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ATTORNEY AT LAW

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

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. 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. 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

Anyone else? (Please specify) _____

4. Marriage

Prior Marriages: _____ Yes _____ No

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

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 _____

Social Security No. _____ DOB: _____

Occupation _____

Name of Child's spouse (if any) _____

Spouse's Occupation _____

Address _____

Telephone Number: _____

Grandchildren _____

Is asset protection a concern? _____ Yes _____ No

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

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

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

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

Telephone Number: _____

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 _____
Telephone Number: _____

B. Name _____
Address _____

Relationship _____

Telephone Number: _____

C. Name _____

Address _____

Relationship _____

Telephone Number: _____

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:

Durable Power of Attorney Health Care Power of Attorney

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 one only):

_____ I desire for my Durable Power of Attorney to be exercisable by my Agent(s) with 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 not be exercisable unless my Agent(s) is or are 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: _____

Durable Powers of Attorney do not apply to assets held in a Living Trust, which are managed by the Trustee or Trustees named in the trust document. Your 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 1968 Bayshore Boulevard, telephone: (727) 736-5300, fax: (727) 734-8774, 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.

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
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. _____
