

Second Home Phone : (____)_____

Own Business [] **YES** [] **NO**

Birth Date : _____ Age: _____ U.S Citizen: [] **YES** [] **NO**

2nd PERSON: [] **MALE** [] **FEMALE**

Your name to be used for the Trust: _____
(i.e. THE JANE MARY DOE LIVING TRUST)

The name you use when signing: _____
(i.e. JANE M. DOE) please **print** your name for signature

Do you sometimes use an alias or alternate name on your accounts? [] **YES** [] **NO**

Your alias name if applicable: _____
(i.e. JANE DOE-SMITH) please **print** your name for signature

Relation to 1st Person : _____

Social Security No. : _____-_____-_____

State Driver's License is issued: _____

Driver's License number: _____

Do you use another type of picture I.D. instead of a driver's license? [] **YES** [] **NO**

If so, what type of I.D.? _____

State where issued: _____

I.D. number: _____

Home Phone : (____)_____ Bus. Phone: (____)_____

Cell Phone : (____)_____ e-mail address: _____

Own Business [] **YES** [] **NO**

Birth Date : _____ Age: _____ U.S Citizen: [] YES [] NO

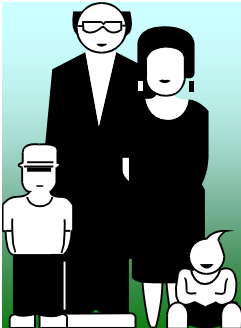
NOTE: You may attach separate sheets of paper for any information you are unable to fit in this booklet.

■ If married, on what date were you married? _____

■ Have either of you previously completed a Will, Trust or any Estate Planning documents? [] YES [] NO

■ If YES, what kind of planning and when? _____

It would be helpful for you to bring existing Wills and/or Trusts to your consultation for review.



■ **YOUR CHILDREN:**

#1=1st Person #2 =2nd Person B= both

Full legal names:	Birth Date:	Child of:	Percent gift, if any

Full legal name:	City:	State:	percent gift

■ **QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES:**

1. Do any of your children or beneficiaries receive governmental support or benefits because of a disability or handicap? **YES** **NO**

2. Do any of your children or beneficiaries have special educational, medical, or physical needs? **YES** **NO**

3. Do you have a child or beneficiary with a learning disability? **YES** **NO**

4. Are any of your children or beneficiaries institutionalized? **YES** **NO**

5. If you answered **YES** to any of the above questions, please describe the type of disability that your child or beneficiary has: _____

6. Do you have any adopted children? **YES** **NO**

If **YES**, please list the names of the adopted children:

7. Do any of your children or beneficiaries have any other special needs or circumstances that are concerns for you? **YES** **NO**

If **YES**, please describe:

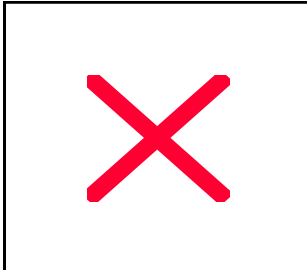
■ IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18:

Whom do you wish to be guardian of your children? (In order of preference, normally 2 designees are sufficient)

Name of Guardian (in order of preference):	Relationship:
1)	
2)	
3)	

■ IF EITHER OF YOU HAVE ANYONE WHO DEPENDS ON YOU FOR ALL OR PART OF HIS OR HER SUPPORT:

Name of Dependent:	Relationship:



■ **GENERAL QUESTIONS:**

1. Are you receiving social security or disability benefits?
 YES **NO**
2. Do you have any health concerns?
 YES **NO**

If **YES**, please explain: _____

3. Have you ever lived in a community property state?
 YES **NO**
4. Have you ever filed federal gift tax returns?
 YES **NO**
5. Are you currently making annual gifts to anyone? **YES** **NO**

