

# Marks Gray, P.A.

## Confidential Information for Estate Planning

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**Name(s):**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Social Security: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

Spouse Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Social Security: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (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:**

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**Marks Gray, P.A.**

**Main Office:** 1200 Riverplace Boulevard, Suite 800, Jacksonville, Florida 32207 - (904) 398-0900

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**Mailing:** Post Office Box 447, Jacksonville, FL 32201 - Fax: (904) 399-8440

**INFORMATION CONCERNING ASSETS**  
(PLEASE LIST APPROX. VALUES)

	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:  <div>_____ Individual retirement accounts (IRAs). Keogh or other individual plan providing tax deferment for deposits and income.</div> <div>_____ Employer-provided profit sharing, retirement or other benefit plans:</div>	<div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div>
3. Other investments (check all that apply):  <div>_____ Money market accounts or certificates of deposit with stockbrokers (excluding IRAs)</div> <div>_____ Publicly-traded stocks, bonds, and mutual funds</div> <div>_____ Other securities (describe): _____</div> <div>_____</div> <div>_____</div>	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>
4. Do you own your own business, or, are you a partner in an operating business? <div>_____ No    _____ Yes</div> <div>If yes, show value and explain in space for additional comments.</div>	\$ _____	\$ _____	\$ _____
5. Real estate ownership:  <div>_____ Personal residence located in state of _____</div> <div>_____ Other real property</div>	<div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div>
6. Life Insurance (show death benefit under value) <div>_____ Whole Life/Universal Life                      Death Benefit:</div> <div>Cash Value: \$ _____</div> <div>_____ Term Insurance                                      Death Benefit:</div>	<div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div>
7. Annuities	\$ _____	\$ _____	\$ _____
8. Personal Property:  <div>_____ Automobiles, boats, trucks and motor homes</div> <div>_____ Collections, antiques, valuable-jewelry</div> <div>Other: _____</div>	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>	<div>\$ _____</div> <div>\$ _____</div> <div>\$ _____</div>

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# General Description of Your Desires for Asset Distribution

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***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."*

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(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:

Initial PR: **Spouse:** \_\_\_\_ **Other:** \_\_\_\_\_

Alternate PR (s): \_\_\_\_\_

### DURABLE (FINANCIAL) POWER OF ATTORNEY:

Power of Attorney First Choice: **Spouse:** \_\_\_\_ **Other:** \_\_\_\_\_

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

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 decision-makers.

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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