



Estate Planning Intake Form



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Dear Client,

Thank you for placing your trust in Quintana Legal Group and allowing us to assist you with your family's estate planning needs. Quality estate planning requires a review of your financial information and a candid discussion of your personal circumstances, needs, goals, and wishes.

The purpose of this confidential Estate Planning Intake Form is to provide us with a general understanding of your family and financial situation so that we can best advise you on your estate planning needs. Though completion of this form is not a pre-requisite for meeting with us, this questionnaire has been designed to make the most efficient use of our time together. Please complete it to the best of your ability in advance of our appointment.

As a reminder, all information you share with our firm will remain confidential and is a privileged attorney/client communication. The information you provide will allow us to assess your specific needs and create a comprehensive plan that protects you, your family, and your assets.

If you have any questions about this questionnaire or your appointment, please contact us at (786) 521-2351 or via e-mail at david@quintanalaw.us. Our firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve you and your family for a lifetime.

All our best,

David Quintana, Esq.

Definitions to Help You

Beneficiaries are the people who will receive your assets. You may direct that your entire estate will go to one or more people or organizations. Additionally, you may make specific gifts of sums of money or certain assets to a specific person, or persons, or organizations. If you make specific gifts, you also must designate who will receive the rest of your assets. Lastly, it is recommended to list primary beneficiaries, and alternate beneficiaries in the unfortunate event that these listed beneficiaries do not survive you.

Durable Power of Attorney gives someone the right to act on your behalf for many or all of your financial matters. They can act “in your shoes” beginning the day you execute the document, or in the event you become incapacitated. A power of attorney is a strong document and should name only those who are fully trustworthy.

Guardian is a person to be appointed by you to be caretaker of the person of your minor children. The courts first look to who you designate in your will when this appointment is being effectuated.

Healthcare Power of Attorney gives someone the right to act on your behalf for many or all of your healthcare related matters. They can act “in your shoes” beginning the day you execute the document, or in the event you become incapacitated. A power of attorney is a strong document and should name only those who are fully trustworthy.

HIPAA Authorization/Release lets your designated fiduciary request your medical records from doctors and medical facilities on your behalf.

Ladybird Deed is an estate planning tool allowing you to automatically transfer property upon your death, without probate. Importantly, the ladybird deed lets you, as the property owner, retain use and control of the property during your lifetime, without sacrificing ownership.

Living Will is a document that tells others how you want your end-of-life treatment to be undertaken.

Personal Representative or Executor is the person who will carry out the terms of your will once you pass away. They must be mentally competent, over 18 years of age and cannot be convicted of a felony. If they are your surviving spouse, or a blood relative, or the spouse of a blood relative they do not have to be a resident of Florida to serve as a personal representative; if they are not, they must be a resident of Florida or a Florida bank with trust powers.

Probate is the court process of making sure all assets in your name alone are properly distributed (according to your will or Florida law) after dealing with creditors and taxes. It is not private and can be costly. However, it is possible to avoid probate using trusts and other estate planning tools.

Specific Gift is a specific asset that you leave to one or more persons. For instance, a specific sum of money, a vehicle, a certain stock, or other large personal property gifts. This can be done with a supplemental “**Separate Writing**”, that designates certain personal property items for individuals. An example would be, “my mother’s wedding ring.” We provide a blank separate writing for you to complete after executing your estate documents.

Special Needs Trust is a trust created for a disabled individual to help them without causing them to lose public benefits. This trust can be a part of a Will or Trust, or a separate trust.

Revocable Trust is a legal document created by you to manage your assets during your lifetime and distribute the remaining assets after your death. With proper planning a well drafted trust can help reduce estate challenges, taxes and estate expenses.

Will is a document that directs where your assets are to go on your death. This may be directly to an individual, group, or charity, or into a trust.



Client Information

Full Legal Name:

Date of Birth:

Street Address:

City:

State:

Zip:

County:

Phone No.:

Email Address:

U.S. Citizen: Yes ☐ No ☐

If no, your nationality:

Married: Yes ☐ No ☐

If yes, marriage date:

Pre-Nuptial or Post-Nuptial Agreement? Yes ☐ No ☐

If yes, please provide copy.

Do you have any existing estate plans? Yes ☐ No ☐

If yes, please provide copy.

If you have an existing will, please provide the date it was executed:

If you have an existing trust, please provide the legal name of the trust, and the date of creation:

Occupation:

Annual Salary:

List Other Monthly Income:

Source:

Spouse Information

Full Legal Name:

Date of Birth:

Street Address:

City:

State:

Zip:

County:

Phone No.:

Email Address:

U.S. Citizen: Yes ☐ No ☐

If no, your nationality:

Married: Yes ☐ No ☐

If yes, marriage date:

Pre-Nuptial or Post-Nuptial Agreement? Yes ☐ No ☐

If yes, please provide copy.

Do you have any existing estate plans? Yes ☐ No ☐

If yes, please provide copy.

