

GASSMAN LAW ASSOCIATES, P.A.
CONFIDENTIAL ESTATE PLANNING INFORMATION FORM
(MARRIED INDIVIDUALS)
THIS MAY BE FAXED TO 727-443-5829

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

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

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 _____

Check one: Male

Occupation (former if retired) _____

Female

Employer _____

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

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)

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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 _____

Grandchildren _____
- B. Name _____ Date of Birth _____
Social Security Number _____ Check one: Male
Name of Child's Spouse (if any) _____ Female
Address _____

Grandchildren _____
- C. Name _____ Date of Birth _____
Social Security Number _____ Check one: Male
Name of Child's Spouse (if any) _____ Female
Address _____

Grandchildren _____
- D. Name _____ Date of Birth _____
Social Security Number _____ Check one: Male
Name of Child's Spouse (if any) _____ Female
Address _____

Grandchildren _____
- E. Name _____ Date of Birth _____
Social Security Number _____ Check one: Male
Name of Child's Spouse (if any) _____ Female
Address _____

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 _____

Grandchildren _____

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

Grandchildren _____

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

Grandchildren _____

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

Grandchildren _____

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

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 _____

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 _____

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. 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 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, give 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
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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.

Husband

Wife

LIST OF ASSETS FOR _____ [NAME]
(Attach additional sheets if necessary)

APPROXIMATE NET VALUE

HUSBAND

WIFE

JOINT

2. REAL ESTATE

Home \$ _____

Mortgage \$ _____

2. OTHER REAL ESTATE (give location or briefly describe):

3. STOCKS, BONDS, MUTUAL FUNDS

a. Publicly Traded Stock

b. Closely Held Stock

Name of Corporation: _____

Number of Shares: _____

Shareholders: _____

c. Bonds and Mutual Funds

Issuer: _____

Face Value: _____

HUSBAND

WIFE

JOINT

Interest
Rate: _____

Maturity
Date: _____

Name of
Fund: _____

Fund
Group: _____

Number of
Units: _____

4. BANK ACCOUNTS

Name of
Institution: _____

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

HUSBAND

WIFE

JOINT

**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: _____

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

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

HUSBAND

WIFE

JOINT

9. MISCELLANEOUS PROPERTY:

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

b. Jewelry:

c. Art:

d. Other Valuable Items:

HUSBAND

WIFE

JOINT

10. ANY OTHER ITEMS NOT LISTED ABOVE:

11. LIFE INSURANCE:

COMPANY	DEATH VALUE	CASH VALUE	PERSON INSURED	POLICY OWNER	BENEFICIARY
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12. LOANS AGAINST POLICIES:

COMPANY	PERSON INSURED	POLICY OWNER	LOAN AMOUNT
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13. LIST ANY CONTINGENT LIABILITIES, LITIGATION, ETC.

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:

B. The next **FIFTEEN** years:

C. For your children and their descendants:

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?

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

GASSMAN LAW ASSOCIATES, P.A.

ATTORNEYS AT LAW

ALAN S. GASSMAN*+
KENNETH J. CROTTY***
CHRISTOPHER J. DENICOLO***

*LL.M. IN TAXATION
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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*saw 7-14-11