

# CLIENT ESTATE DISPOSITION INFORMATION

**USING THIS FORM WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS. ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

**Your Legal Name:** first middle last

**Social Security Number:** **Date of Birth:**

**Date of Florida residency:**

**Residence:** street address city state zip

**Home phone number:** **Cell phone number:**

**Email:**

**Employer's information:** name complete address phone number

**Marital Status-(Circle one):** Single Married Divorced Widowed

**If married, spouse's name:**

Spouse's social security number: Spouse's date of birth:

Date of marriage:

Where were you married: city county state

**\*If you have a (pre or post) nuptial agreement, provide a complete copy to our office for your file.**

Were you ever married before: YES NO If yes, former spouse's name:

Did your former spouse die: YES NO Did you obtain a divorce: YES NO

If yes, when and where did you divorce:

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**Do you have any living brothers or sisters:** YES NO

If yes, what are their names, addresses and phone #

**Do you have any deceased brothers or sisters:** YES NO

If yes, what are their names and date(s) of death

**Do you have any living children:** YES NO

If yes, what are their names, dates of birth, addresses and phone #:

**\*If any of your children were adopted, please indicate and provide a copy of the Court Order.**

If any of your children are minors, who would you nominate as Guardian and Alternate Guardian?

names            their relationship to you            addresses            phone #:

**Do you have any living grandchildren from your now living children:**

If yes, what are their names            dates of birth            addresses            phone #

**Do you have any deceased children:** YES NO

If yes, what are their names and dates of death:

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Have any of your deceased children left any living children or grandchildren: YES NO  
If yes, please provide their

names                      dates of birth      addresses                                      phone #

Are either of your parents alive: YES NO If yes, please state your:

**mother's name**                                      address                                      phone #

**father's name**                                      address                                      phone #

**Have you ever made another Last Will and Testament?** YES NO

**Have you ever made another Trust Agreement?** YES NO

If yes, please provide a complete copy to our office for your file. Where is the original?

**Have you made arrangements for the disposition of your remains?** YES NO

If yes, with whom: name                                      address                                      phone #

**In your words, describe how your property will be distributed and to whom (please include the relationship of the beneficiary to you and their address and phone number, if not listed above):**

Do you own any **real estate (including your residence)**: YES NO

**\*If yes, please bring copies of all deeds to our office for your file.**

What is the address and approximate market value of the each property:

Is there a **mortgage** (including equity line) on the real estate? YES NO

**\*If yes, please bring a recent bill or statement to our office for your file.**

Were any property holdings acquired before this marriage: YES NO

**\*If yes, please state which property and whether acquired by yourself or by your spouse:**

Do you own an **automobile**: YES NO If yes, what is the approximate value:

**\*Please bring a copy of the title and a recent bill or statement, if applicable, to our office.**

Do you have a **safe deposit box**: YES NO

If yes, what is the box #

Name and location of bank:

Who has access to the box:

Do you have **bank or credit union accounts (savings, checking, CD, MMA)**: YES NO

**\*If yes, please bring the most recent statement for each account to our office for your file.**

How is each account titled (individually, husband and wife, P.O.D. or I.T.F.):

Have you named a beneficiary to the account? If so, who?

Total approximate value of all accounts:

Do you have **annuities, pension, retirement account, deferred compensation or any other retirement plan (such as IRA, 401, 403, 457, KEOGH, SEP,etc.)**: YES NO

**\*If yes, please bring the most recent statement for each account to our office for your file.**

How is each account titled?

Have you named a beneficiary to the account? If so, who?

Total approximate value of all accounts:

Do you have **life insurance**: YES NO **\*If yes, please bring the policy to our office for your file.**  
Name of company(s): Policy # Face value \$ Beneficiary Policy Owner

Your life insurance agent's name and phone number:

Does anyone have life insurance on your life? If so, who?

Do you pay the premium on anyone else's life insurance policy? If so, please provide details.

Do you own any **stocks, bonds or mutual funds**: YES NO

**\*If yes, please bring the most recent statement(s) or copies of the bond(s) and/or stock certificate(s)**

Total approximate market value of all securities:

**Are you the beneficiary of an Estate or Trust?** If so, please provide details.

**Do you have any other assets of value not listed above, including any current debts owed to you?**

If so, please list:

If you want to make a **charitable gift** to a religious, educational, or charitable organization, please list the charity's name, purpose and amount for each charitable bequest:

Do you have any **ownership interest (stock) in a privately owned business**: YES NO

If yes, what would like done with your business interests:

**Have you made a list of all internet accounts (banking, social media, etc.), including your user ID and passwords, to provide to a trusted person upon your death?**

What is the name and phone number of the person that prepares your tax returns?

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Who is your **choice for Personal Representative** (formerly known as "Executor"):

name	relationship	address	phone #
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Who is your choice for Successor Personal Representative:

name	relationship	address	phone #
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Who is your choice for Alternate Personal Representative:

name	relationship	address	phone #
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**Do you currently have a:** Last Will and Testament, Living Will (Advance Directive); Durable Power of Attorney; Health Care Surrogate; and/or Revocable Living Trust? If so, please bring a copy to the appointment. If not, feel free to call our office and ask any questions you may have about any of the documents listed above.

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