

**THIS MAY BE FAXED TO 727-443-5829**  
**CONFIDENTIAL ESTATE PLANNING INFORMATION FORM**  
**(MARRIED INDIVIDUALS)**

This questionnaire was developed for use by GASSMAN LAW ASSOCIATES, P.A. in designing comprehensive estate plans for clients. The information which you supply on this form will be retained in our files and no information will be released to any person without your prior permission.

DATE: \_\_\_\_\_

Referred by: \_\_\_\_\_

1. Client

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Place of Birth \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation (former if retired) \_\_\_\_\_

Check one:     Male

Employer \_\_\_\_\_

Female

Medical Specialty \_\_\_\_\_

Office Telephone No. \_\_\_\_\_

Fax No. (do we need to call you before faxing?) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you check this often? \_\_\_ Yes \_\_\_ No

Mr. Gassman can be reached at [agassman@gassmanpa.com](mailto:agassman@gassmanpa.com)

Driver's License Number: \_\_\_\_\_

Any serious health problems?

\_\_\_ Yes \_\_\_ No

Any details you would like us to have? \_\_\_\_\_

\_\_\_\_\_

2. Spouse

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_

Place of Birth \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation (former if retired) \_\_\_\_\_

Check one:     Male

Employer \_\_\_\_\_

Female

Medical Specialty (if in medical field) \_\_\_\_\_

Office Telephone No. \_\_\_\_\_

Fax No. (do we need to call you before faxing?) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you check this often? \_\_\_\_ Yes \_\_\_\_ No

Mr. Gassman can be reached at [agassman@gassmanpa.com](mailto:agassman@gassmanpa.com)

Driver's License Number: \_\_\_\_\_

Any serious health problems?

\_\_ Yes \_\_ No

Any details you would like us to have? \_\_\_\_\_

\_\_\_\_\_

3. Residence

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone No. \_\_\_\_\_

Fax No. (do we need to call you before faxing?) \_\_\_\_\_

Other Residences \_\_\_\_\_

Husband Florida Resident Since \_\_\_\_\_

Wife Florida Resident Since \_\_\_\_\_

4. Billing Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Vehicle Information:

Year    Make            Model            License Plate Number    Owner (please indicate Husband, Wife or Joint)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Advisors

Accountant \_\_\_\_\_ Phone Number \_\_\_\_\_  
Trust Officer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Insurance Agent \_\_\_\_\_ Phone Number \_\_\_\_\_  
Investment Advisor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Pension Plan Advisor \_\_\_\_\_ Phone Number \_\_\_\_\_

May we speak to your advisors directly?     Yes  No

Others we should be in touch with or know about?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

7. Marriage

A. Date of Marriage \_\_\_\_\_

B. Where Living When Married \_\_\_\_\_

C. Prior Marriages:

Husband

Yes  No

Wife

Yes  No

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

D. Is there a Prenuptial Agreement or other marital contract in effect?

Yes  No

**If yes, please attach a copy.**

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

Arizona	Idaho	Nevada	Texas
California	Louisiana	New Mexico	Washington
Canada	None of the above		

8. Names of Children of Present Marriage.

**(If adopted, indicate (A) after name; if deceased, please indicate (D) after name):**

A. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_

Grandchildren \_\_\_\_\_

B. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_

Grandchildren \_\_\_\_\_

C. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_

Grandchildren \_\_\_\_\_

D. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_

Grandchildren \_\_\_\_\_

E. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_

Grandchildren \_\_\_\_\_

9. List any children of prior marriages.

**Please indicate husband's or wife's by indicating (H) or (W) after name; if adopted, indicate (A) after name; if deceased, please indicate (D) after name:**

A. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_

B. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_

C. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_

D. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_

E. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Check one:  Male  
Name of Child's Spouse (if any) \_\_\_\_\_  Female  
Address (if different) \_\_\_\_\_  
\_\_\_\_\_

Grandchildren \_\_\_\_\_

10. 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 needs \_\_\_\_\_

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11. Do you have any other relatives now or likely in the future to be dependent upon you for support?

Yes  No

If Yes, give name(s) and relationships \_\_\_\_\_

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12. Do either of you have any legal obligations to a former spouse or children?

