

What May I Expect?

We don't like surprises. We don't like them for ourselves, we are offended if our elderly parents get surprised, and we particularly never want to cause you surprise. We have created this information package to help make your first meeting as productive, informative – and surprise-free – as possible.

You will find several forms in this package, asking very personal and detailed questions. Please fill them out. You may be astonished at the legal significance of some of the more impertinent questions we ask.

If you do not have exact amounts or are missing some information, do not worry. Please complete the forms to the best of your ability. The better the information you bring with you, the better we will be able to counsel you while we meet.

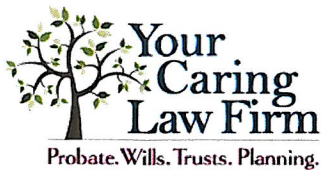
Please write down any questions you may have, and bring the list with you. We love questions! We want you to be a well-informed and pro-active participant in designing the plan that best fits your family and your financial situation. The “goal” sheet in particular may help you identify things that are important to you that you may wish to discuss with us. If you have existing estate planning documents, such as a trust, will, or power of attorney, please bring them with you for us to go over with you.

Expect your meeting to last from one to one and one-half hours. This should give you plenty of time to discuss your needs and concerns with your attorney. During the meeting, we will ask you what triggered you to call us, review the documents you brought with you, and offer you various solutions to your concerns based on your particular situation.

Just because you meet with us, does not mean that you have to hire us. If you like us, and you agree with the solutions that we may offer to you, we would be honored for you to engage us to assist you. Most often, we charge a flat fee for our estate planning services. You will have a fee sheet available to you during the consultation. If you do engage us, we begin work after we receive a 50% deposit (cash, check or credit card) and you most often will have drafts to review in two weeks, and sign your finalized documents in three weeks. If you do not engage us, we will part friends and neighbors.

We look forward to working with you.

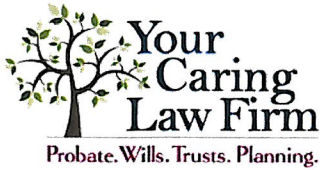
All of the Attorneys and Staff at Your Caring Law Firm



Goals to Achieve an Effective Estate Plan

Please check the box of those items that concern you and your family.

- | | |
|--|---|
| <input type="checkbox"/> Planning for elderly parents | <input type="checkbox"/> Planning for disability of a loved one and to avoid court involvement (guardianship) |
| <input type="checkbox"/> Planning for my long-term care if I become unable to care for myself without help | <input type="checkbox"/> Control of who will make health care decisions for me during my incapacity |
| <input type="checkbox"/> To create a thoughtful estate plan that includes my particular health care issues | <input type="checkbox"/> Planning for the transfer of a family owned business |
| <input type="checkbox"/> Planning for family pets | <input type="checkbox"/> Planning to preserve privacy |
| <input type="checkbox"/> Planning to include charitable intent (my church, alma mater, or other charities) | <input type="checkbox"/> Planning to protect my children from their poor choices, including a former spouse |
| <input type="checkbox"/> Planning for remarriage of my spouse should I pass away first | <input type="checkbox"/> Planning for child with disabilities or special needs |
| <input type="checkbox"/> Planning to protect minor children or grandchildren and to avoid court involvement (guardianship) | <input type="checkbox"/> Planning for blended family (children from previous relationship/marriage) |
| <input type="checkbox"/> Provision to specifically disinherit a family member | <input type="checkbox"/> Specific provision for my grandchildren (even if my children are alive) |
| <input type="checkbox"/> Control of my assets while I'm alive | <input type="checkbox"/> Planning to reduce death and estate taxes to the lowest allowable by law |
| <input type="checkbox"/> Planning to pass life insurance proceeds estate tax-free to my loved ones | <input type="checkbox"/> Planning to avoid probate and minimize expenses of trust administration |
| <input type="checkbox"/> Planning to avoid capital gains and allow for a stream of income during my lifetime | |



**INFORMATION ABOUT YOU,
OUR NEW CLIENT**

Today's Date: _____

Client A: _____

(Please specify exactly how you would like your name to appear in any document(s) prepared by this office - i.e. do you want a middle initial, do you use Jr. or III? (Example: John Doe, or John S. Doe, or John S. Doe, III)

Date of Birth: _____ **S.S.N.** _____

Married Single Divorced Widowed Partner Date of Marriage: _____

Cell: _____ E-mail: _____

U.S. Citizen? Yes No Have you lived in CA, WA, NV, AZ, NM, TX, ID, LA, WI? (circle)

Client B (if any): _____

(Please specify exactly how you would like your name to appear in any document(s) prepared by this office - i.e. do you want a middle initial, do you use Jr. or III? (Example: John Doe, or John S. Doe, or John S. Doe, III)

Date of Birth: _____ **S.S.N.** _____

Married Single Divorced Widowed Partner Date of Marriage: _____

Cell: _____ E-mail: _____

U.S. Citizen? Yes No Have you lived in CA, WA, NV, AZ, NM, TX, ID, LA, WI? (circle)

