Original                 | Copy                     | Original                 | Copy                     |
| <input type="checkbox"/> | Trust   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Last Will & Testament   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Durable Power of Attorney   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Designation of Health Care Surrogate  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Living Will   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Pre/Post Nuptial Agreement  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |