

Marks Gray, P.A.

Confidential Information for Estate Planning

Name(s):

Full Name: _____ Date of Birth: _____

Residence Address: _____

Social Security: _____ Email: _____

Phone Number (Home): _____ (Work): _____

Spouse Full Name: _____ Date of Birth: _____

Residence Address: _____

Social Security: _____ Email: _____

Phone Number (Home): _____ (Work): _____

FAMILY INFORMATION**Name(s) of living child(ren):**

Married Couples: If either spouse has a child from a previous marriage, indicate which spouse is the parent by (H) or (W) after the child's name.

#C1 Full Name: _____ Date of Birth: _____

#C2 Full Name: _____ Date of Birth: _____

#C3 Full Name: _____ Date of Birth: _____

#C4 Full Name: _____ Date of Birth: _____

#C5 Full Name: _____ Date of Birth: _____

(If additional space is needed, please attach a list)

Any deceased children? No Yes:

Name of Deceased Child: _____ Left _____ descendants.

Name of Deceased Child: _____ Left _____ descendants.

Other Pertinent Family Information or Explanation of Above Items:

**Marks Gray**

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	Husband	Wife	Joint
1. Checking, savings account and cash accounts held at financial institutions other than stock broker firms Do not include IRAs.	\$	\$	\$
2. Retirement plans: <input type="checkbox"/> Individual retirement accounts (IRAs), Keogh or other individual plan providing tax deferral for deposits and income. <input type="checkbox"/> Employer-provided profit sharing, retirement or other benefit plans:	\$ _____ \$	\$ _____ \$	\$ _____ \$
3. Other investments (check all that apply): <input type="checkbox"/> Money market accounts or certificates of deposit with stockbrokers (excluding IRAs) <input type="checkbox"/> Publicly-traded stocks, bond and mutual funds <input type="checkbox"/> Other securities [describe]: _____ _____	\$ _____ \$ _____ \$	\$ _____ \$ _____ \$	\$ _____ \$ _____ \$
4. Do you own your own business, or, are you a partner in an operating business? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, show value and explain in space for additional comments..	\$	\$	\$
5. Real estate ownership: <input type="checkbox"/> Personal residence located in state of _____ <input type="checkbox"/> Other real property	\$ _____ \$	\$ _____ \$	\$ _____ \$
6. Life Insurance (Show death benefit under value) <input type="checkbox"/> Whole Life/Universal Life Death Benefit: (Cash Value: \$ _____) <input type="checkbox"/> Term Insurance Death Benefit:	\$ _____ \$	\$ _____ \$	\$ _____ \$
7. Annuities	\$	\$	\$
8. Personal property: <input type="checkbox"/> Automobiles, boats, trucks and motor homes <input type="checkbox"/> Collections, antiques, valuable jewelry Other _____	\$ _____ \$ _____ \$	\$ _____ \$ _____ \$	\$ _____ \$ _____ \$

INFORMATION CONCERNING ASSETS (PLEASE LIST APPROX. VALUES)



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General Description of Your Desires for Asset Distribution

In your own words and in general terms, please explain your desires for how your estate is to be distributed upon your death. This information will be used as a basis to develop the specific language necessary to carry out your wishes. You may indicate percentages, amounts, or any method that you understand. Use as many or as few lines necessary to write your information. As an example: *"I want my three kids to share equally in everything that is left; but I want my daughter to get the historical collection from the front room; and I want my son-in-law to get the old Ford; anything that is left over I want to go to my sister's daughter."*

(Use additional pages if needed)

Trustees, Personal Representatives, Guardians and Other Positions

Please indicate your preferences for each position, if known:

SUCCESSOR TRUSTEES OF TRUST:

First Successor Trustee(s) after me/us: _____

Second Successor Trustee(s): _____

PERSONAL REPRESENTATIVES OF WILL: Spouse _____

Other _____

Initial PR _____

Alternate PR (s): _____

DURABLE (FINANCIAL) POWER OF ATTORNEY:

Power of Attorney First Choice: Spouse Other: _____

Power of Attorney Second Choice (name one or more): _____

Should a doctor's certificate of incapacity be required before a non-spouse can act? Yes No

If more than one person is your first or second choice, should they be required to act jointly? Yes No

MEDICAL POWER OF ATTORNEY:

Med. Power First Choice: Spouse _____ Other: _____

Address/Phone No: _____

Med. Power Second Choice (name one or more): _____

Address/Phone No: _____

If more than one person is your first or second choice, should they be required to act jointly? Yes No



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BRIEF SUMMARY OF ESTATE PLANNING DOCUMENTS

REVOCABLE LIVING TRUST:

A Living Trust is a legal document that acts similar to a Will. In fact, it does what a Will does, and much more. **There is no probate with a properly funded Living Trust.** As a result, all expensive court proceedings and delays are eliminated, your privacy is preserved, and emotional stress on your family is minimized. It is extremely hard to contest.

The person who administers a trust is called a Trustee. You are the Trustee as long as you are living and able. Should you die, or should you become legally unable to handle financial affairs, you designate a Successor Trustee to step in and follow your instructions in the trust. Since the trust may extend for some years after your death, we also suggest you designate an alternate to handle matters if the first person you name as successor dies or is unable to act.

Even if you are not subject to federal estate taxes, you will still benefit from a Living Trust. A common misconception people have is that, if their assets are not subject to federal estate tax, the estate will not be subject to probate. A formal probate administration is required in Florida if probate assets exceed \$75,000.

WILL:

A "simple will" is used to dispose of property at death. If minor children are involved, we will recommend either a living trust arrangement or a will establishing a contingent trust and appointing guardians for minor children. We can talk through these options in our conference. If a living trust is done, we will do a special type of will called a "pourover will," which is a safety net (subject to probate) to gather any loose ends for the Living Trust.

The person who administers a will is called a Personal Representative. Generally, the same person acts as both Trustee and Personal Representative, since their duties are very similar.

DURABLE FAMILY POWER OF ATTORNEY:

This legal document allows a family member to handle your finances and sign other legal documents (such as insurance forms and tax forms) if you become unable to handle legal or financial matters, either temporarily (from sickness or accident) or permanently. This is an important document that everyone should have to guard against incompetency. It is different from a non-durable power of attorney, which becomes invalid upon incompetency.

The person acting under a power of attorney is called your "attorney-in-fact" or your "agent." You may want to designate one or more alternate agents if the primary agent cannot act (particularly if the primary agent is a spouse or family member who could be in an accident with you!)

LIVING WILL:

This legal document tells your family doctor your instructions with regard to termination of life-prolonging procedures when you are terminally ill.

DESIGNATION OF HEALTH CARE SURROGATE:

This legal document allows a family member to make health, medical and surgical decisions for you if you become incompetent or disabled. It includes a "HIPAA" release, to facilitate release of medical information to the decisionmakers.

It is usually combined with the living will.

The person acting under this document is called your "medical attorney-in-fact" or your "health care surrogate". You may want to designate one or more alternate agents if the primary agent cannot act (particularly if the primary agent is a spouse or family member who could be in an accident with you!)

CUSTODIAL POWER OF ATTORNEY (DEPENDENTS):

This legal document allows a temporary custodian (e.g., babysitter) to make health, medical and surgical decisions for your dependent children if they become sick or injured while in the custody of a third party. It includes a "HIPAA" release, to facilitate release of medical information to the custodians.



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