

**CENTRAL FLORIDA**

(321) 445 - 1388
222 S. Westmonte Dr, #204
Altamonte Springs, FL 32714

SOUTH FLORIDA

(954) 603 - 7603
2319 N. Andrews Ave.
Fort Lauderdale, FL 33311

JACOB A WEIL, ESQ., EA.

Jacob@WeilFL.com

NINA OSWALD, ESQ.

Nina@WeilFL.com

ESTATE PLANNING STARTER PACKET

To the soon to be prepared person holding this packet,

Congratulations, you have just taken the first step in ensuring you, your family, and all of your loved ones are taken care should anything happen to you. The estate planning process can often seem overwhelming, so we have broken the process down step by step in a way that is easy to understand.

On the following page you will find the answers to some of the common estate planning questions that many people may have. After this you will find a questionnaire designed to gather much of the information needed to create your estate plan. In order to best prepared to discuss what your needs are when you meet with the Attorney to discuss your estate plan, please complete the information contained in this packet, and bring it with you to your Goal Planning Session. *Should you not know or understand any information, simply skip that question and move on.*

At The Weil Law Group, we will guide you through the entire estate planning process. We will begin with what we call a “Goal Planning Session”. During this process we will go over your obligations you need to fulfill and goals you wish to accomplish using your estate plan. We will also determine the documents and provisions that are needed to best achieve those goals. At the end of the goal planning session we will provide you with a fixed written price and you can decide whether you would like to proceed after that. Best of all, our “Goal Planning Sessions” are completely **FREE**, and you are under no obligation at any time. At the end of that meeting your fixed price will be good for three weeks, so you will have time to consider if you would like to move forward. There is never a high-pressure sales situation, we want you to do what is best for you.

Thank you for taking the time to think about setting up your estate plan with The Weil Law Group. We look forward to having the opportunity to work with you.

**To set up a FREE Goal Planning Session give us a call at
(954) 603-7603 or (321) 455-1388
today.**

Sincerely,

The Weil Law Group, P.A.

Jacob A Weil, Esq., EA. | Florida Bar #1010482
2319 N. Andrews Ave.
Fort Lauderdale, FL 33311
(954) 603 – 7603

Jacob@TheWeilLawGroup.com

COMMON ESTATE PLANNING QUESTIONS AND ANSWERS

What Exactly Is Estate Planning?

Your estate is comprised of everything you own: your house, your car, your checking account, your savings account, your life insurance policy, and your personal possessions. Every person has one. It can be a large estate or a small estate, but it is an estate. Estate planning shouldn't just be looking at what assets you have and what you want to do with them. It is also figuring out what you want to happen in the event that you become incapacitated or how you want your last rites performed after death. But most importantly, it is about planning the legacy that you want to leave behind.

Why Do I Need an Estate Plan? What Happens If I Die Without an Estate Plan or a Will?

Every person in the state of Florida has an estate plan. If you do not create one, the state of Florida will create one for you. It's called intestacy. If you pass away under intestacy, the laws of the state of Florida determine how your assets are going to be distributed through the probate process. If you are incapacitated, the laws in the state of Florida are going to determine how that incapacity is treated. There is going to be a guardianship appointment and an incapacity hearing. You don't have any say on how those things are done. If you are okay with the state of Florida deciding how everything is going to be done for you, your estate plan is perfectly fine.

If you are not okay with the state of Florida making all the decisions for you, then that's where estate planning comes in. It's the process of figuring out what your goals are and how we can accomplish them. Part of the process of figuring out what you need to plan for is thinking about things like how you are going to compensate for your debt, or how your young children are going to be taken care of. Any time you sit down with an estate planning attorney, they need to look at it holistically and figure out exactly what they need to do for you.

They should look at whether or not you are properly insured, which documents you have, who you want to take care of, and how you want to take care of those people. All of those goals need to be looked at and accomplished.

Do Families of Limited Financial Means need an Estate Plan? Is it Worth the Expense?

Every person needs an estate plan because part of your estate plan is determining how your beneficiaries are going to be taken care of. That often means estate planning is most critical for those of limited means. Going through the intestate process can be especially hard on those families of limited means.

That is why planning is so important. It saves a lot in the long run in both money and grief for your loved ones.

How does the Estate Planning Process Work with The Weil Law Group, PA?

The process starts with you completing the questionnaire enclosed in this packet. You will bring the completed questionnaire to a "goal planning session" with one of our attorneys. That attorney will sit down with you, go over all of the information, and identify your goals and objectives to accomplish with your estate, from caring for loved ones to medical wishes. At the end of that meeting you will get a fixed written price, and you can decide if you want to proceed.

Once you have agreed, the attorney will draft your documents. Prior to your signing, you will receive a draft to review. Finally, at the signing ceremony you will sign and execute your documents. Now, your protected.

But that's not where the service stops at The Weil Law Group, PA. If you had your estate planned with us, we not only include lifetime storage of your original documents, if you ever have a question about your documents, you can give us a call. We are always more than happy to answer a question you might have, and for basic questions, you won't get a bill.

Should you have any other questions regarding the estate planning process, one of our attorney's would be happy to go over them with you at your "Goal Planning Session"



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ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

Date Completed: _____

A. CLIENT INFORMATION:

Client A

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

DOB: _____ SS#: _____

Phone: _____

E-mail Address: _____

US Citizen? _____ Yes _____ No

Veteran? _____ Yes _____ No

Please indicate branch, dates of service:

Client B

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

DOB: _____ SS#: _____

Phone: _____

E-mail Address: _____

US Citizen? _____ Yes _____ No

Veteran? _____ Yes _____ No

Please indicate branch, dates of service:

B. MARITAL INFORMATION:

Date of Marriage: _____

Place of Marriage: _____

C. PRIOR ESTATE PLAN:

Have you previously executed a Will or Estate Plan? _____ Yes _____ No

If yes, what is it about your Estate Plan that you would like changed or reviewed?

D. REFERRAL:

Who referred you to our office?

Name: _____

Company Name: _____

E. CHILDREN QUESTIONS:

Do you have any children? _____ Yes _____ No

If the answer is Yes, please complete Addendum 1, Information about Children.

F. GRANDCHILDREN QUESTIONS:

Do you have any grandchildren? _____ Yes _____ No

If the answer is Yes, please complete Addendum 2, Information about Children.



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SCHEDULE 1 - ASSETS AND RESOURCES:

1. Real Estate

Please provide copies of deeds and more recent tax bills)

<i>Description (Location)</i>	<i>Cost (Basis)</i>	<i>Market Value</i>	<i>Mortgage Bal.</i>	<i>How Title Held</i>
<i>(Sample) 123 Know Way Sample, FL 33311</i>	<i>\$xxx,xxx.xx</i>	<i>\$xxx,xxx.xx</i>	<i>\$xxx,xxx.xx</i>	<i>joint tenant</i>
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	\$ _____	_____

2. Cash and Bank Accounts (CD's, checking, savings)

Please provide recent statements

<i>Name of Bank</i>	<i>Type of Acct</i>	<i>Account No.</i>	<i>Balance/Value</i>	<i>How Title Held</i>
<i>(Sample) SunTrust</i>	<i>savings</i>	<i>X1234</i>	<i>\$xxx,xxx.xx</i>	<i>joint w/son</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

3. Securities (Bonds, Marketable Securities, etc.)

Please provide recent statements

<i>Name of Company/Institution</i>	<i>Type of Acct</i>	<i>Account No.</i>	<i>Balance/Value</i>	<i>How Title Held</i>
<i>(Sample) TD Ameritrade</i>	<i>Trading</i>	<i>X1234</i>	<i>\$xxx,xxx.xx</i>	<i>Individually</i>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

4. Retirement Accounts (IRA's, Annuities, 401(k)'s, etc.)

Please provide recent statements

<i>Name of Institution</i>	<i>Type of Acct</i>	<i>Account No.</i>	<i>Balance/Value</i>	<i>Beneficiary</i>
(Sample) TD Ameritrade	IRA	X1234	\$xxx,xxx.xx	Son, John
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

5. Life Insurance (Whole Life, Term, Endowment, etc.)

Please provide recent statements

<i>Name of Institution</i>	<i>Type of Policy</i>	<i>Policy Number</i>	<i>Cash Value</i>	<i>Death Benefit</i>	<i>Beneficiary</i>
(Sample) TD Ameritrade	Whole	X1234	\$xxx,xxx.xx	\$xxx,xxx.xx	Son, John
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____
_____	_____	_____	\$ _____	\$ _____	_____

6. Personal Property

<i>Item</i>	<i>Value</i>	<i>Ownership</i>
HOME FURNISHINGS		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
VEHICLES		
_____	\$ _____	_____
_____	\$ _____	_____
OTHER		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

7. Rights or Interests in Trusts, Estates, or Other Prospective Inheritances

Briefly describe or name of any Trust in which you have an interest, or the person who is the source of the inheritance, and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise how we may obtain a copy.

