

****CONFIDENTIAL LEGAL PLANNING INFORMATION****
FOR USE BY OSTERHOUT, McKINNEY & PRATHER, P.A.

The information requested in this form is extremely important to the attorney in evaluating your situation. Please complete all sections and call for an appointment. List all names as they would properly appear on legal documents.

PERSONAL DATA

Please Print

Husband

Wife

Name _____

Name _____

Address _____

Address _____

*E-Mail Address _____

*E-Mail Address _____

Telephone _____

Telephone _____

Business Telephone _____

Business Telephone _____

Birthdate _____ Age _____

Birthdate _____ Age _____

County of Residence _____

County of Residence _____

Employer _____

Employer _____

Retirement Date _____

Retirement Date _____

U.S. Citizen: Yes _____ No _____

U.S. Citizen: Yes _____ No _____

Social Security # _____

Social Security # _____

Driver License # _____

Driver License # _____

State DL issued _____

State DL issued _____

Resided in FL since _____

Resided in FL since _____

Type of residence:

_____ Rent home/apartment
_____ Own home/condominium
_____ Nursing Home/Care Facility
Admission date: _____

Type of residence:

_____ Rent home/apartment
_____ Own home/condominium
_____ Nursing Home/Care Facility
Admission date: _____

Name of Facility

Name of Facility

Were you referred to our firm? _____ If so, by whom? Name: _____

Address: _____

Can we send a thank you to the referral? Yes _____ No _____

If not referred, what made you choose our firm? _____

Purpose of visit? _____

Name of person who completed the form: _____

Have you visited our website? Yes _____ No _____

*We do not communicate with clients by E-Mail, but occasionally make announcements by E-Mail.

PERSONAL INFORMATION

HUSBAND

WIFE

Living Trust	State_____	Date_____	State_____	Date_____
Last Will and Testament	State_____	Date_____	State_____	Date_____
Durable Power of Attorney	State_____	Date_____	State_____	Date_____
Health Care Surrogate	State_____	Date_____	State_____	Date_____
Living Will	State_____	Date_____	State_____	Date_____
Premarital Agreement	State_____	Date_____	State_____	Date_____

1. Have you filed tax returns with the IRS for the past three years? _____ (If yes, please bring last return.)
2. Have you filed intangible tax returns with the State of Florida for the past three years? _____ (If yes, please bring last return.)
3. Who prepares your taxes? _____
Address: _____
4. Who is your financial adviser? _____
Address: _____
5. Who is your home insurance agent? _____
Address: _____

Who is your car insurance agent? _____
Address: _____

Who is your health insurance agent? _____
Address: _____
6. Who is your spiritual advisor? _____
Address: _____
7. What is the location of your important papers? _____
8. Do you have a safe deposit box? _____ If yes, what is the box number? _____
Where is it located? _____
What names are on the card? _____
9. In your household, who pays the bills? _____
Balances the checkbook? _____
Decides how to invest? _____

10.

HUSBAND

WIFE

Have arrangements been made for the disposition of your body at death? _____
 Do you want to be buried or cremated? _____
 Are the arrangements paid for? _____
 If yes, complete the following:
 Company: _____
 Contract No. _____
 Total Amount: \$ _____

Have arrangements been made for the disposition of your body at death? _____
 Do you want to be buried or cremated? _____
 Are the arrangements paid for? _____
 If yes, complete the following:
 Company: _____
 Contract No. _____
 Total Amount: \$ _____

11. Do either of you expect to receive an inheritance? _____ If yes, please explain. _____

12. Are either of you a veteran? _____ If yes, did you serve during wartime*? _____ What branch of the Military? _____ Are any benefits currently being received? _____
 If yes, please explain. _____
 *WWII 12/1941 - 12/1946; Korean Conflict 6/1950 - 1/1955; Vietnam 8/1964- 5/1975 (or 2/1961- 5/7/1975 for vets who served "in country"/boots on ground during that time period); Persian Gulf 8/1990

13. **FUNCTIONAL LIMITATIONS AND SUPPORT** - This section may not apply to you. If you need help in your living environment, please complete the following section.

