



Providing Peace of Mind by Solving Problems with Integrity & Compassion

Thank you for the trust you have placed in **JUPITER LAW CENTER** by contacting us to discuss/review your *Estate Planning* needs. Please complete the attached *Confidential Client Information Form* as accurately and thoroughly as possible. The information you provide will assist us in properly assessing your specific needs/wants so that we can have a productive first meeting. **We do not sell or disclose any of the information that you provide to us.**

Many people think they don't need, or can't afford an attorney to do *Estate Planning* or don't believe that it would be necessary or beneficial for them. Many others think that their family will be exempt from the *Probate* process simply because they have already named specific beneficiaries in their *Will* or *Trust* or other financial accounts. At our first meeting, we will explain to you in simple and easy-to-understand language, *not Legalese*, why these beliefs often aren't accurate and how by retaining us you'll be better able to protect and transfer your "*nest egg*" to your loved ones without *Probate* or, if necessary, we'll assist you in navigating the *Probate/Trust Administration* process.

What is unique about our firm is that clients usually expect their experience with a law firm to be stressful, antiseptic and unpleasant, but we often surprise them with the warmth and accessibility of our team and services - and even humor. At **JUPITER LAW CENTER**, we take great pride in building longstanding relationships with each of our clients. Ultimately, we hope to serve you and your family and become your *Lawyers for Life*.

Sincerely,

The Attorneys and Staff at

JUPITER LAW CENTER

*RiverPlace Professional Center
1003 W Indiantown Road • Suite 210
Jupiter, Florida 33458-6851
(561) 744 - 4600
jupiterlawcenter.com*



Providing Peace of Mind by Solving Problems with Integrity & Compassion



CONFIDENTIAL CLIENT INFORMATION FORM - ESTATE PLANNING

DATE _____ WHO MAY WE THANK FOR REFERRING YOU? _____

FINANCIAL ADVISOR _____

CLIENT INFORMATION

FULL LEGAL NAME _____ a/k/a _____
FIRST M. LAST

ADDRESS _____
STREET ADDRESS CITY STATE ZIP

COUNTY _____ EMAIL ADDRESS _____

TELEPHONE # Business () _____ Home () _____ Cell () _____
(Check box for which number is best to reach you)

DATE OF BIRTH _____

EMPLOYER _____

Position/Title _____ How Long Employed _____

MARITAL STATUS Single Divorced Married Widowed

U.S. CITIZEN? Yes No

DO YOU HAVE A PRENUPTIAL/POSTNUPTIAL AGREEMENT WITH YOUR SPOUSE? Yes No

HAVE YOU EVER HAD A WILL? Yes No HAVE YOU EVER HAD A TRUST? Yes No

ANY KNOWN PROBLEMS WITH MEMORY OR UNDERSTANDING? (If yes, explain below) Yes No

SPOUSE/PARTNER INFORMATION

SPOUSE PARTNER

FULL LEGAL NAME _____ a/k/a _____
FIRST M. LAST

TELEPHONE # Business () _____ Home () _____ Cell () _____

EMAIL ADDRESS _____ DATE OF BIRTH _____

EMPLOYER _____

Position/Title _____ How Long Employed _____

U.S. CITIZEN? Yes No

DO YOU HAVE A PRENUPTIAL/POSTNUPTIAL AGREEMENT WITH YOUR SPOUSE? Yes No

HAVE YOU EVER HAD A WILL? Yes No HAVE YOU EVER HAD A TRUST? Yes No

ANY KNOWN PROBLEMS WITH MEMORY OR UNDERSTANDING? (If yes, explain below) Yes No

ADDITIONAL INFORMATION

PLEASE ATTACH COPY OF YOUR AND YOUR SPOUSE/PARTNER'S DRIVER'S LICENSE

Check here if you want to receive our quarterly e-Newsletter (Note: we do not sell or disclose our clients' information)

CHILD/CHILDREN INFORMATION

CHILD/CHILDREN OF CURRENT MARRIAGE/RELATIONSHIP

Marital Status

Date of Birth

*Full Legal Name & Address (if not living w/Client/Spouse/Partner)

(M)arried or (S)ingle

CHILD/CHILDREN OF CLIENT ONLY

Marital Status

Date of Birth

*Full Legal Name & Address (if not living w/Client/Spouse/Partner)

(M)arried or (S)ingle

CHILD/CHILDREN OF SPOUSE/PARTNER ONLY

Marital Status

Date of Birth

*Full Legal Name & Address (if not living w/Client/Spouse/Partner)

(M)arried or (S)ingle

DO ANY CHILDREN/GRANDCHILDREN/OTHER PERSONS HAVE ANY "SPECIAL NEEDS" OR ARE ANY AT RISK FOR BECOMING SERIOUSLY ILL OR DISABLED? Yes No

If yes, please explain: _____

BENEFICIARIES

NAME (INCLUDE MIDDLE INITIALS) ALL DESIRED BENEFICIARIES (THE PEOPLE/ENTITIES TO WHOM/WHICH YOU WISH TO RECEIVE YOUR ASSETS UPON YOUR DEATH) AND THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.), THE PERCENTAGES YOU HAVE IN MIND, AND YOUR PREFERENCE FOR CONTINGENT BENEFICIARIES (i.e., IF THE PRINCIPAL BENEFICIARY PREDECEASES YOU).