8. Business Interests

If either client has an ownership interest in any business (whether sole proprietorship, corporation, or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) please provide copies.

9. Miscellaneous

If either client has any property interest not described above, please explain the nature, interest, and estimated value of each.



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SCHEDULE 2 – BENEFICIARY SELECTION

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit or non-profit organizations, educational, or religious organizations. Are there certain items of property that should pass to designated individuals? Are there specific charities or individuals to whom you intend to leave a gift? Are some beneficiaries going to require a Trustee to manage funds or property on their behalf?

Please note any differences in spousal wishes.

1. First Choice Beneficiaries: ___ Spouse ___ Children ___ Both ___ Other

2. Second Choice Beneficiaries: ___ Spouse ___ Children ___ Both ___ Other

3. Third Choice Beneficiaries: ___ Spouse ___ Children ___ Both ___ Other

4. Any specific disposition of your residence?

5. Any specific gifts of special articles, such as art or jewelry?

6. Any specific disposition of other property or notes?



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SCHEDULE 3 – SELECTING FIDUCIARIES

Your Fiduciary Representatives will be responsible for making choices on your behalf so you will want to think about this carefully. Please provide names, addresses, and phone numbers if the chosen individual is not a spouse, child, or (adult) grandchild.

POSITION	CLIENT A	CLIENT B
Will Selections:		
Personal Representative(s)	_____	_____
1 st Successor(s)	_____	_____
2 nd Successor(s)	_____	_____
Trustee Selections: (if Applicable)		
Trustee(s)	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____
Guardian(s) of minor or disabled child:		
Trustee(s)	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____
Financial General Power of Attorney:		
Primary Agent(s)	_____	_____
1 st Successor(s)	_____	_____
2 nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

_____ *Yes, my Co-Agents may act independently of each other.*

_____ *No, each task must be undertaken jointly by all Co-Agents.*

Health Care Power of Attorney and Living Will:

Agent(s)	_____	_____
1 st Successor(s)	_____	_____
2 nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

_____ *Yes, my Co-Agents may act independently of each other.*

_____ *No, each task must be undertaken jointly by all Co-Agents.*

Detailed Information on Children

CHILDREN INFORMATION: (if applicable, please include adult, minor, adopted, or predeceased children)

Name of Child: _____
_____ Male _____ Female _____ Married _____ Single
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Relationship to Client A: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Relationship to Client B: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Special Concerns: _____

Name of Child: _____
_____ Male _____ Female _____ Married _____ Single
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Relationship to Client A: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Relationship to Client B: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Special Concerns: _____

Name of Child: _____
_____ Male _____ Female _____ Married _____ Single
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Relationship to Client A: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Relationship to Client B: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Special Concerns: _____

Name of Child: _____
_____ Male _____ Female _____ Married _____ Single
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Relationship to Client A: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Relationship to Client B: ___ Natural ___ Adopted ___ Step ___ Non-Marital ___ Deceased
Special Concerns: _____

_____ of _____ Please indicate here the page number of this Child Information Addendum (in the order completed) out of the number of Child Information Addendum Pages that were needed to complete your information, attach additional pages as needed to list additional children.

Detailed Information on Grandchildren

GRANDCHILDREN INFORMATION: (if applicable, please include adult, minor, adopted, or predeceased children)

Name of Grandchild: _____
____ Male ____ Female Dependent on you for support? Yes No
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Names of Grandchild's Parents: _____
Is this grandchild a direct descendant (natural or adopted) child of your child? Yes No
Special Concerns: _____

Name of Grandchild: _____
____ Male ____ Female Dependent on you for support? Yes No
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Names of Grandchild's Parents: _____
Is this grandchild a direct descendant (natural or adopted) child of your child? Yes No
Special Concerns: _____

Name of Grandchild: _____
____ Male ____ Female Dependent on you for support? Yes No
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Names of Grandchild's Parents: _____
Is this grandchild a direct descendant (natural or adopted) child of your child? Yes No
Special Concerns: _____

Name of Grandchild: _____
____ Male ____ Female Dependent on you for support? Yes No
Address: _____
Phone Number: _____ DOB: _____
Email Address: _____
Names of Grandchild's Parents: _____
Is this grandchild a direct descendant (natural or adopted) child of your child? Yes No
Special Concerns: _____

____ of ____ Please indicate here the page number of this Grandchild Information Addendum (in the order completed) out of the number of Grandchild Information Addendum Pages that were needed to complete your information, attach additional pages as needed to list additional grandchildren.