Yes  No

**If Yes, please provide copy of relevant document(s).**

13. Do either of you have a present Will?

Yes  No

**If Yes, please attach a copy.**

14. Do either of you have any present Trusts?

Yes  No

**If Yes, please attach a copy.**

15. A. Have either of you ever received a substantial amount by inheritance?

\_\_\_\_ Husband Approximate amount \$ \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Wife Approximate amount \$ \_\_\_\_\_ Date \_\_\_\_\_

B. Do either of you anticipate receiving an inheritance?

\_\_\_\_ Husband Approximate amount \$ \_\_\_\_\_

\_\_\_\_ Wife Approximate amount \$ \_\_\_\_\_

16. Do either of you hold a power of appointment under another person's Will or Trust?

Yes  No

**If yes, please attach a copy.**

17. A. 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
- B. Have either of you ever been required to file a gift tax return?  
 \_\_\_ Yes \_\_\_ No  
 If Yes, what years? \_\_\_\_\_

**Please attach copies of any gift tax returns 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 Agreements)?  
 \_\_\_ 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  
 If Yes, please specify country and approximate value \$ \_\_\_\_\_

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

Donor (Husband or Wife)	Name	Relationship	Description of Gift

23. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to (check one):  
\_\_\_ Spouse; if spouse predeceases, to children equally  
\_\_\_ Children equally  
\_\_\_ Other (specify) \_\_\_\_\_  
\_\_\_\_\_

24. All remaining money and other property (stocks, bonds, mutual funds, etc.) to be distributed to:  
\_\_\_ Spouse; if spouse predeceases, to children equally  
\_\_\_ 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, aunt/uncle, niece/nephew, or friend), please provide that information here:

A. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_

B. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_

C. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Relationship \_\_\_\_\_



26. Age(s) at which beneficiaries are to become in control of property held in trust for them or are to receive property outright.

**\*\*See attached Memorandum entitled Trust Systems for Children and Subsequent Generations.**

(A) Traditional approach - distribute selected percentages at selected ages to the extent not otherwise spent.

***Example***- 25% at age 25, 1/3rd of rest at age 30, half of rest at age 35, remainder at age 40.

\_\_\_\_\_ % at age \_\_\_\_\_

\_\_\_\_\_ % at age \_\_\_\_\_

\_\_\_\_\_ % at age \_\_\_\_\_

\_\_\_\_\_ % at age \_\_\_\_\_

(B) Protective approach - child becomes Co-Trustee at what age, selects Co-Trustee at what further age, and becomes sole Trustee at what eventual age?

***Example***- Child might become one of three Co-Trustees at age 25, may have the right to replace the Co-Trustees with a trust company at age 30, and may have the right to become sole Trustee as to one-half of trust at age 35.

Child becomes Co-Trustee at age \_\_\_\_\_.

Can replace acting Co-Trustee with a trust company at age \_\_\_\_\_.

Sole Trustee over \_\_\_\_\_ % of the trust assets at age \_\_\_\_\_.

27. With reference to surviving spouse, do you think he or she may be benefitted by serving as Co-Trustee with a protective individual or trust company of his or her choice (changeable by him or her) in order to be able to have protection from future spouses and creditors? \_\_\_\_\_.

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. 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 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.

**Who will serve as Personal Representative of your estates and Successor Trustees of your Living Trusts?**

Each spouse for the other?

Yes  No

If No, whom?	Husband	Wife
Name:	_____	_____
Relationship:	_____	_____

Please name alternates to serve if your first choice cannot:

	Husband	Wife
First Alternate		
Name:	_____	_____
Relationship:	_____	_____

Second Alternate		
Name:	_____	_____
Relationship:	_____	_____

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

First choice

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

Address \_\_\_\_\_

Second choice

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

Address \_\_\_\_\_

30. Are you presently involved in any litigation, or is there litigation or potential claims against you that are known?

Yes  No

31. Are you engaged in any high risk ventures, professions, or circumstances that would make creditor planning important?

Yes  No

32. Under the Florida Bar Rules, any information given to us by one spouse or relating to planning is accessible to the other spouse. Each spouse has the right to independent legal counsel with respect to planning. The transfer of assets with respect to estate planning could affect marital rights.

Do you have any questions about this?

Yes  No

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 confirmatory documentation, if requested. The specific ownership and designation of assets, liabilities and beneficiary designations must be coordinated properly for estate planning documents to function as intended.

The undersigned has reviewed this form and the following asset summary information and believe it to be accurate.

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Husband

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Wife

**LIST OF ASSETS FOR \_\_\_\_\_ [NAME]**  
**(Attach additional sheets if necessary)**

**APPROXIMATE NET VALUE**

	<u>HUSBAND</u>	<u>WIFE</u>	<u>JOINT</u>
<b>1. REAL ESTATE</b>			
Home \$ _____			
Mortgage \$ _____			
<b>2. OTHER REAL ESTATE (give location or briefly describe):</b>			
_____			
_____			
_____			
<b>3. STOCKS, BONDS, MUTUAL FUNDS</b>			
<b>a. Publicly Traded Stock</b>			
_____			
_____			
_____			
<b>b. Closely Held Stock</b>			
Name of Corporation: _____			
Number of Shares: _____			
Shareholders: _____			
_____			
<b>c. Bonds and Mutual Funds</b>			
Issuer: _____			
Face Value: _____			
Interest Rate: _____			
Maturity Date: _____			
Name of Fund: _____			
Fund Group: _____			
Number of Units: _____			
<b>4. BANK ACCOUNTS</b>			
Name of Institution: _____			

HUSBAND

WIFE

JOINT

Type of Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Approximate Balance: \_\_\_\_\_

**5. IRA'S AND PENSION PLAN ASSETS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. MORTGAGES, NOTES or DEBTS  
(OWED TO YOU BY SOMEONE ELSE)**

Debtors Name: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Approximate Balance Remaining: \_\_\_\_\_

Debtors Name: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

Approximate Balance Remaining: \_\_\_\_\_

HUSBAND

WIFE

JOINT

**7. OTHER BUSINESS INTERESTS (Non Corporate)**

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**8. PARTNERSHIPS OR OTHER INVESTMENTS NOT LISTED ABOVE**

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**9. MISCELLANEOUS PROPERTY:**

**a. Motor Vehicles (including boats, etc.):**

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**b. Jewelry:**

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**c. Art:**

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**d. Other Valuable Items:**

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HUSBAND                      WIFE                      JOINT

**10. ANY OTHER ITEMS NOT LISTED ABOVE:**

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**11. LIFE INSURANCE:**

<b>COMPANY</b>	<b>DEATH VALUE</b>	<b>CASH VALUE</b>	<b>PERSON INSURED</b>	<b>POLICY OWNER</b>	<b>BENEFICIARY</b>

**12. LOANS AGAINST POLICIES:**

<b>COMPANY</b>	<b>PERSON INSURED</b>	<b>POLICY OWNER</b>	<b>LOAN AMOUNT</b>

**13. LIST ANY CONTINGENT LIABILITIES, LITIGATION, ETC.**

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**COPIES OF STATEMENTS WITH ACCOUNT NUMBERS AND CONTACTS WOULD BE VERY HELPFUL FOR US TO HELP YOU WITH CHANGE OF BENEFICIARY AND OWNERSHIP DOCUMENTATION**

**SUPPLEMENT TO ESTATE PLANNING INFORMATION FORM**

You may or may not wish to answer the following, but it may be worthwhile to give thought thereto so that we understand your situation:

1. WHAT ARE YOUR GOALS AND ASPIRATIONS FOR THE FUTURE AS TO:

A. The next **FIVE** years:

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B. The next **FIFTEEN** years:

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C. For your children and their descendants:

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2. WHAT DO YOU SEE AS THE BIGGEST THREE CHALLENGES OR DANGERS THAT WILL BE ENCOUNTERED BY YOU AND YOUR DESCENDANTS WITH RESPECT TO ACHIEVING THESE GOALS?

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3. IS THERE ANYTHING ELSE THAT WE MIGHT BE ABLE TO HELP YOU WITH OR SHOULD BE AWARE OF?

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## **WHY HAVE A CORPORATE OR PROFESSIONAL TRUSTEE?**

While family members may seem like the best choice for trusteeship of long term trusts to benefit spouses and children, we often recommend consideration of a professional trust company or individual to act as co-trustee in order to avoid major pitfalls that so often occur under trusts arrangements. Examples are as follows:

