

## CONFIDENTIAL PLANNING SURVEY

- If completing this form for another person, please complete it using that person's information.
- Please print this form and complete it.
- Bring the completed form to your consultation, or scan and fax to (561) 625-0060 or email to [consultforms@karplaw.com](mailto:consultforms@karplaw.com)
- Please bring to your consultation any wills, trusts, powers of attorney, health care surrogates and living wills you may have.

Today's Date \_\_\_\_\_

### PART 1: FAMILY INFORMATION

Your Legal Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Spouse's Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

### CHILDREN (Legal Names)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Do you have any children who are deceased?  Yes  No

*If yes, did that child have children?*  Yes  No

Do you have a child who is disabled or receiving Social Security disability?  Yes  No

Do you wish to leave your assets so that they stay in your bloodline after you die?  Yes  No

Do you expect to receive an inheritance?  Yes  No

**PART 2: FINANCIAL INFORMATION**

**IRA's/Retirement Plans/401(k)'s/403(b)'s**

Name of Institution	Owner	Approx Value

**Bank Accounts (exclude IRAs and retirement accounts)**

Bank Name	Account Type	Owner	Approx Value	If transferable on death or payable on death, to whom?
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		

**Brokerage Accounts (exclude IRAs/retirement accounts)**

Broker	Owner	Approx Value	If transferable on death or payable on death, to whom?
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		

**Stocks/Mutual Funds/Bonds (those held individually, not with a broker)**

Stock	Owner	Approx Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other	
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other	

**Annuities**

Company	Owner	Approx Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	

**Life Insurance Policies**

Company	Policy Owner	Insured Party	Cash Value	Death Benefit	Beneficiary

**Real Estate Owned**

Address	Owner	Mortgage Amount	Approx Value
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other		

Does anyone owe you money?  Yes  No *If yes, who and how much?* \_\_\_\_\_

**PART 3: COMPLETE ONLY IF COMING IN FOR MEDICAID PLANNING**

Who needs long-term care? (the applicant) \_\_\_\_\_

Questions About Applicant & Applicant's Spouse		
	Applicant	Spouse
Has long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, bring policy to consultation</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, bring policy to consultation</i>
Prepaid funeral?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, funeral director:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, funeral director:</i>
Has burial plot?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> Advantage Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, name of company:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Part A? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> Advantage Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, name of company:</i>
Has private health insurance or supplement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, company:</i> _____ ID# _____ Premium/Month _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, company:</i> _____ ID# _____ Premium/Month _____
Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deceased spouse was veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A

**Monthly Income**

Recipient's Name	Social Security	Pension	Veterans Benefits	Other

**Gifting**

Has the applicant or the applicant's spouse given away or transferred any assets or sold real property in the past 5 years?  Yes  No *If yes, answer the following:*

What was gifted?	Value	Type of Transfer	Date of Transfer
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	
		<input type="checkbox"/> Gift <input type="checkbox"/> Sale	

## PART 4: THINGS TO CONSIDER PRIOR TO YOUR CONSULTATION

### WHO WILL HANDLE YOUR AFFAIRS?

These are the individuals who you wish to serve in various capacities under your estate plan. Consider both a primary and an alternate. We will discuss your choices with you.

**Trustee under your Living Trust:** Responsible for managing property titled in the name of your Living Trust. Most people make themselves the initial Trustee(s), and designate Successor Trustee(s) who will serve when they can no longer act due to disability, or death.

**Personal Representative under your Last Will & Testament:** Responsible for probating your Will, if probate is necessary, and administering your probatable assets.

**Health Care Surrogate:** Responsible for making your health care decisions in the event you cannot do so yourself. Decisions include but are not limited to terminating life supports, consenting to/refusing surgery and medical procedures, obtaining medical records, admitting you to a nursing home.

**Agent under your Durable Property Power of Attorney:** Responsible for handling your personal financial affairs that are not in your Trust, including, but not limited to, real estate sales, bank account transactions, execution of contracts, tax returns and motor vehicle registrations.

**Guardians, if you have minor children:** A “Guardian of the Person” will care for minor child under age 18 should parents pass away. A “Guardian of the Property” handles the child’s finances.

### BENEFICIARIES

These are the individuals (and/or organizations) you wish to receive your assets upon your death. We will discuss your beneficiaries with you during your consultation.

## PART 5: YOUR QUESTIONS/ADDITIONAL INFORMATION

Please use the space below to list any specific concerns and questions you wish to address during your consultation, or to expand on any of the answers you have provided.

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### PLEASE TELL US...

How did you hear about The Karp Law Firm? \_\_\_\_\_

If you heard about us from an individual or organization, may we thank them?  Yes  No

*Thank you for providing this information. We look forward to meeting with you.  
The Attorneys & Staff of The Karp Law Firm*