

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.

7301 S.W. 57th Court, Suite 560
South Miami, Florida 33143
(305) 666-1040 Fax (305) 666-1020

Dear Sir or Madam:

Attached please find our Estate Planning questionnaire. Please complete the questionnaire and return it to our office. You may fax the questionnaire at the number listed above or you may email it to the attorney handling your planning:

Edward P. Guttenmacher	eguttenmacher@gbptaxlaw.com
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If you should have any questions, please contact us at (305) 666-1040.

GUTTENMACHER, BOHATCH & PEÑARANDA, P.A.
Client Questionnaire

PLEASE PRINT

	Client	Spouse/Partner
A. General Information		
Name		
Other name or nickname known by, if any:		
Home address:		
E-mail address:		
Home telephone:		
Cellular telephone:		
Social Security Number:		
Occupation:		
Business Address:		
Business Telephone:		
Vacation Address:		
Vacation Telephone:		
Date of Birth:		
If married, date of marriage:		

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Client Questionnaire

	Client	Spouse/Partner
Citizen of U.S.?		
If not, Country of Citizenship:		
Have you entered into any pre- or post-nuptial agreements? (If so, attached copy):		
Any prior marriages (if divorced, attach copies of divorce decree and property settlement agreement; if widowed, attach copy of Form 706 (federal estate tax return) for predeceased spouse's estate):		
B. Family Information		
1. Children:		
Child's #1 Name:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Name of Child's Spouse:		

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Client Questionnaire

	Client	Spouse/Partner
Note if from prior marriage (and indicate parent) or if adopted:		
Special Needs:		
Child Spouse's Cellular Telephone:		
Child Spouse's Work Telephone		
Child's #2 Name:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Name of Child's Spouse:		
Note if from prior marriage (and indicate parent) or if adopted:		
Special Needs:		
Child Spouse's Cellular Telephone:		
Child Spouse's Work Telephone		

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Client Questionnaire

	Client	Spouse/Partner
Child's #3 Name:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Name of Child's Spouse:		
Note if from prior marriage (and indicate parent) or if adopted:		
Special Needs:		
Child Spouse's Cellular Telephone:		
Child Spouse's Work Telephone:		
Child's #4 Name:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		

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Client Questionnaire

	Client	Spouse/Partner
Name of Child's Spouse:		
Note if from prior marriage (and indicate parent) or if adopted:		
Special Needs:		
Child Spouse's Cellular Telephone:		
Child Spouse's Work Telephone:		
Child's #5 Name:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Name of Child's Spouse:		
Note if from prior marriage (and indicate parent) or if adopted:		
Special Needs:		
Child Spouse's Cellular Telephone:		
Child Spouse's Work Telephone:		
ADD ADDITIONAL CHILDREN ON ATTACHMENT		

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Client Questionnaire

	Client	Spouse/Partner
2. Grandchildren		
Grandchild's #1 Name:		
Indicate Parent:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Grandchild's #2 Name:		
Indicate Parent:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Grandchild's #3 Name:		
Indicate Parent:		
Age:		
Social Security No.:		
Address:		

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Client Questionnaire

	Client	Spouse/Partner
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Grandchild's #4 Name:		
Indicate Parent:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
Grandchild's #5 Name:		
Indicate Parent:		
Age:		
Social Security No.:		
Address:		
Home Telephone Number:		
Cellular Telephone Number:		
Work Telephone Number:		
ADD ADDITIONAL GRANDCHILDREN ON ATTACHMENT		

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Client Questionnaire

	Client	Spouse/Partner
C. Briefly describe your estate planning goals/objections and beneficiaries to your estate		
D. Advisors (Please list name and telephone numbers)		
Other lawyers:		
Accountant:		
Stockbroker:		
Investment Advisor:		
Insurance Agent:		
Other (identify):		
E. Approximate Annual Income (include income from all sources, e.g., salary, fees, commissions, interest, dividends, pension)		

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Client Questionnaire

	Client	Spouse/Partner
F. Attach copies of all prior/current Estate Planning documents, including any and all types of Trusts, Last Will and Testaments, Powers of Attorneys, Health Care Surrogates, Living Wills, PreNeed Declaration of Guardians, etc.		
G. Other Estate Planning Issues		
Attach copies of all prior federal and state gift tax returns.		
Describe any inheritance you or your spouse expect to receive in the near future.		
H. FIDUCIARIES:		
1. Trustee, Personal Representative, and Attorney-in-Fact:		
Address:		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
a. First Successor		
Address		
Home Telephone:		
	Client	Spouse/Partner

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Client Questionnaire

Work Telephone:		
Cellular Telephone:		
b. Second Successor		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
c. Third Successor		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
2. Health Care Surrogate		
a. First Appointee(s)		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
b. Second Appointee		
Address		
Home Telephone:		
	Client	Spouse/Partner

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Client Questionnaire

Work Telephone:		
Cellular Telephone:		
c. Third Appointee		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
4. Guardians for Minor Children		
a. First Appointee(s)		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
b. First Successor(s)		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		
c. Second Successor(s)		
Address		
	Client	Spouse/Partner

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Client Questionnaire

Home Telephone:		
Work Telephone:		
Cellular Telephone:		
d. Third Successor(s)		
Address		
Home Telephone:		
Work Telephone:		
Cellular Telephone:		

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Client Questionnaire

I. Assets

For each of you, please attach a financial statement listing the type of asset, current fair market value and title/ownership, for the following assets:

1. Savings accounts
2. Certificates of deposit
3. Money Market Accounts
4. Checking Accounts
5. Stocks
6. Bonds (including E, EE)
7. Mutual Funds
8. Brokerage Accounts
9. Copyrights, patents, trademarks and other intangibles rights
10. Mortgages and leases (describe property and terms)
11. Interest in trusts and estates created by you or third parties
12. Interests in Limited Partnerships, L.L.C.'s, S-Corporation and C-Corporations
13. Significant personal property (jewelry, art, antiques, coins, etc.)
14. Automobiles
15. Boats
16. Stock Options
17. Real Property-Homestead (include address cost and current Fair Market Value, as well as any mortgages)
18. Real Property-Other (include address cost and current Fair Market Value, as well as any mortgages)
19. Closely Held Companies (name, address, percentage of ownership, Fair Market Value)
20. Life Insurance Policies (include names of insured and owner, beneficiaries, face value and premiums)
21. Retirement Plans (type of plan, present value, beneficiary designation, attach copy of plan description)
22. Retirement Accounts (type of plan, present value, beneficiary designation, attach copy of plan description)
23. List all liabilities

J. Liabilities

Please list all Liabilities.