The term "activities of daily living" refers to the basic tasks of everyday life. When people are unable to perform these activities, they need help in order to cope, from either other human beings or mechanical devises (such as a walker or wheelchair) or both.

Why do we want this information? Measurement of activities of daily living is critical because the more assistance people need with their daily activities, the more likely they are to be admitted to a nursing home or assisted living facility; use paid home care; and use hospitals and doctors.

Place an X in the box that most applies for each activity.

Activities for Daily Living						
Activity	Need No Help		Need Some Help		Unable to Do at All	
	Husband	Wife	Husband	Wife	Husband	Wife
Bathing						
Dressing						
Transferring from bed to chair						
Walking						
Feeding Self						
Using the toilet						
Grooming						

Instrumental Activities for Daily Living						
Activity	Need No Help		Need Some Help		Unable to Do at All	
	Husband	Wife	Husband	Wife	Husband	Wife
Using the telephone						
Getting out by car or public transport						
Grocery Shopping						
Preparing meals						
Doing housework or handyman work						
Doing laundry						
Taking medications						
Managing money						

List the names of all persons who provide assistance or caregiving for you: _____

Do either of you have medical conditions that we should be aware of? ___ If yes, please explain:
 Husband: _____

Wife: _____

What medications do you take and what are they for? Husband: _____

Wife: _____

14. Who is your family physician? _____
 Address: _____

15. Do either of you have any other legal issues which we should be aware of? _____ If yes, please explain. _____

16. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? _____ If yes, please explain. _____

17. Does anyone to whom you are leaving part of your estate receive disability payments (SSDI) \$ _____, Medicare \$ _____, Medicaid \$ _____, SSI \$ _____, or other benefit (indicate which benefit and amount)? _____

18. Date of Marriage: _____ City, County, State: _____

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

HUSBAND

WIFE

1. Name/Age: _____
Date of birth: _____
Address: _____

County of residence: _____
Telephone: _____
Spouse's Name/Age: _____
Children's Names/Ages: _____

2. Name/Age: _____
Date of birth: _____
Address: _____

County of residence: _____
Telephone: _____
Spouse's Name/Age: _____
Children's Names/Ages: _____

3. Name/Age: _____
Date of birth: _____
Address: _____

County of residence: _____
Telephone: _____
Spouse's Name/Age: _____
Children's Names/Ages: _____

4. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

5. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

6. Name/Age: _____

Date of birth: _____

Address: _____

County of residence: _____

Telephone: _____

Spouse's Name/Age: _____

Children's Names/Ages: _____

19.

BENEFICIARY DATA

PLEASE LIST THE NAMES AND ADDRESSES OF BENEFICIARIES OTHER THAN CHILDREN.

HUSBAND

WIFE

1. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

2. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

3. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

4. Name/Age: _____
Relationship: _____
Address: _____

Telephone: _____

IF YOU ARE LEAVING FUNDS TO A CHARITY, PLEASE PROVIDE THE COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER FOR THE CHARITY. PLEASE CALL THE CHARITY'S OFFICE AND ASK THEM TO SEND YOU A COPY OF THEIR IRS 501(c)(3) LETTER.

1. Charity Name: _____
Address: _____

Telephone: _____

2. Charity Name: _____
Address: _____

Telephone: _____

3. Charity Name: _____
Address: _____

Telephone: _____

4. Charity Name: _____
Address: _____

Telephone: _____

20.