If you have an existing will, please provide the date it was executed:

If you have an existing trust, please provide the legal name of the trust, and the date of creation:

Occupation:

Annual Salary:

List Other Monthly Income:

Source:

What is an Estate Plan?

An estate plan consists of a comprehensive list of documents that govern your personal and financial affairs. Estate planning is simply the process of making it clearly known how you want your estate to be handled after you pass or if you're incapacitated and unable to handle things on your own. During this process you will select who will receive your assets and under what conditions, who will administer the "transfer" of these assets, and most importantly, who will care for you and your minor children, if any, in the event you are incapacitated or deceased.

A clear understanding of your goals and aspirations is critical in creating your estate plan.

What are your most important financial goals? (list short term goals, long term goals, family planning, etc):

To assist with goal setting, below are some important considerations. Please check all that apply:

	Client	Spouse/Partner
Minimize Gift and Estate Taxes	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Disabled Descendants	<input type="checkbox"/>	<input type="checkbox"/>
Eliminate Probate or Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children/Grandchildren from Divorce and Creditors	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Children	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children from Immature Spending Habits	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children's Inheritance in the Event of a Partner Remarriage	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children's Inheritance from their Spouses or Partner	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a Disability	<input type="checkbox"/>	<input type="checkbox"/>

Family Information

At its core, an estate plan centers on the vital commitment of preserving your legacy and providing for your family's well-being. In this next section, please introduce us to your family. *If at any point you run out of space, please use a separate sheet to include additional information.*

Children (please indicate if child is (J) joint child, (H) Husband's, (W) Wife's, or (P) Partner's child.)

1)	Full Name:	DOB:	Gender:
	Child of:	Adopted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Primary Residence:		
	Spouses Name:	Date of Marriage:	
2)	Full Name:	DOB:	Gender:
	Child of:	Adopted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Primary Residence:		
	Spouses Name:	Date of Marriage:	
3)	Full Name:	DOB:	Gender:
	Child of:	Adopted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Primary Residence:		
	Spouses Name:	Date of Marriage:	
4)	Full Name:	DOB:	Gender:
	Child of:	Adopted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Primary Residence:		

Are you or your spouse/partner pregnant, or anticipating becoming pregnant in the near future? Yes ☐ No ☐

Grandchildren (If additional space required, please write on separate page and attach to end of this intake form.)

Full Legal Name	DOB	Parents Names	Gender	Adopted
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>



Client's Parents

Full Legal Name	Relation	DOB	Living/ Deceased

Spouse/Partners Parents

Full Legal Name	Relation	DOB	Living/ Deceased

Client's Siblings

Full Legal Name	Relation	DOB	Living/ Deceased

Spouse/Partners Siblings

Full Legal Name	Relation	DOB	Living/ Deceased

Other Family (If you have any other family members that you believe we should be aware of, for any reason, please include them here.)

Full Legal Name	Relation	DOB	Living/ Deceased

Does anyone in your immediate family have special educational, medical, or physical needs? If yes, please explain:

Yes ☐ No ☐

Other than your minor children (if applicable), do you foresee a time when someone may be dependent on you? If yes, please explain:

Yes ☐ No ☐

Finances and Assets

A broad understanding of all your assets is necessary to create a comprehensive estate plan. In this section, you will be identifying all assets you currently own. Use this time to consider how you would like these assets to be used during your life, and after you are gone.

Note: The legal title of certain assets may already determine to whom they will pass to upon your death, negating a will or trust provision (i.e., property held with a right of survivorship). Consequently, when listing your assets below, please carefully state the name of the owner(s) of the assets, and the manner in which they are held, if known to you.

If at any point you run out of space, please use a separate sheet to include additional information.

Real Property

- 1) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐
- 2) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐
- 3) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐
- 4) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐
- 5) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐
- 6) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐
- 7) Type (residential, rental, vacant, etc.): _____
 Address: _____
 Owners: _____
 Current Est. Value: _____ Outstanding Mortgage: Yes ☐ No ☐



Personal Property (ex: vehicles, furniture, jewelry, valuable collections)

- 1) Type: _____
Owners: _____
Current Est. Value: _____
- 2) Type: _____
Owners: _____
Current Est. Value: _____
- 3) Type: _____
Owners: _____
Current Est. Value: _____
- 4) Type: _____
Owners: _____
Current Est. Value: _____

Bank Accounts and Investment Accounts (ex: mutual funds, securities, checking and savings accounts)

- 1) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 2) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 3) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 4) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____



- 5) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 6) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____

Retirement Accounts (IRAs, 401k, etc.)

- 1) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 2) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 3) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____
- 4) Name of Institution: _____
Account Type: _____
Name(s) on Account: _____
Designated beneficiaries: _____ Balance: _____

Life Insurance Policies

- 1) Name of Institution: _____ Policy #: _____
Type of Policy: _____ Insured: _____
Beneficiaries: _____
Death Benefit: _____ Balance: _____



- 2) Name of Institution: _____ Policy #: _____
Type of Policy: _____ Insured: _____
Beneficiaries: _____
Death Benefit: _____ Balance: _____
- 3) Name of Institution: _____ Policy #: _____
Type of Policy: _____ Insured: _____
Beneficiaries: _____
Death Benefit: _____ Balance: _____

Disability Insurance

- 1) Name of Institution: _____ Policy #: _____
Benefit Amount: _____
- 2) Name of Institution: _____ Policy #: _____
Benefit Amount: _____

Business Ownership (If you do not own a business, please skip this page and proceed to the next section.)

