

**CONFIDENTIAL ESTATE PLANNING INFORMATION FORM
(MARRIED COUPLES)**

This questionnaire was developed for use by JAMES F. GULECAS, P.A. in designing comprehensive estate plans for clients. Please complete as much of this form as you can before our meeting. It will facilitate our time together, and make our session most productive. Please bring copies of any requested documents with you. If necessary, my staff can make copies of those documents, and we will return those to you at our next meeting. It is important that you complete this form as thoroughly as you can as our advice to you will be based upon the information you provide. Any material misstatements or omissions may result in improper advice for your situation. **The information that you supply on this form will be retained in our files and no information will be released to any person without your prior permission.**

1. Husband

Full name: _____ DOB: _____

Social Security No: _____ Birthplace: _____

Occupation (former if retired): _____ Citizenship: _____

Employer: _____

Office Telephone No.: _____ E-mail: _____

Office Fax No.: _____

Any serious health problems?: _____ Yes _____ No

Do you have any mental health condition which may be pertinent to your planning?

_____ Yes _____ No If yes, please explain : _____

2. Wife

Full name: _____ DOB: _____

Social Security No: _____ Birthplace: _____

Occupation (former if retired): _____ Citizenship: _____

Employer: _____

Office Telephone No.: _____

Office Fax No.: _____ E-mail: _____

Any serious health problems?: _____ Yes _____ No

Do you have any mental health condition which may be pertinent to your planning?

_____ Yes _____ No If yes, please explain : _____

3. Residence

Home Address: _____

Home Telephone No.: _____

Fax No.: _____

Other Residences: _____

Husband Florida Resident Since: _____

Wife Florida Resident Since: _____

4. Advisors

Accountant _____ Phone No.: _____

Trust Officer _____ Phone No.: _____

Insurance Agent _____ Phone No.: _____

Investment Advisor _____ Phone No.: _____

Pension Plan Advisor _____ Phone No.: _____

May we speak to your advisors directly? ____ Yes ____ No

For tax planning purposes, we recommend that your accountant be kept informed of your estate planning. Would you like for your accountant to receive copies of correspondence and draft and final documents? _____ Yes _____ No

5. Marriage

Date of Marriage _____ Where Living When Married _____

Prior Marriages: Husband: ____ Yes ____ No Wife: ____ Yes ____ No

If prior marriage ended in divorce, please provide copy of decree and settlement.

Is there a Prenuptial Agreement or other marital contract in effect? ____ Yes ____ No

If yes, please provide a copy.

Please circle any of the following states or countries in which you have lived or acquired property while married:

Arizona Idaho Nevada Texas

California Louisiana New Mexico Washington

Canada None of the above

6. Names of Children of Present Marriage (if adopted, please indicate (A) after name; if deceased, please indicate (D) after name):

A. Name _____ DOB: _____

Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

B. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

C. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

D. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

E. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

7. Names of children of prior marriages (indicate Husband's or Wife's by indicating (H) or (W) after name; if adopted, indicate (A) after name; if deceased, indicate (D) after name:

A. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

B. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____
Is asset protection a concern? _____ Yes _____ No

C. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____

Is asset protection a concern? _____ Yes _____ No

D. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____

Is asset protection a concern? _____ Yes _____ No

E. Name _____ DOB: _____
Social Security No. _____
Occupation _____
Name of Child's spouse (if any) _____
Spouse's Occupation _____
Address _____
Grandchildren _____

Is asset protection a concern? _____ Yes _____ No

8. Are there any family members who require special schooling, special medical attention, or other special attention? _____ Yes _____ No

If Yes, please give name(s) and describe nature of special needs: _____

9. Do you have any other relatives now or likely in the future to be dependent upon you for support? _____ Yes _____ No

If Yes, please give name(s) and relationships: _____

10. Do either of you have any legal obligations to a former spouse or children?
_____ Yes _____ No If Yes, please provide a copy of relevant document(s).