HEALTH INSURANCE

HUSBAND

WIFE

Medicare/Private Insurance/Medicare HMO

Company: _____

Address: _____

Telephone: _____

Part D: YES NO

YES NO

Can the surviving spouse remain
in the insurance plan? YES NO

YES NO

Medicare Supplement

Company: _____

Address: _____

Telephone: _____

Monthly premium: _____

Method of payment: _____

Prescription Coverage: YES NO

YES NO

Long -Term Care Insurance

Company: _____

Address: _____

Telephone: _____

Benefit amount per day: _____

Coverage period in years: _____

Elimination period: _____

Is this an indemnity policy? _____

Inflation rider? _____

Other; Cancer, Accidental

Type: _____

Company: _____

Address: _____

Type: _____

Company: _____

Address: _____

21. 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)? (List in order of priority; include your spouse.)

HUSBAND

WIFE

- 1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

- 2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

- 3. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

If you were seriously ill or in a comatose state, would you want to have your life prolonged artificially?
YES NO YES NO

If you were seriously ill or in a comatose state, would you want to have a feeding tube put in?
YES NO YES NO

If you were seriously ill, would you want to be resuscitated (given CPR)?
YES NO YES NO

If you were having a heart attack, would you want to be resuscitated (given CPR)?
YES NO YES NO

22. Do you wish to be an organ donor?
YES NO YES NO

23. 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)? (List in order of priority; include your spouse)

HUSBAND

WIFE

- 1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

- 2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

- 3. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

FINANCIAL

24. Have either of you made gifts or transfers, totaling \$500.00 in any month, other than each other, within the last 60 months? _____ Have you added a person's name to a deed within the last 36 months? _____
If yes, please complete the following and **bring in documentation of gifting** (use separate page if necessary):

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____
Was this gift made from an account titled in a Living Trust? _____

25. Have either of you given a gift greater than \$10,000 to any individual during your lifetime? _____
If yes, did you file a gift tax return? _____ If yes, please complete the following (use separate page if necessary).

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

Name: _____
Exact date of gift: _____
Type of asset gifted: _____
Value on date of transfer: _____

26. **LIFE INSURANCE** *Please do not list annuity policies here, list annuity policies under section 29 or 30.
Please contact the insurance carrier and request the following information in writing.*

HUSBAND

WIFE

Company Name: _____
 Address: _____
 Policy #: _____
 Owner: _____
 Beneficiary: _____
 Face Value: \$ _____
 Cash Surrender Value: \$ _____
 Loan taken, if any: \$ _____

Company Name: _____
 Address: _____
 Policy #: _____
 Owner: _____
 Beneficiary: _____
 Face Value: \$ _____
 Cash Surrender Value: \$ _____
 Loan taken, if any: \$ _____

Company Name: _____
 Address: _____
 Policy #: _____
 Owner: _____
 Beneficiary: _____
 Face Value: \$ _____
 Cash Surrender Value: \$ _____
 Loan taken, if any: \$ _____

Company Name: _____
 Address: _____
 Policy #: _____
 Owner: _____
 Beneficiary: _____
 Face Value: \$ _____
 Cash Surrender Value: \$ _____
 Loan taken, if any: \$ _____

TOTAL FACE VALUES: \$ _____ \$ _____

TOTAL CASH SURRENDER VALUES: \$ _____ \$ _____

27. **PERSONAL PROPERTY:** *Please provide the title(s)*
 (Automobiles, Manufactured Homes, R.V.s, Boats, Art, Antiques, Jewelry)

Description of Property	Value	How Titled?

TOTAL VALUE PERSONAL PROPERTY: \$ _____

28. **REAL ESTATE:** *Please provide deed(s) and most recent tax bill for all real property*

RESIDENCE: (Property Description)

Is it a Manufactured Home? _____ If yes, do you own the ground _____, own a share in the park _____, is the park a cooperative _____, have you retired the title _____?