6. Did you ever sign a pre-nuptial or post-marriage contract? [] **YES** [] **NO**

7. Have you been divorced? [] **YES** [] **NO**
 If **YES**, which one of you and on what date? _____ Date: _____

8. Have either of you been widowed? [] **YES** [] **NO**
 If **YES**, which one of you and on what date? _____ Date: _____

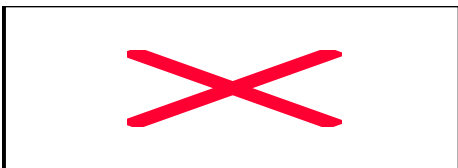
9. Do you desire to benefit any charities in your estate planning? [] **YES** [] **NO**

If **YES**, please list the names of the charities and the city and state where they are located:

Name of charitable organization:	City:	State:	percent or dollars

10. Are you currently the beneficiary of anyone else's trust? [] **YES** [] **NO**

If **YES**, please explain: _____



■ **APPOINTMENT OF SUCCESSOR TRUSTEES:**

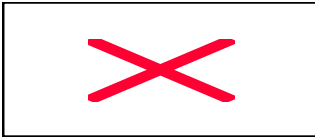
If you, or you and your spouse were no longer living, or were unable to continue as Trustee of your Living Trust due to ill health, or other reasons, who would you appoint as Successor Trustee to manage your Trust Estate?

FOR 1st PERSON: (In order of preference, normally 2 to 3 designees are sufficient)

Name of designated person:	Relationship to 1st Person:
1)	
2)	
3)	
4)	
5)	

FOR 2nd PERSON: (In order of preference, normally 2 to 3 designees are sufficient)

Name of designated person:	Relationship to 2nd Person:
1)	
2)	
3)	
4)	
5)	



■ **APPOINTMENT OF PERSONS FOR DURABLE POWER OF ATTORNEY:**

If you were unable to conduct your personal business due to ill health, travel plans or other circumstances beyond your control, who would you want to make financial transactions, legal or business decisions on your behalf during the period of inability?

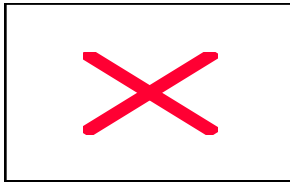
FOR 1st PERSON: (In order of preference, normally 2 to 3 designees are sufficient)

Name of designated person:	Relationship to 1st Person:
1)	
2)	
3)	

FOR 2nd PERSON: (In order of preference, normally 2 to 3 designees are sufficient)

Name of designated person:	Relationship to 2nd Person:
1)	
2)	
3)	

LEGAL ASSISTANTS/PARALEGALS; It is understood by the **Clients** that the initial consultation and signing of documents is being facilitated **by Legal Assistants** and/ or **Paralegals**, and all information and documentation is being reviewed by **Steven J. Gibbs, Attorney at Law**. Further it is understood by **Clients** that **Legal Assistants** and **Paralegals** cannot offer legal advice and any information provided is subject to further review by **Attorney Steven J. Gibbs**.



■ **APPOINTMENT OF PERSONS FOR MEDICAL DECISIONS:**

If you were unable to make medical decisions for yourself who would you want to make decisions for you with regard to medical treatment and/or life support machines?

1st PERSON: (In order of preference, normally 2 to 3 designees are sufficient)

Name of designated person:	Relationship to 1st Person:
1)	
2)	
3)	

2nd PERSON: (In order of preference, normally 2 to 3 designees are sufficient)

Name of designated person:	Relationship to 2 nd Person:
1)	
2)	
3)	



■ **DO YOU OWN ANY REAL ESTATE?** **YES** **NO**

If “YES”, we will need to make photocopies of your **Warranties Deeds** and **Property Tax Bills** to all of your real estate (including income producing, and time-share property). If readily available, please bring these items to your initial appointment with the attorney. Please list the address of each property owned by you:

PRIMARY RESIDENCE (if the same address as your mailing address on 1st page of this booklet, you may write “same” in this section)