1. **Loss of assets** often occurs by reason of:
  - a. Loans authorized by the fiduciary which can later not be repaid.
  - b. High risk investments that did not seem high risk to the non-professional trustee at the time they were made.
  - c. Liberal distribution and beneficiary/loan decisions made where a feeling of generosity was allowed to influence what should have been an attitude of conservatism for long term benefit.
2. **Tax and funding mistakes** are often made by well meaning individuals who do not hire and closely follow the advice of appropriately specialized advisors. Non-specialized advisors may mean well, but sometime give mistaken advice, and a non-professional fiduciary would never know the difference.
3. **The professional trustee will commonly be a bank or brokerage firm affiliate, an experienced CPA or a lawyer who works extensively in the trust administrative area,** or in some cases an offshore trust company.
4. **We always recommend that selected family members or advisors have the ability to replace an acting trustee** from a list of alternate trustees or categories thereof to help assure responsiveness, competitiveness and reasonableness as to fees charged, and to exert a reasonable degree of influence over trustee decisions.
5. **Common examples.**
  - **The Surviving Spouse** - When one spouse dies the surviving spouse receives \$2,000,000.00 of life insurance premiums in trust to support themselves and the children. Instead of serving as sole trustee, the surviving spouse can serve with their choice of any trust company or any one of certain persons named in the document. The spouse can negotiate fees before making a decision and terminate the acting professional co-trustee with an alternate trust company or listed individual at any time and for any reason.

The spouse is much less likely to be “bossed around” or inappropriately influenced by a new spouse or by the children in later years where a professional co-trustee is serving.
  - **The Elderly Client** - When an elderly client loses their spouse they are often quite shaken up both emotionally and sometimes from a health standpoint. By having a co-trustee involved they have added security and independence from well meaning loved ones and caretakers who might exert undue influence or make mistakes from an investment or fiscal responsibility standpoint.
  - **A Child** - Monies left to an adult child who is responsible but has marital, emotional spending or other issues such that it is best that the assets be managed and paid out in a professional manner with the child perhaps having the power to replace the trustee or trustees with alternate independent trustees.

**GASSMAN LAW ASSOCIATES, P.A.**

ATTORNEYS AT LAW

ALAN S. GASSMAN\*+  
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\*LL.M. IN TAXATION  
+BOARD CERTIFIED LAWYER  
WILLS, TRUSTS AND ESTATES  
\*\*\*LL.M. IN ESTATE PLANNING

**MEMORANDUM**

**TO: ESTATE PLANNING CLIENTS**  
**FROM: ALAN S. GASSMAN, ESQUIRE**  
**DATE: March 17, 2003**  
**RE: TRUST SYSTEMS FOR CHILDREN AND SUBSEQUENT GENERATIONS**



**I. THE TRADITIONAL APPROACH:**

- A. On the death of the surviving spouse there is a separate share for each child.
- B. Each child receives what the Trustees deem appropriate and receive percentages of principal upon attaining certain ages, such as:

<u>Age</u>	<u>Percentage of Remaining Assets</u>
25	33 1/3%
30	50%
35	100%

- C. Release as needed plus at specified ages.
- D. The child may become Co-Trustee at a certain age, such as 30, and sole Trustee at age 35.

**II. A MORE PROTECTIVE APPROACH FROM A POSSIBLE DIVORCE AND CREDITOR PROTECTION STANDPOINT FOR THE CHILD:**

Child becomes a trustee but has trust protection for life.

- A. Assets are held in a Protective Trust that is as immune as possible from creditor claims and divorce claims.
- B. The child is to receive amounts as reasonably needed for health, education and maintenance of themselves and descendants.
- C. The child may serve as Co-Trustee upon reaching a certain age, such as 25, Co-Trustee with their choice from a list of selected people or a licensed trust company at a later age, such as 30, and sole Trustee at age 35.
- D. The child can designate how the assets would pass on the child's death, which may be restricted to lineal descendants or perhaps up to 1/3rd to a spouse or charity.

**III. AN EVEN MORE PROTECTIVE APPROACH:**

Independent trusteeship for entire life of child.

A. The same as II above, except the child must serve as Trustee for life with their choice of any licensed trust company.

**IV. WITH EACH OF THE SYSTEMS DESCRIBED ABOVE THERE CAN BE SPECIAL STIPULATIONS, SUCH AS NOTHING BUT EDUCATIONAL EXPENSES AND SUPPORT UNTIL A FOUR YEAR DEGREE OR A CERTAIN AGE HAS BEEN ATTAINED, A RESTRICTION ON THE CHILD SERVING AS A CO-TRUSTEE OR TRUSTEE DURING THE PENDENCY OF A DIVORCE, CREDITOR PROBLEM, REACHING A CERTAIN ADVANCED AGE, AND EVEN REQUIREMENTS THAT THE CHILD'S DISTRIBUTION WOULD BE LIMITED TO A PERCENTAGE OF W-2 INCOME OR TIMES WHEN THE CHILD IS A FULL-TIME HOMEMAKER WITH YOUNG CHILDREN AT HOME.**

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:jml 7/22/08