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Property Description)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Property Description)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

INVESTMENT PROPERTY: (Property Description)

Names as they appear on deed: _____

Date Acquired: _____ Purchase Price: _____

Current Value: _____ Mortgage Balance: _____

Mortgage Company: _____

TOTAL VALUE REAL ESTATE: \$ _____

LESS OUTSTANDING MORTGAGES: \$ _____

EQUITY IN REAL ESTATE: \$ _____

- 29. **INTANGIBLE ASSETS:** (Bank Accounts, CDs, Brokerage Accounts, Stocks, Bonds, Annuities, Mutual Funds). THIS MUST BE COMPLETED IN FULL. ONLY LIST THE LAST FOUR DIGITS OF ACCOUNT NUMBERS. PLEASE PROVIDE SUPPORTING DOCUMENTATION OF EACH ASSET. IF THE ASSET IS AN IRA, KEOGH OR 401K PLAN, PLEASE LIST IN SECTION #30.

EXAMPLE:

Type of Asset: Checking Account

Name & Address of Co.: Bank of America, 123 Any Street, Fort Myers, FL 33901

How is it titled?: John Doe & Mary Doe

Value: \$10,000 Last 4 digits of Account #: xxxx1234

Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____

Name & Address of Co.: _____

How is it titled?: _____

Value: \$ _____ Last 4 digits of Account #: _____

Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____

Name & Address of Co.: _____

How is it titled?: _____

Value: \$ _____ Last 4 digits of Account #: _____

Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled?: _____
Value: \$ _____ Last 4 digits of Account #: _____
Current Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____

TOTAL INTANGIBLE ASSETS (#29) : \$ _____

30. **RETIREMENT FUNDS (IRAs, KEOGHs OR 401K PLANS):** *Please provide supporting documentation*

Type of Asset: _____
Name & Address of Co.: _____
How is it titled: _____
Value: \$ _____ Last 4 digits of Account #: _____
Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled: _____
Value: \$ _____ Last 4 digits of Account #: _____
Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled: _____
Value: \$ _____ Last 4 digits of Account #: _____
Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

Type of Asset: _____
Name & Address of Co.: _____
How is it titled: _____
Value: \$ _____ Last 4 digits of Account #: _____
Beneficiary: _____ Maturity date: _____ Interest rate: _____ APY rate: _____
Life Expectancy Method chosen: _____ Minimum IRA distribution: _____

TOTAL IRA, KEOGH OR 401K ASSETS (#30) : \$ _____

Total face value of life insurance (#26) \$ _____
Total value of personal property (#27) \$ _____
Total EQUITY value of real estate (#28) \$ _____
Total value of intangible assets (#29) \$ _____
Total value of retirement accounts (#30) \$ _____

31. **TOTAL OF ALL ASSETS:** \$ _____

32. **MONTHLY INCOME.** LIST INCOME FROM ALL SOURCES, EVEN IF REINVESTED.

HUSBAND

WIFE

Social Security: Gross: \$ _____
 Medicare Deduction:\$ _____
 Net: \$ _____
 Direct deposit to: _____

Gross: \$ _____
 Medicare Deduction:\$ _____
 Net: \$ _____
 Direct deposit to: _____

Disability: From: _____
 Gross: \$ _____
 Deductions:\$ _____
 Net: \$ _____
 Direct deposit to: _____

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

Pension: 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: _____

Veterans Administration: Gross: \$ _____
 Deductions:\$ _____
 Net: \$ _____
 Direct deposit to: _____

Gross: \$ _____
 Deductions:\$ _____
 Net: \$ _____
 Direct deposit to: _____

Employment: From: _____
 Gross: \$ _____
 Deductions:\$ _____
 Net: \$ _____
 Direct deposit to: _____

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

IRAs: From: _____
 Distribution:\$ _____
 Direct deposit to: _____

From: _____
 Distribution:\$ _____
 Direct deposit to: _____

From: _____
 Distribution:\$ _____
 Direct deposit to: _____

From: _____
 Distribution:\$ _____
 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: _____