EXAMPLE OF HOW TO LIST BENEFICIARIES:

Principal: JOHN M. SMITH (Son) = 50% JANE B. SMITH (daughter) = 50%

Contingent (i.e. "Backup"): CLARA M. SMITH (granddaughter), CHRISTOPHER K. SMITH (grandson) – 50/50

CLIENT PRINCIPAL BENEFICIARY

FIRST M. LAST Relationship Percentage

CLIENT PRINCIPAL BENEFICIARY

FIRST M. LAST Relationship Percentage

*CLIENT PRINCIPAL BENEFICIARY

FIRST M. LAST Relationship Percentage

CLIENT CONTINGENT BENEFICIARY

FIRST M. LAST Relationship Percentage

CLIENT CONTINGENT BENEFICIARY

FIRST M. LAST Relationship Percentage

*CLIENT CONTINGENT BENEFICIARY

FIRST M. LAST Relationship Percentage

If a beneficiary predeceases you, his/her share should go to:

his/her children to the surviving beneficiary(ies) to someone else

SPOUSE/PARTNER PRINCIPAL BENEFICIARY

FIRST M. LAST Relationship Percentage

SPOUSE/PARTNER PRINCIPAL BENEFICIARY

FIRST M. LAST Relationship Percentage

*SPOUSE/PARTNER PRINCIPAL BENEFICIARY

FIRST M. LAST Relationship Percentage

SPOUSE/PARTNER CONTINGENT BENEFICIARY

FIRST M. LAST Relationship Percentage

SPOUSE/PARTNER CONTINGENT BENEFICIARY

FIRST M. LAST Relationship Percentage

*SPOUSE/PARTNER CONTINGENT BENEFICIARY

FIRST M. LAST Relationship Percentage

If a beneficiary predeceases you, his/her share should go to:

his/her children to the surviving beneficiary(ies) to someone else

ADDITIONAL INFORMATION

*If additional Children or Primary/Contingent Beneficiaries need to be listed, please provide above in *Additional Information* if possible or if you need more room, on a separate attached sheet of paper.

PERSONAL REPRESENTATIVE/TRUSTEE

NAME (INCLUDE MIDDLE INITIALS) YOUR DESIRED PERSONAL REPRESENTATIVE ("AIF")/TRUSTEE (THE PERSON WHO WILL OVERSEE THE DISTRIBUTION OF YOUR ASSETS UPON YOUR PASSING) AND INCLUDE THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.), AND YOUR PREFERENCE FOR THE SUCCESSOR (i.e., IF THE PRINCIPAL PREDECEASES YOU/ CANNOT/WILL NOT SERVE):

CLIENT PRINCIPAL PR/TRUSTEE

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

CLIENT SUCCESSOR PR/TRUSTEE

(Only serves if Principal above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

CLIENT 2ND SUCCESSOR PR/TRUSTEE

(Only serves if Successor above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER PRINCIPAL PR/TRUSTEE

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER SUCCESSOR PR/TRUSTEE

(Only serves if Principal above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER 2ND SUCCESSOR PR/TRUSTEE

(Only serves if Successor above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

FINANCIAL POWER OF ATTORNEY

NAME (INCLUDE MIDDLE INITIALS) YOUR DESIRED ATTORNEY-IN-FACT ("AIF") (THE PERSON(S) WHO WILL OVERSEE YOUR FINANCIAL DECISIONS) AND INCLUDE THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.) AND YOUR PREFERENCE FOR SUCCESSOR(S).

