

**CONFIDENTIAL ESTATE PLANNING INFORMATION FORM  
(SINGLE PERSONS)**

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. Client Information

\_\_\_\_\_ 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. Residence

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_  
Other Residences: \_\_\_\_\_  
\_\_\_\_\_  
Florida Resident Since: \_\_\_\_\_

3. 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

4. Marriage

Prior Marriages: \_\_\_\_\_ 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

5. Names of Children (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

6. 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: \_\_\_\_\_

- 
7. 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: \_\_\_\_\_
- 
8. Do you have any legal obligations to a former spouse or children?  
 Yes  No If Yes, please provide a copy of relevant document(s).
9. Do you have an existing Will?  Yes  No  
 If Yes, please provide a copy.
10. Do you have an existing Trust?  Yes  No  
 If Yes, please provide a copy.
11. Have you ever received a substantial amount by inheritance?  
 Yes  No If Yes, when? \_\_\_\_\_ Approximate amount \$ \_\_\_\_\_
12. Do you anticipate receiving an inheritance?  Yes  No  
 If Yes, give approximate amount \$ \_\_\_\_\_.
13. Do 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).
14. Are you a trustee or beneficiary of any trust?  Yes  No  
 If Yes, please attach a copy of the relevant trust document.
15. Have you given away more than \$10,000 in money or property to any person in any single year after 1976?  Yes  No  
 Have you ever been required to file a federal gift tax return?  
 Yes  No If Yes, please attach a copy of any gift tax return.
16. Do 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
17. Are you a party to a Shareholder or Partnership Agreement (including any Buy-Sell Agreement)?  Yes  No If Yes, please attach a copy.
18. Do you have a safe-deposit box?  Yes  No  
 If Yes, where located? \_\_\_\_\_  
 Name(s) box is listed under \_\_\_\_\_
19. Do you own any property in a foreign country?  Yes  No
20. Are you currently involved in any litigation, or are there any known potential claims that may

result in litigation? \_\_\_\_\_ Yes \_\_\_\_\_ No

21. Are you engaged in any high risk ventures, professions or circumstances that would make creditor planning important? \_\_\_\_\_ Yes \_\_\_\_\_ No

22. Please list any specific items or amounts that you wish to give to any individuals or organizations:

Name and Relationship of Beneficiary	Description of Gift
_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_ To children equally  
\_\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ To children equally  
\_\_\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

25. If you have named a beneficiary in Questions 22-24 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 \_\_\_\_\_

26. 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") \_\_\_\_\_

27. Please indicate below your choices as Personal Representative (Executor) of your estate and Successor Trustee of your Living Trust (if applicable). You will be the initial Trustee of your own Living Trust if one is prepared for you. 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 (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 estate and Successor Trustee of your Living Trust (if applicable)?

	Successor Trustee	Personal Representative
First Choice:		
Name:	_____	_____
Relationship:	_____	_____
First Alternate:		
Name:	_____	_____
Relationship:	_____	_____
Second Alternate:		
Name:	_____	_____
Relationship:	_____	_____

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

First choice

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Second choice

Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

29. 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. 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>Durable Power of Attorney</u>	<u>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 one only):

\_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client 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.

30. 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.
31. By signing below, 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.
32. 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](mailto: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.

\_\_\_\_\_  
Signature

### ASSET SCHEDULE

(Attach additional sheets if necessary)

	Value
<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>	
<p>3. Stock in Closely Held Companies (List name of corporation and number of shares)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

	Value
<p>4. Bank accounts, certificates of deposit, money market funds, etc. (Please provide copies of account statements, if available)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>5. IRA's and Pension Plan Assets</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>6. Mortgages, notes or debts owned to you by someone else. Please list debtor's name, date acquired, and approximate balance remaining.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>7. Other Business Interests (Noncorporate)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>8. Partnership or other investments not listed above.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

	Value
<p>9. Miscellaneous Property</p> <p>Motor Vehicles (including boats, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Jewelry, art, other valuable items (describe)</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>10. List any mortgages or other substantial debts owed by you that are not shown above.</p> <p>_____</p> <p>_____</p>	<p>(_____)</p>
<p><b>TOTAL</b></p>	

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.

C:\Law Office\FORMS\Estate Planning\Estate Plan\Single Client Questionnaire.1.wpd