11. Do either of you have an existing Will? _____ Yes _____ No
If Yes, please provide a copy.

12. Do either of you have an existing Trust? _____ Yes _____ No
If Yes, please provide a copy.

13. Have either of you ever received a substantial amount by inheritance?
_____ Yes _____ No If Yes, when? _____ Approximate amount \$ _____

14. Do either of you anticipate receiving an inheritance? Yes No
If Yes, give approximate amount \$ _____.
15. Do either of you hold a power of appointment under another person's Will or Trust?
 Yes No If Yes, please attach a copy of the relevant document(s).
16. Are either of you a trustee or beneficiary of any trust? Yes No
If Yes, please attach a copy of the relevant trust document.
17. Have either of you given away more than \$10,000 in money or property to any person in any single year after 1976? Yes No
Have either of you ever been required to file a federal gift tax return?
 Yes No If Yes, please attach a copy of any gift tax return filed for either spouse.
18. Do either of you work for a business which has some type of plan under which your estate or the person you specify will receive benefits on your death?
 Yes No Not Sure
19. Are either of you a party to a Shareholder or Partnership Agreement (including any Buy-Sell Agreement)? Yes No If Yes, please attach a copy.
20. Do either of you have a safe-deposit box? Yes No
If Yes, where located? _____
Name(s) box is listed under _____
21. Do either of you own any property in a foreign country? Yes No
22. Are you currently involved in any litigation, or are there any known potential claims that may result in litigation? Yes No
23. Are you engaged in any high risk ventures, professions or circumstances that would make creditor planning important? Yes No
24. Please list any specific items or amounts that you wish to give to any individuals or organizations:

Donor (Husband or Wife)	Name and Relationship Of Beneficiary	Description of Gift
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) are to be distributed to (check one):

- _____ Spouse; if spouse predeceases, then to children equally
- _____ To children equally
- _____ Other (specify) _____

26. All remaining money and other property (stocks, bonds, mutual funds, etc.) are to be distributed to:

- _____ Spouse; if spouse predeceases, then to children equally
- _____ To children equally
- _____ Other (specify) _____

27. If you have named a beneficiary in Questions 23-24 above for whom full personal information has not already been provided (for example, a parent, niece/nephew, or friend), please provide that information here:

- A. Name _____
Address _____
Relationship _____
- B. Name _____
Address _____
Relationship _____
- C. Name _____
Address _____
Relationship _____

28. For estate tax and income tax planning and asset protection purposes, we recommend lifetime trusts for significant inheritances left to beneficiaries. The beneficiary can serve as sole trustee of the trust established for him or her and can make distributions from the trust based on his or her reasonable living expenses and health and education needs.

Do you wish to establish lifetime trusts for your beneficiaries? _____ Yes _____ No

If No, at which age(s) or upon what conditions are beneficiaries to receive property outright (for example, "1/3 at 25, 1/3 at 30, 1/3 at 35" or "1/2 upon finishing college, remainder at age 30") _____

29. Please indicate below your choices as Personal Representative (Executor) of your estates and Successor Trustee of your Living Trusts (if applicable). Each of you will be the initial Trustee of your own Living Trust, or if the Trust is a Joint Trust, then each of you will be Co-Trustee. The Successor Trustee will act if you cannot due to resignation, incapacity or death. You may select an individual or a financial institution with trust powers under Florida law to act as Personal Representative and/or Successor Trustee. You may also select more than one person or institution to act as Co-Personal Representatives or Co-Trustees at the same time, and you may provide that they may act with or without the joinder and consent of the other. Most clients select the same persons to act as both Personal Representative and Successor Trustee, but that's strictly a matter of personal choice. An individual serving as Personal Representative must be either a Florida resident or a relative of yours. An individual serving as Personal Representative must be either a Florida resident or a relative of yours (by blood or marriage). It is usually most efficient from an administration standpoint to have one person serve as Personal Representative.

