CONFIDENTIAL THREE-YEAR REVIEW SURVEY

Please complete this form and email or fax to our office prior to your consultation.
Email: KLF@karplaw.com Fax: 561-625-0060

Date:

Your Name: Spouse's Name, if applicable:

If your residence has changed in the past 3 years, what is your new mailing address?

Street

City State Zip

Describe any *significant* changes in health you, your spouse or beneficiaries have experienced:

Births? If yes, who?

Deaths? If yes, who?

Divorces? If yes, who?

Marriages? If yes, who?

Are you confident that these individuals are still ready and willing to serve in the roles you designated?

Successor Trustee(s) Yes☐ No☐ Personal Representative(s) Yes☐ No☐

Health Care Surrogate(s) Yes☐ No☐ Agent under Durable Power of Attorney Yes☐ No☐

Have You Acquired Any Assets Since We Created Your Plan? If yes, please list:

Asset	$Value	Approx Date Acquired
Asset	$Value	Approx Date Acquired
Asset	$Value	Approx Date Acquired

If you have a living trust, are your assets, including new assets, retitled in the name of your living trust?

Yes☐ No☐ Not Sure☐

Are you concerned about long-term care issues and whether you will need Medicaid?

Yes☐ No☐ Not Sure☐

What specific concerns would you like to discuss during your consultation?