CLIENT PRINCIPAL AIF

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

CLIENT SUCCESSOR AIF

(Only serves if Principal above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

CLIENT 2ND SUCCESSOR AIF

(Only serves if Successor above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER PRINCIPAL AIF

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER SUCCESSOR AIF

(Only serves if Principal above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER 2ND SUCCESSOR AIF

(Only serves if Successor above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

MEDICAL POWER OF ATTORNEY

NAME (INCLUDE MIDDLE INITIALS) YOUR DESIRED HEALTHCARE SURROGATE ("HCS") (THE PERSON(S) WHO WILL OVERSEE YOUR MEDICAL DECISIONS IF YOU ARE INCAPACITATED). INCLUDE THEIR RELATIONSHIP TO YOU (i.e., SPOUSE, DAUGHTER, BROTHER, FRIEND, ETC.) AND YOUR PREFERENCE FOR SUCCESSOR(S)

CLIENT PRINCIPAL HCS

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

CLIENT SUCCESSOR HCS

(Only serves if Principal above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

CLIENT 2ND SUCCESSOR HCS

(Only serves if Successor above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER PRINCIPAL HCS

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER SUCCESSOR HCS

(Only serves if Principal above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

SPOUSE/PARTNER 2ND HCS

(Only serves if Successor above cannot serve)

<i>FIRST</i>	<i>M.</i>	<i>LAST</i>	<i>Relationship</i>
--------------	-----------	-------------	---------------------

FINANCIAL INFORMATION

**PLEASE FILL IN A DOLLAR VALUE FOR EACH OF THE BELOW ASSETS YOU OWN/HAVE AN INTEREST IN
TOTAL ESTIMATED VALUE OF ALL ASSETS LISTED BELOW IS: MORE THAN LESS THAN \$12.92 MILLION:**

\$ _____ **PRINCIPAL RESIDENCE** (Mortgage Balance = \$ _____) **HOW TITLED?** _____
ADDRESS _____

\$ _____ **REAL PROPERTY # 2** (Mortgage Balance = \$ _____) **HOW TITLED?** _____
ADDRESS _____

\$ _____ **REAL PROPERTY # 3** (Mortgage Balance = \$ _____) **HOW TITLED?** _____
ADDRESS _____

\$ _____ **REAL PROPERTY # 4** (Mortgage Balance = \$ _____) **HOW TITLED?** _____
ADDRESS _____

\$ _____ **LAND (LOTS/TIMESHARE)** (Mortgage Balance = \$ _____) **HOW TITLED?** _____
ADDRESS _____

\$ _____ **BUSINESS/PARTNERSHIP # 1** **HOW TITLED?** _____
FULL NAME/ADDRESS _____

\$ _____ **BUSINESS/PARTNERSHIP # 2** **HOW TITLED?** _____
FULL NAME/ADDRESS _____

\$ _____ **ANNUITIES** **HOW TITLED?** _____

\$ _____ **CERTIFICATE OF DEPOSIT(S)** **HOW TITLED?** _____

\$ _____ **MONEY MARKET(S)** **HOW TITLED?** _____

\$ _____ **CHECKING ACCOUNT(S)** **HOW TITLED?** _____

\$ _____ **SAVING ACCOUNT(S)** **HOW TITLED?** _____

\$ _____ **INDIVIDUAL RETIREMENT ACCOUNT(S)** **HOW TITLED?** _____

\$ _____ **401k/403b** **HOW TITLED?** _____

\$ _____ **SECURITIES (STOCKS/BONDS)** **HOW TITLED?** _____

\$ _____ **PROMISSORY NOTE(S)** owed to you payable by you re: _____

\$ _____ **LIFE INSURANCE** **WHOLE** **TERM** (How long?) _____

\$ _____ **AUTOMOBILES(S)/MOTORCYCLE(S)/OTHER MOTORIZED VEHICLES** (How many? ____)

Year/Make/Model _____

\$ _____ **BOAT(S)** (How many? ____) **Year/Make/Model** _____

\$ _____ **COLLECTIONS** _____

\$ _____ **JEWELRY** _____

\$ _____ **OTHER** (Please describe) _____

ATTORNEY ONLY PAGE

CLIENT NAME _____ **COUNTY OF RESIDENCE** _____ **DATE OF SIGNING** _____

LIST OF DOCUMENTS

- _____ Living Revocable Trust Individual/s
- _____ Living Revocable Trust Joint
- _____ Amendment to Living Revocable Trust/s
- _____ Amendment and Restatement of LRT
- _____ Special Needs Trust
- _____ Certificate/s of Trust
- _____ Assignment/s of Personal Property
- _____ Assignment/s of LLC/Co./Partnership
- _____ Pour-Over Will/s
- _____ Will/s
- _____ Durable Power/s of Attorney
- _____ Health Care Surrogate/s
- _____ Living Will/s
- _____ Deed(s) # _____

Instruction Letter(s) – Additional Language: _____

Total Due \$ _____ **Total Rec'd: \$** _____ check: _____ credit card: _____

LRT NAME _____

CHILDREN _____

TRUSTEES

- 1. _____
- 2. _____
- 3. _____

DISTRIBUTIONS _____

SPECIFIC BEQUEST(S): _____

WILL/POUR OVER WILL _____

PR

- 1. _____
- 2. _____
- 3. _____

DISTRIBUTIONS _____

POA _____

HCS/LW _____

DEED – Type & Special Instructions _____

Attorney Notes

