

GASSMAN, CROTTY & DENICOLA, P.A.
ESTATE PLAN QUICK START FORM

1. WHO?

Potential client name: _____

Occupation: _____

Date of Birth: _____ Social Security Number: _____

Cell Phone: _____ Email Address: _____

Home Address: _____

Are you a Florida resident? Yes No

Who referred you to our firm? _____

Spouse/Significant Other Name: _____

Occupation: _____

Date of Birth: _____ Social Security Number: _____

Cell Phone: _____ Email Address: _____

Is your Spouse/Significant Other a Florida resident? Yes No

Married: Yes No

Year of marriage: _____

Do you have a Prenuptial Agreement or other marital contract in effect? Yes No

First marriage: Yes No

If not first marriage, list prior spouse(s) name(s):

Children from previous marriage or relationship? Yes No

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Name(s) of children from **previous marriage or relationship** (please note if child is adopted by writing an "A" after their name):

	Special needs?	Date of Birth:
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____

Child's Name(s) (please note if child is adopted by writing an "A" after their name)

	Special needs?	Date of Birth:
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____
_____	<input type="checkbox"/> Yes	_____

Other people to consider in estate plan: Yes No

Name:	Relationship to you:
_____	_____
_____	_____
_____	_____

Charities or other groups to consider in estate plan: Yes No

2. WHAT?

Attach balance sheet(s) for self and all entities.

Do you have any IRA accounts? Yes No

Please provide printouts, if available.

<i>Acct. Owner (Name)</i>	<i>Current Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Carrier/Acct. #</i>	<i>Approx. Acct. Value</i>

Do you have any pension(s) or retirement accounts? Yes No

Please provide printouts, if available.

<i>Acct. Owner (Name)</i>	<i>Current Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Carrier/Acct. #</i>	<i>Approx. Acct. Value</i>

Do you have any life insurance? Yes No

Please provide printouts, if available.

<i>Acct. Owner (Name)</i>	<i>Current Beneficiary</i>	<i>Contingent Beneficiary</i>	<i>Carrier/Acct. #</i>	<i>Approx. Death Benefit</i>	<i>Approx. Cash Value</i>

Do you own any real estate? Yes No

Owner's Name	Property Address	Value of Property	List Mortgage(s) and Amount(s)

List your other significant financial assets	How titled?	Approximate value

Important personal items to address in estate plan:

Item:	Sell	Gift	Donate	Comment
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. HOW?

Please complete the charts below with respect to your preferred Power of Attorney Agents Personal Representatives, and Trustees and other important questions to consider.

Who are the documents for?	1 st Choice - Who is your first choice to serve in this capacity? Please fill in name below.	2 nd Choice - Who is your first choice to serve in this capacity? Please fill in name below.	Can the 1 st and 2 nd Choice individuals named serve alone or must they serve together (jointly)?
HEALTH CARE POWER OF ATTORNEY			
FOR YOU			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
FOR YOUR SPOUSE/ SIG. OTHER			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
DURABLE POWER OF ATTORNEY			
FOR YOU			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
FOR YOUR SPOUSE/ SIG. OTHER			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
PERSONAL REPRESENTATIVE			
FOR YOU			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
FOR YOUR SPOUSE/ SIG. OTHER			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
ALTERNATE TRUSTEES IN THE EVENT OF YOUR INCAPACITY			
FOR YOU			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
FOR YOUR SPOUSE/ SIG. OTHER			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
ALTERNATE TRUSTEES IN THE EVENT OF YOUR DEATH			
FOR YOU			<input type="checkbox"/> Alone <input type="checkbox"/> Joint
FOR YOUR SPOUSE/ SIG. OTHER			<input type="checkbox"/> Alone <input type="checkbox"/> Joint

4. **HOMEOWNERS / DRIVER'S / UMBRELLA INSURANCE?** It is helpful to send us copies of insurance information, if available.

5. **ADVISORS?**

CPA/Accountant's name: _____

Cell Phone: _____ Email Address: _____

Insurance Agent's name: _____

Cell Phone: _____ Email Address: _____

Investment Advisor's name: _____

Cell Phone: _____ Email Address: _____

Pension Plan Advisor's name: _____

Cell Phone: _____ Email Address: _____

May we speak to your advisors directly? Yes No

THE FOLLOWING QUESTIONS ARE OPTIONAL:

QUESTIONS TO CONSIDER:	YES	NO
a.) Do you know how much cash would be needed to settle your estates and trusts and pay estate taxes?		
b.) Will banks or other lenders call loans in the event of your death?		
c.) Are you confident that there is enough life insurance or other assets cordoned off for the exclusive use of your beneficiaries in a way that creditors cannot reach them?		
d.) Do you know how much cash your beneficiaries need each month for the first 24 months after your death?		
e.) Will there be adequate cash and cash flow?		
f.) Have you factored in income taxes and other expenses that may occur upon death?		

g.) If updates are recommended to your IRA beneficiary designations, would you like our assistance with this?		
h.) If updates are recommended to your pension plan beneficiary designations, would you like our assistance with this?		
i.) If updates are recommended to your life insurance ownership and/or beneficiary designations, would you like our assistance with this?		
j.) Would you like for us to contact your insurance agent(s) and run projections that we can review with you?		
k.) Do you we have your permission to communicate directly with your CPA and other advisors? This would include copying your CPA on correspondence we send to you.		
l.) Would you like our office to handle maintenance of your corporate entities? This would include preparing annual minutes, filing annual reports with the Secretary of State and serving as (or appointing an out-of-state) Registered Agent.		
m.) Do you know if you have a power of attorney over your parents?		
n.) Have you done any annual gifting in the past?		
o.) Do we have your permission to review any public information that may exist or be easily obtainable with respect to you, including a background check?		

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