Who will serve as Personal Representative of your estates and Successor Trustee of your Living Trusts (if applicable)? Each spouse for the other? Yes No

If No, who?	Husband	Wife
Name:	_____	_____
Relationship:	_____	_____
First Alternate:		
Name:	_____	_____
Relationship:	_____	_____
Second Alternate:		
Name:	_____	_____
Relationship:	_____	_____

30. Your choice to act as Guardian for your minor children (if applicable)

First choice

Name(s) _____ Relationship _____

Address _____

Second choice

Name(s) _____ Relationship _____

Address _____

31. Please indicate your preferences with respect to your Durable Power of Attorney and Health Care Power of Attorney. The Durable Power of Attorney is a legal document under which you give the Agent you appoint broad powers to manage your financial affairs on your behalf, including the power to make gifts of your assets for estate tax planning and probate avoidance purposes. The Health Care Power of Attorney gives the Agent you appoint the

ability to make health care decisions on your behalf if you are unable to do so.

Typically, the Agent chosen is a trusted family member or friend. Spouses usually name each other. You may have more than one Agent and may choose whether the Co-Agents may act independently of each other or if they would have to join in the exercise of the power.

Please name your choice as Agent or Co-Agents:

	<u>Husband's Durable Power of Attorney</u>	<u>Husband's Health Care Power of Attorney</u>
First Agent:		
Name:	_____	_____
Relationship:	_____	_____
Second Agent:		
Name:	_____	_____
Relationship:	_____	_____
Third Agent:		
Name:	_____	_____
Relationship:	_____	_____
May your agents act independently of one another?	_____ Yes _____ No	_____ Yes _____ No

	<u>Wife's Durable Power of Attorney</u>	<u>Wife's Health Care Power of Attorney</u>
First Agent:		
Name:	_____	_____
Relationship:	_____	_____
Second Agent:		
Name:	_____	_____
Relationship:	_____	_____
Third Agent:		
Name:	_____	_____
Relationship:	_____	_____
May your agents act independently of one another?	_____ Yes _____ No	_____ Yes _____ No

Important Note on Durable Powers of Attorney. A Durable Power of Attorney is generally **immediately effective** as soon as you sign it, which means that you do not have to be incapacitated for the Agent to use it. This has created the potential for abuse in certain situations, for example, when spouses name each other as Agents and later undergo a divorce. One option to limit any abuse potential is to provide that the Agent can only exercise the Power if he or she presents the signed original document, and to have us or another trusted person hold the original document in safekeeping with a letter from you indicating the circumstances under which you would desire to have the document released to the Agent (for example, one or two physician letters documenting your incapacity and/or the consent of some other trusted person). In addition, a new Florida law effective January 1, 2002, allows you to provide that the Durable Power of Attorney is exercisable only if accompanied by an affidavit from a physician that you are incapacitated. Please select which option you prefer (please check only one option):

Husb. Wife

_____ _____ I desire for my Durable Power of Attorney to be immediately exercisable and that the Agent(s) may exercise it with only a photocopy, rather than the original, of the document, in order to provide for maximum flexibility. I acknowledge that the Agent(s) may exercise the Power at any time, even if I am not incapacitated.

_____ _____ I desire for my Durable Power of Attorney to be immediately exercisable, but that the Agent(s) may not exercise the Power unless in possession of the original document. I desire for the original document to be held in safekeeping by JAMES F. GULECAS, P.A., and authorize its release to my Agent(s) upon the following conditions:

Husband initials: _____ Wife's initials: _____

_____ _____ I desire for my Durable Power of Attorney to be exercisable only upon execution of a physician affidavit as to my incapacity as provided in Florida Statute Section 709.08. With this affidavit, my Agent may exercise the Power with a photocopy of the Durable Power of Attorney.

The Durable Power of Attorney does not apply to assets held in a Living Trust, which are managed by the Trustee or Trustees named in the trust document. The Durable Power of Attorney expires immediately upon your death.

31. Consent to Joint Representation. By executing this questionnaire, you are consenting to have us represent you jointly with respect to your estate planning. Each of you are acknowledging that any information that you give to us by either of you will be accessible to the other. Each of you further acknowledge that you have been informed that any transfer of assets for estate planning purposes may affect marital rights with respect to such assets in the event of divorce.
32. We will do your planning based upon the information described in this form. If you wish for

us to verify any of this information, please let us know. We will be pleased to review any deeds, mortgages, account statements, or other supporting documentation, if requested. The specific ownership and designation of assets, liabilities, and beneficiary designations must be coordinated properly for your estate planning documents to function as intended.