	HUSBAND	WIFE	JOINT
<u>Interest</u> (Bank Accounts):	\$ _____	\$ _____	\$ _____
<u>Interest</u> (Certificates of Deposit): Paid out or reinvested? _____	\$ _____	\$ _____	\$ _____
<u>Dividends</u> (Stocks, Bonds): Paid out or reinvested? _____	\$ _____	\$ _____	\$ _____
<u>Other</u> (Rents, Mortgages, etc.):	\$ _____	\$ _____	\$ _____
<u>TOTAL GROSS MONTHLY INCOME:</u>	\$ _____	\$ _____	\$ _____

Which sources of income have a benefit for a surviving spouse upon the first death?: _____

33. **MONTHLY ESTIMATED BUDGET**

Rent/Mortgage:	\$ _____	Electricity:	\$ _____
Water/Sewer:	\$ _____	Trash Pickup:	\$ _____
Telephone:	\$ _____	Cable TV:	\$ _____
Food:	\$ _____	Vehicle Expense:	\$ _____
Other Insurance:	\$ _____	Bus, Taxi, etc:	\$ _____
Doctor bills:	\$ _____	Laundry:	\$ _____
Prescriptions:	\$ _____	Clothes:	\$ _____
Furniture:	\$ _____	Credit Cards:	\$ _____
Loans:	\$ _____	Cigarettes:	\$ _____
Personal Items:	\$ _____	Real Estate Taxes:	\$ _____
Homeowner's Ins.:	\$ _____	Condo Maintenance:	\$ _____
Other:	\$ _____		

TOTAL MONTHLY BUDGET: \$ _____

34. **LIABILITIES**

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

TOTAL LIABILITIES: \$ _____

35. Do you have a pet? ____ Have you made arrangements for your pet at your death? ____

36. Do you want anyone other than each other to receive your tangible personal property (furniture, jewelry, clothing, automobile, etc.)? YES NO

If yes, list the items and who should receive them: _____

37. If you want to make any specific gifts of money, please list the amount and recipient:

I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____
I give \$ _____ to _____	I give \$ _____ to _____

(IF MORE SPACE IS NEEDED, PLEASE LIST ON A SEPARATE PAGE)

38. Whom, other than your spouse, shall receive the balance of your estate? (Give percentages if more than one) _____
(IF MORE SPACE IS NEEDED, PLEASE LIST ON A SEPARATE PAGE)

39. Whom do you want to serve as your personal representative (executor)? (List in order of preference)

HUSBAND

WIFE

1. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

2. Name: _____ Name: _____
Relationship: _____ Relationship: _____
Telephone: _____ Telephone: _____

40. If you were ill and unable to manage your own affairs, could the attorneys at Osterhout, McKinney & Prather, P.A. discuss your financial situation and estate plan with any other individuals (i.e. family members, accountant, physician)? YES NO

If yes, write the names of all persons to whom the attorneys at Osterhout, McKinney & Prather, P.A. are authorized to disclose any information you have given. _____

41. If you were so ill that you could no longer reside at home and your family members had to find an alternate living arrangement, would you want your designated agent to transfer your resources to your family members so that you could qualify for Medicaid, a government program to pay for ill individuals? _____

Have you considered Long-Term Care Insurance to cover the cost if you could no longer live independently? _____

42. Do you have an emergency plan in case of ____ illness ____ natural disaster?

You agree that there will be complete and free disclosure and exchange of all information received from either or both of you in the course of our representation of you and that such information shall not be confidential between you irrespective of whether such information was obtained in conference with both of you or in private conferences with only one of you.

Although e-mail is not the primary method of communication by the attorneys and staff of Osterhout, McKinney & Prather, P.A., it is occasionally appropriate and serves to expedite communications. If you **DO NOT** want our attorneys and staff to communicate via e-mail with you, or anyone else on your behalf, you must so indicate by checking the box below.

We **DO NOT** authorize communication via e-mail regarding us or any information contained in our case file.

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

HUSBAND
Date: _____

WIFE
Date: _____