



MORTON LAW FIRM

**ATTORNEY-CLIENT COMMUNICATION: THIS DOCUMENT AND
ITS CONTENTS CONSTITUTE LEGALLY PRIVILEGED INFORMATION**

ESTATE PLANNING INFORMATION FORM

This Estate Planning Information Form has been developed to assist our firm in having all of the essential information to complete an estate plan. It is not meant to be time-consuming but rather to help make sure we cover all of your needs during our discussions.

If you have any questions about the form, please contact our office at 813.326.3866 or via email at info@mortonlawfl.com. Otherwise, please complete as much of it as possible and return by email to info@mortonlawfl.com. We look forward to working with you.

Sincerely,

Matthew D. Morton, Esq.
Morton Law Firm



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PERSONAL INFORMATION

You:

Full Name: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Cell Phone: _____ Marital Status: _____
Email Address: _____
Employer: _____ Occupation: _____
Employer Address: _____
Prior Marriages: Yes No
Children from Prior Marriages: Yes No

Your Spouse:

Full Name: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Cell Phone: _____ Marital Status: _____
Email Address: _____
Employer: _____ Occupation: _____
Employer Address: _____
Prior Marriages: Yes No
Children from Prior Marriages: Yes No



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FAMILY INFORMATION

Names of children of present marriage or relationship, whether natural or adopted:

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____



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Names of children of prior marriage or relationships, whether natural or adopted:

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____

Full Name: _____ Gender: _____
Address: _____
Date of Birth: _____ U.S. Citizen: Yes No
Name of Child's Spouse (if any): _____
Grandchildren: _____
Telephone Number: _____

Do any of your children/grandchildren have special needs that you wish to address in your planning? Yes No If yes, please explain: _____

Do you have any other relatives depending upon you for support? Yes No
If yes, please list them, their relationship to you and whether they are living with you?
Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

Do you have currently have a will? Yes No If yes, please provide us with a copy if you have it.



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Do you currently have any type of trust? Yes No If yes, please provide us with a copy if you have it.

Do you have a current power of attorney, durable or otherwise? Yes No If yes, please provide us with a copy if you have it.

Do you have a current designation of health care surrogate? Yes No If yes, please provide us with a copy if you have it.

Do you own an interest in any LLC's or businesses? Yes No If yes, please identify the type of interest you have, the nature of the business, whether you have partners, the percentage of ownership and whether you want your interest to be liquidated or for the business to continue after your passing.

Business 1: Full name: _____

Type of business: LLC Corporation Partnership Sole Proprietorship

In what state did you form your business? _____

Is your business still legally based out of that state? Yes No

Percentage of ownership of business: _____

Do you have partners or other members of the business? Yes No If yes, what are the names of your partners and their percentage of interest in the business:

Partner 1: _____

Partner 2: _____

How do you want your business to be handled after you pass? Liquidated Continued

Business 2: Full name: _____

Type of business: LLC Corporation Partnership Sole Proprietorship

In what state did you form your business? _____

Is your business still legally based out of that state? Yes No

Percentage of ownership of business: _____

Do you have partners or other members of the business? Yes No If yes, what are the names of your partners and their percentage of interest in the business:

Partner 1: _____

Partner 2: _____

How do you want your business to be handled after you pass? Liquidated Continued



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Do you now or have you ever participated in a plan maintained by an employer that will provide benefits to you in the event of retirement or death? Yes No Not Sure

- If yes, have you designated your beneficiaries on same? Yes No Not Sure

Do you have or were you ever a participate in a Qualified Plan or an IRA? Yes No Not Sure. If yes, have you designated your beneficiaries on same? Yes No Not Sure

Do you have a safe deposit box? Yes No Not Sure

If yes, please identify the institution where it is located and whose name(s) are on the box:

Location: _____

Names on Box: _____

REAL ESTATE

Please list all real estate that you own regardless of whether you own it together, separately, through an LLC, in a trust or in any other manner:

Address: _____

Names on Deed: _____

Is there a mortgage on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____

Address: _____

Names on Deed: _____

Is there a mortgage on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____

Address: _____

Names on Deed: _____

Is there a mortgage on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____



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Address: _____

Names on Deed: _____

Is there a mortgage on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____

Address: _____

Names on Deed: _____

Is there a mortgage on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____

AUTOMOBILE AND OTHER TITLED PROPERTY

Type of Titled Property (Boat, Car, RV, etc.): _____

Make and Model of Titled Property: _____

Names on Title: _____

Is there a loan on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____

Type of Titled Property (Boat, Car, RV, etc.): _____

Make and Model of Titled Property: _____

Names on Title: _____

Is there a loan on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____

Type of Titled Property (Boat, Car, RV, etc.): _____

Make and Model of Titled Property: _____

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Make and Model of Titled Property: _____

Names on Title: _____

Is there a loan on it? Yes No. If yes, please identify the lender and the current balance owed. Lender: _____ Outstanding balance: _____



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DESIGNATIONS

Who will serve as your personal representative/executor to administer/probate your will and estate? Please note that you can designate your spouse as the primary personal representative/executor if you wish.