- 33. By signing, you are indicating that you have reviewed this form and the attached Asset Schedule and represent it to be accurate to the best of your knowledge and belief. You are also indicating that you have received and reviewed the attached Privacy Disclosure form.
- 34. The completion of this form does not in and of itself establish an attorney-client relationship with JAMES F. GULECAS, P.A. If you are not already a client of ours, please contact us at 2555 Enterprise Road, Suite 15, Clearwater, FL 33763, telephone: (727) 796-1711, fax: (727) 796-1611, e-mail: jgulecas@florilaw.com to receive a Client Representation Agreement and/or schedule an appointment. Please do not hesitate to ask if you have any questions about this form whatsoever.

Husband

Wife

ASSET SCHEDULE

(Attach additional sheets if necessary)

	Husband	Wife	Joint
<p>1. Real Estate (please give approximate value and approximate mortgage balance)</p> <p>Home - Value \$ _____</p> <p>App. Mortgage Balance \$ _____</p> <p>Other Real Estate (give location or briefly describe:) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please attach copies of deeds of any real estate listed, if available.</p>			
<p>2. Marketable Securities (Publicly Held Stocks, Bonds and Mutual Funds) (List name of stock, mutual fund, bond or brokerage account)</p> <p>Please provide copies of last account statement(s), if available.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

	Husband	Wife	Joint
3. Stock in Closely Held Companies (List name of corporation, number of shares, and shareholders) _____ _____ _____ _____			
4. Bank accounts, certificates of deposit, money market funds, etc. (Please provide copies of account statements, if available) _____ _____ _____			
5. IRA's and Pension Plan Assets _____ _____ _____ _____			
6. Mortgages, notes or debts owned to you by someone else. Please list debtor's name, date acquired, and approximate balance remaining. _____ _____ _____ _____			
7. Other Business Interests (Noncorporate) _____ _____ _____			

	Husband	Wife	Joint
8. Partnership or other investments not listed above. _____ _____ _____			
9. Miscellaneous Property Motor Vehicles (including boats, etc.) _____ _____ _____ Jewelry, art, other valuable items (describe) _____ _____ _____			
10. List any mortgages or other substantial debts owed by you that are not shown above. _____ _____	()	()	()
TOTAL			

11. Life Insurance

Company	Death Value	Cash Value	Person Insured	Policy Owner	Beneficiary	Loans against Policy

12. List any contingent liabilities, litigation, etc. _____

PRIVACY NOTICE

Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations Part 313, law firms which provide tax preparation and tax planning services to their clients are categorized as financial service providers and required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorney, this firm collects non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions, and other advisors. This information includes information that we receive from you (such as your name, address, income, assets, social security information, and other financial or household information); information about your relationship and past history with us and others (such as the types of legal services we provide to you, your invoice balances and payment history); and information that we receive, with your authorization, from third parties such as accountants, financial advisors, insurance agents, banking institutions and others. We do not disclose any non-public personal information about our clients or former clients to anyone except as permitted and/or required by law and the applicable rules of professional conduct, or as authorized by that client. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with tax returns or tax planning. We restrict access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information. Obviously, we do not sell client information to anyone or disclose client information to marketing companies.

ATTORNEY-CLIENT PRIVILEGE

While the foregoing federal laws and regulations establish rules and disclosure requirements, they do not limit the attorney-client privilege or the confidentiality rules for information provided to attorneys. The privilege and confidentiality rules are governed by state law, the rules imposed on attorneys under state law and our ethics standards. In circumstances where applicable federal laws might allow disclosure, this firm will continue to follow the stricter non-disclosure rules of attorney-client privilege and client confidentiality.

If you have questions or would like additional information about our privacy policy, please do not hesitate to contact us.