

JAMES F. GULECAS, P.A.

ATTORNEY AT LAW

JAMES F. GULECAS  
LL.M. IN TAXATION  
BOARD CERTIFIED LAWYER IN  
TAX LAW &  
WILLS, TRUSTS & ESTATES

1968 BAYSHORE BOULEVARD  
DUNEDIN, FLORIDA 34698  
TELEPHONE: (727) 736-5300/(727) 796-1711  
FACSIMILE: (727) 734-8774  
E-MAIL: JGULECAS@FLORILAW.COM  
WEB: WWW.FLORILAW.COM

ESTATE PLANNING  
PROBATE & TRUST ADMINISTRATION  
PROBATE & TRUST LITIGATION  
CORPORATE & BUSINESS LAW  
TAX LAW

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. Where a name is being requested, please write that person's name as you would prefer to have it stated on your documents. **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

Anyone else? (Please specify) \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

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 filed 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. 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, a simple document would provide for all distributions outright, with the Trustee or Personal Representative having the ability to establish a Uniform Transfers to Minors Act Account for any minor beneficiaries. A popular distribution schedule is "1/3 at 25, 1/3 at 30, 1/3 at 35")

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

28. 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 (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:	_____	_____

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

First choice

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

Address \_\_\_\_\_

Second choice

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

Address \_\_\_\_\_

30. 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 **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). 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: \_\_\_\_\_

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. If you have named someone as beneficiary, agent, trustee, personal representative, guardian or other capacity in this questionnaire 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 \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

B. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

C. Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

32. 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.
33. 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.
34. 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.
35. 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 1968 Bayshore Boulevard, Dunedin, FL 34698, tel: (727) 736-5300, fax: (727) 734-8774, 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.

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

	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. _____ _____	( )	( )	( )
<b>TOTAL</b>			

11. Life Insurance

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

12. List any contingent liabilities, litigation, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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