You:

Primary Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

1st Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

2nd Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

Your Spouse:

Primary Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

1st Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

2nd Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____



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You will be the trustees of any joint or individual revocable trusts. Please identify who you would like to serve as backup/successor trustees once you pass?

You:

Primary Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

1st Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

2nd Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

Your Spouse:

Primary Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

1st Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

2nd Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____



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For the Living Will, Durable Power of Attorney and Designation of Health Care Surrogate, who do you want to make decisions for you in the event of your incapacity or terminal condition? Please note that you can designate your spouse as the primary decision maker.

You:

Primary Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

1st Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

2nd Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

Your Spouse:

Primary Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

1st Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____

2nd Backup Name: _____ Relationship: _____
Address: _____
Contact Phone and Email: _____



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For the Designation of Pre-Need Guardian, who do you want to act as guardian of your minor children (if applicable)?

Name: _____

Address: _____

Contact Phone and Email: _____

1st Backup Name: _____

Address: _____

Contact Phone and Email: _____

DISTRIBUTIONS

All distributions are on death of both you and your spouse unless indicated otherwise.

You:

Any special items or collectibles of monetary or sentimental value, such as coin collections, antiques, jewelry or heirlooms, please identify the items and to whom they should be distributed.

Description of Item: _____

Location of Item: _____

Beneficiary of Item: _____

Description of Item: _____

Location of Item: _____

Beneficiary of Item: _____

Description of Item: _____

Location of Item: _____

Beneficiary of Item: _____

Description of Item: _____

Location of Item: _____

Beneficiary of Item: _____



MORTON LAW FIRM

Description of Item: _____
Location of Item: _____
Beneficiary of Item: _____

Description of Item: _____
Location of Item: _____
Beneficiary of Item: _____

Your Spouse:

Any special items or collectibles of monetary or sentimental value, such as coin collections, antiques, jewelry or heirlooms, please identify the items and to whom they should be distributed.

Description of Item: _____
Location of Item: _____
Beneficiary of Item: _____

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Beneficiary of Item: _____

Description of Item: _____
Location of Item: _____
Beneficiary of Item: _____

Description of Item: _____
Location of Item: _____
Beneficiary of Item: _____



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You:

Any specific cash amounts that you wish to give to any individuals or organizations, including charities:

Amount: _____

Beneficiary of Amount: _____

Amount: _____

Beneficiary of Amount: _____

Amount: _____

Beneficiary of Amount: _____

Amount: _____

Beneficiary of Amount: _____

Amount: _____

Beneficiary of Amount: _____

Your Spouse:

Any specific cash amounts that you wish to give to any individuals or organizations, including charities:

Amount: _____

Beneficiary of Amount: _____

Amount: _____

Beneficiary of Amount: _____



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Amount: _____
Beneficiary of Amount: _____

Amount: _____
Beneficiary of Amount: _____

Amount: _____
Beneficiary of Amount: _____

You:

All tangible personal property (automobiles, clothes, furniture, pictures, etc: (check one)

- Spouse; if spouse has died first, then to children equally;
- Children equally;
- Other (specify): _____

All remaining money and other property (stocks, bonds, investments, etc. (check one)

- Spouse; if spouse has died first, then to children equally;
- Children equally;
- Other (specify): _____

If no beneficiaries are living when you and your spouse die, how should your estate be distributed (check one):

- Your surviving relatives;
- Your spouse's surviving relatives;
- One half (1/2) to your relatives and one half (1/2) to your spouse's surviving relatives; or,
- Other (specify): _____



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Age at which you would like your children/beneficiaries other than spouse to receive any property from your estate (check one):

- Upon your death;
- At age eighteen (18);
- At age twenty-one (21)
- Specific percentages at specific ages (one-third at 25, one half at 30 and remaining at 35, etc)

- Other (specify): _____

Your Spouse:

All tangible personal property (automobiles, clothes, furniture, pictures, etc: (check one)

- Spouse; if spouse has died first, then to children equally;
- Children equally;
- Other (specify): _____

All remaining money and other property (stocks, bonds, investments, etc. (check one)

- Spouse; if spouse has died first, then to children equally;
- Children equally;
- Other (specify): _____

If no beneficiaries are living when you and your spouse die, how should your estate be distributed (check one):

- Your surviving relatives;
- Your spouse's surviving relatives;
- One half (1/2) to your relatives and one half (1/2) to your spouse's surviving relatives; or,
- Other (specify): _____



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Age at which you would like your children/beneficiaries other than spouse to receive any property from your estate (check one):

- Upon your death;
- At age eighteen (18);
- At age twenty-one (21)
- Specific percentages at specific ages (one-third at 25, one half at 30 and remaining at 35, etc)

Other (specify): _____

You:

Do you have your funeral arrangements planned and pre-paid? Yes No. If yes, please provide information on same: _____

Do you want to give specific instructions regarding funeral arrangements, disposition of your body after death or anatomical gifts? Yes No. If yes, please describe: _____

Your Spouse:

Do you have your funeral arrangements planned and pre-paid? Yes No. If yes, please provide information on same: _____

Do you want to give specific instructions regarding funeral arrangements, disposition of your body after death or anatomical gifts? Yes No. If yes, please describe: _____