Street: _____ Unit _____

City: _____ County _____ State _____

City where County Government is located for records: _____

SECOND PROPERTY

Street: _____ Unit _____

City: _____ County _____ State _____

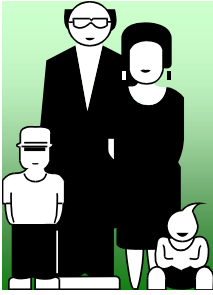
City where County Government is located for records: _____

THIRD PROPERTY

Street: _____ Unit _____

City: _____ County _____ State _____

City where County Government is located for records: _____



(Please attach additional pages as needed for other real estate)

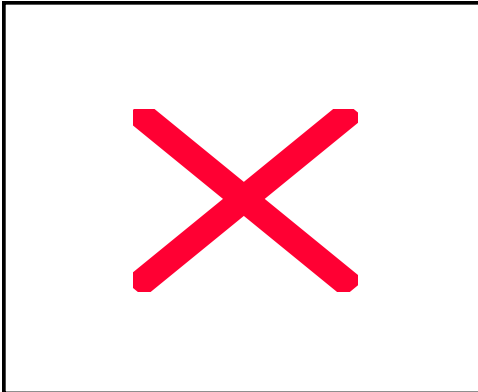
■ **CONCERNS FOR YOU AND YOUR FAMILY:**

Please check mark next to those concerns that are important to you.

- Protection for your spouse or significant other.
 - Protection for your children.
 - Maintaining control of your assets.
 - Avoiding problems in case of mental inability.
 - Avoiding life support machines.
 - Avoiding probate.
 - Avoiding or reducing estate taxes.
 - Avoiding or reducing income taxes.
 - Disinheritance of a family member.
 - Protecting assets from lawsuits, etc.
 - Monitoring of investments.
 - General management of your family's estate and financial affairs.
 - Other concerns (please list): _____
-
-

In addition to discussing your concerns, we will also discuss the following topics:

- Who is to receive you assets after your death?
- What instructions do you want to leave for the benefit of yourself and your loved ones?
- Who would best manage and distribute your assets after your death or during your disability?



■ **YOUR ADVISORS:**

ADVISOR	Name:	City/State:	Telephone No:
Attorney:	hopefully, Steven J. Gibbs	Ft. Myers, Florida	239-415-7495
Accountant Or CPA:			
Financial Planner:			
Financial Planner:			
Insurance Agent:			
Insurance Agent:			
Banking Institution:			
Banking Institution:			

We will contact no one without your permission.

Real Estate Mortgage (residence):

Real Estate Mortgage (other):

Loans Against Life Insurance:

Other Financial Obligations:

TOTAL LIABILITIES:

NET ESTATE

Total Current **Annual** Net Income From
Salary & Other Miscellaneous Sources:

■ **SUMMARY OF VALUES:**

CURRENT VALUE OF ASSETS:

Cash Accounts (checking, savings, CD's):

Investment Accounts (brokerage firms):

Stocks, Bonds, Mutual Funds, etc.:

Personal Effects (vehicles, jewelry, etc.):

Retirement Plans (pension, etc.):

Retirement Plans (IRA)

Life Insurance Policies & Annuities:

Mortgages, Notes & Other Receivables:

Partnership, Business & Prof. Interests:

Oil, Gas and Mineral Interests:

Real Estate (residence):

Real Estate:

Anticipated Inheritance or Gift:

Anticipated Lawsuit Judgment:

Other Miscellaneous Assets:

TOTAL ASSETS:

LIABILITIES

Loans payable:

Accounts payable:

APPROX. DOLLAR VALUE:

	1st Person	2nd Person	Joint
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____

	1st Person	2nd Person	Joint
	\$ _____	\$ _____	\$ _____

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____

1st Person 2nd Person Joint

\$ _____ \$ _____ \$ _____

\$ _____ \$ _____ \$ _____