Name of Business: _____ EIN Number: _____
Address of Business: _____
Tax Designation: C-Corp ☐ S-Corp ☐ Partnership ☐ Sole Proprietorship ☐

Owners/Members/Shareholders	Ownership %	Units/Shares

Please indicate which of the following documents your business already has in place, if any:

Operating Agreement ☐ Corp. Minutes ☐ Bylaws ☐ Buy-Sell Agreement ☐
Other: _____

Do you anticipate the business continuing operating following your retirement, incapacitation, or death? Yes ☐ No ☐

Miscellaneous Assets (assets not covered in this section)

Type of Asset	Owner	Value

Debts and Liabilities

Accounting for financial obligations and ensuring proper protection from certain creditors is an important aspect of estate planning. In this section, please list all outstanding liabilities you are aware of, their respective amounts, and advise if any are in "collections" status.

Client's Liabilities

Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>

Spouse/Partner Liabilities

Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type:	Amount:	Collections: Yes <input type="checkbox"/> No <input type="checkbox"/>

Fiduciaries

An integral part of your estate plan includes naming individuals who will (1) administer your last will and/or trust, (2) have access to your medical and financial information in the event of your incapacity, (3) have authority to make financial and healthcare decisions, including end of life decisions, on your behalf, and importantly, (4) serve as guardians for your minor children, if applicable. As such, it is highly recommended you elect individuals who share your values, and you trust to prioritize your goals and objectives. You and your attorney will discuss what powers and rights, if any, these individuals will have, and under what conditions they become effective.

In preparation for our meeting, please think about who you might want to fill the following roles:

Personal Representative

The personal representative is the one who is responsible for administering your estate, ensuring that your Last Will and Testament is accurately adhered to.

Client's Choice	Spouse/Partner Choice
First Choice:	
Second Choice:	
Third Choice:	

Trustee

In the event you are also forming a trust, your Trustee will manage the trust assets for your benefit or the benefit of others (including your minor children). When your estate plan involves a revocable trust, you and/or your Spouse/Partner usually serve as the initial Trustees, and a Successor Trustee is appointed who takes over control of the trust after you can no longer serve.

Client's Choice	Spouse/Partner Choice
First Choice:	
Second Choice:	
Third Choice:	

Durable Power of Attorney

A Durable Power of Attorney is an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. This person will have authority to make financial and legal decisions on your behalf, such as filing a lawsuit, paying bills, filing taxes, etc. Importantly, this individual's rights terminate when you pass away.

Client's Choice	Spouse/Partner Choice
First Choice:	
Second Choice:	
Third Choice:	

Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual or spouse you select as an agent to make decisions regarding your medical care should you become incapacitated. Note, as with the durable POA, this right terminates upon your passing.

Client's Choice	Spouse/Partner Choice
First Choice:	
Second Choice:	
Third Choice:	



HIPAA Agent

The individual(s), including spouse, you appoint as your HIPAA Agent will immediately have full access to any and all of your medical records. You may want to include your Healthcare Agents, Attorney-in-Fact, and Trustees who will serve during any incapacity. You may likely want to list your children and close friends, as well.

Client's Choice	Spouse/Partner Choice
First Choice:	
Second Choice:	
Third Choice:	

Guardian for Minor Child (If Applicable)

Please list the individual(s), including spouse, who should be responsible for the legal care and control over your children in the event you are incapacitated or deceased.

Client's Choice	Spouse/Partner Choice
First Choice:	
Second Choice:	
Third Choice:	

Funeral and Burial Arrangements

Have you considered or formalized funeral arrangements? If yes, what type of arrangements? What organization are your arrangements with, and where?



Distribution of Assets

In preparation of our meeting, please consider how you would like your assets to be distributed on your death.

Specific Gifts

Do you intend to make any specific bequests? (For example, your wedding ring to your daughter, gold watch to a nephew, etc). If so, please state: Yes ☐ No ☐

Full Name:	Relationship:	Item:
Full Name:	Relationship:	Item:
Full Name:	Relationship:	Item:
Full Name:	Relationship:	Item:
Full Name:	Relationship:	Item:

If a beneficiary of a specific bequest does not survive you, please state who is to receive his or her share instead:

Residue

In the event unaccounted for assets remain after distribution, please state the names of any and all individuals who will receive this "residuary bequest":

Full Name:	Relationship:	Percentage:
Full Name:	Relationship:	Percentage:
Full Name:	Relationship:	Percentage:
Full Name:	Relationship:	Percentage:

If a residuary beneficiary does not survive you, please state who is to receive his or her share instead:

Supplemental Information

Please use this page for any additional information or questions.