Home Address: _____

City: _____ **State** _____ **Zip:** _____ **County:** _____

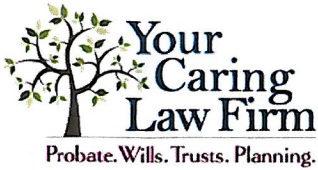
Home Phone: _____ **Home Fax:** _____

Mailing/Billing Address: _____

City: _____ **State** _____ **Zip:** _____ **County:** _____

How did you hear about us? _____

Would you prefer to hear from us via e-mail or U.S. mail? E-mail U.S. mail



Confidential Asset and Liability Information – Fair Market Value as of _____

	<i>ASSETS</i>		
	<i>Client A</i>	<i>Client B</i>	<i>Joint</i>
Cash/Savings	_____	_____	_____
Tangible Personal Property	_____	_____	_____
Securities/Mutual Funds	_____	_____	_____
Retirement Plans (Pension, 401(k), IRA, Roth IRA)	_____	_____	_____
Life Insurance - Cash Value	_____	_____	_____
Life Insurance - Death Benefit	_____	_____	_____
Annuities	_____	_____	_____
Mortgages/Promissory Notes Owed to You	_____	_____	_____
Partnership or Other Business Interests	_____	_____	_____
Oil, Gas and Mineral Interests	_____	_____	_____
Real Estate - Residence/Homestead	_____	_____	_____
Real Estate - Rental/Other	_____	_____	_____
Anticipated Inheritance, Gift, etc.	_____	_____	_____
<i>Total Assets</i>	\$ _____	\$ _____	\$ _____
	<i>LIABILITIES</i>		
Non-Mortgage Loans You Owe	_____	_____	_____
Other Accounts You Owe	_____	_____	_____
Loans Against Your Life Insurance	_____	_____	_____
Mortgage - Residence/Homestead	_____	_____	_____
Mortgage - Other	_____	_____	_____
Any Other Debts	_____	_____	_____
<i>Total Liabilities</i>	\$ _____	\$ _____	\$ _____
<i>NET WEALTH</i>	\$ _____	\$ _____	\$ _____

MONTHLY INCOME YOU ARE CURRENTLY RECEIVING

Salary/Wages	_____	_____	_____
Investment Income and dividends	_____	_____	_____
Alimony	_____	_____	_____
Social Security	_____	_____	_____
Pension & Retirement Plans	_____	_____	_____
Other	_____	_____	_____
<i>TOTAL MONTHLY INCOME</i>	<i>\$</i> _____	<i>\$</i> _____	<i>\$</i> _____



BENEFICIARIES

Child 1:

Name: _____ Ours _____ Client A's _____ Client B's _____

Address: _____

Any special needs? _____ Phone: _____

DOB: _____ Marital Status: M S D W

Any children? If so, how many? _____

Child 2:

Name: _____ Ours _____ Client A's _____ Client B's _____

Address: _____

Any special needs? _____ Phone: _____

DOB: _____ Marital Status: M S D W

Any children? If so, how many? _____

Child 3:

Name: _____ Ours _____ Client A's _____ Client B's _____

Address: _____

Any special needs? _____ Phone: _____

DOB: _____ Marital Status: M S D W

Any children? If so, how many? _____

Child 4:

Name: _____ Ours ____ Client A's ____ Client B's ____

Address: _____

Any special needs? _____ Phone: _____

DOB: _____ Marital Status: M S D W

Any children? If so, how many? _____

Do you have deceased children? Y or N If so, did they have children? Y or N
If yes, do you wish to honor their memory in your Estate Plan? Y or N

Are any of your children adopted? Y or N If so, which one(s)? _____

Are There Other Beneficiaries You Wish to Remember in Your Estate Plan?

Name 1: _____ Relationship: _____

Address: _____

Any special needs? _____ Phone: _____

DOB: _____ Marital Status: M S D W

Any children? If so, how many? _____

Name 2: _____ Relationship: _____

Address: _____

Any special needs? _____ Phone: _____

DOB: _____ Marital Status: M S D W

Any children? If so, how many? _____

Information Regarding Your Children or Other Beneficiaries

1. Are any of your children or beneficiaries receiving government benefits due to a handicap or disability?
Yes _____ No _____
If yes, please elaborate. _____
2. Do any of your children or beneficiaries require special education, special medical care, or have special physical needs?
Yes _____ No _____
If yes, please elaborate. _____
3. Do any of your children beneficiaries have a learning disability?
Yes _____ No _____
If yes, whom? _____
4. Are any of your children or beneficiaries institutionalized?
Yes _____ No _____
If yes, whom? _____
5. Are there people you wish to specifically exclude from your estate plan?
Yes _____ No _____
If so, please list their name(s). _____

Do you have children under age 18? If yes, please list below the person(s) you wish to care for them after your lifetime as a Legal Guardian. Please list in order of preference.

1. Name: _____ Relationship _____
Address: _____ Phone: _____

2. Name: _____ Relationship _____
Address: _____ Phone: _____

Miscellaneous Questions:

1. Are you or Client B receiving social security or disability payments? Y or N
2. Have you or Client B ever filed a gift tax return with the IRS? Y or N
3. Are you or Client B currently making annual exclusion gifts to anyone? Y or N
4. Do you and your spouse have a legally executed pre/post-nuptial agreement? Y or N
5. Do you wish to leave any of your wealth to charity(ies)? Y or N
6. Are you aware that you are a beneficiary of anyone else's estate plan? Y or N



WHICH OTHER PROFESSIONALS HELP CARE FOR YOUR FINANCIAL FUTURE?

CPA:

Name: _____

Company: _____

Address: _____

Phone: _____

Stock Broker:

Name: _____

Company: _____

Address: _____

Phone: _____

Life Insurance Representative:

Name: _____

Company: _____

Address: _____

Phone: _____

Financial Planner:

Name: _____

Company: _____

Address: _____

Phone: _____

Attorney(s) for Other Matter(s):

Name: _____

Company: _____

Address: _____

Phone: _____

Type of Matter: _____

Bank(s):

Contact Person: _____

Bank Name: _____

Branch Address: _____

Phone: _____

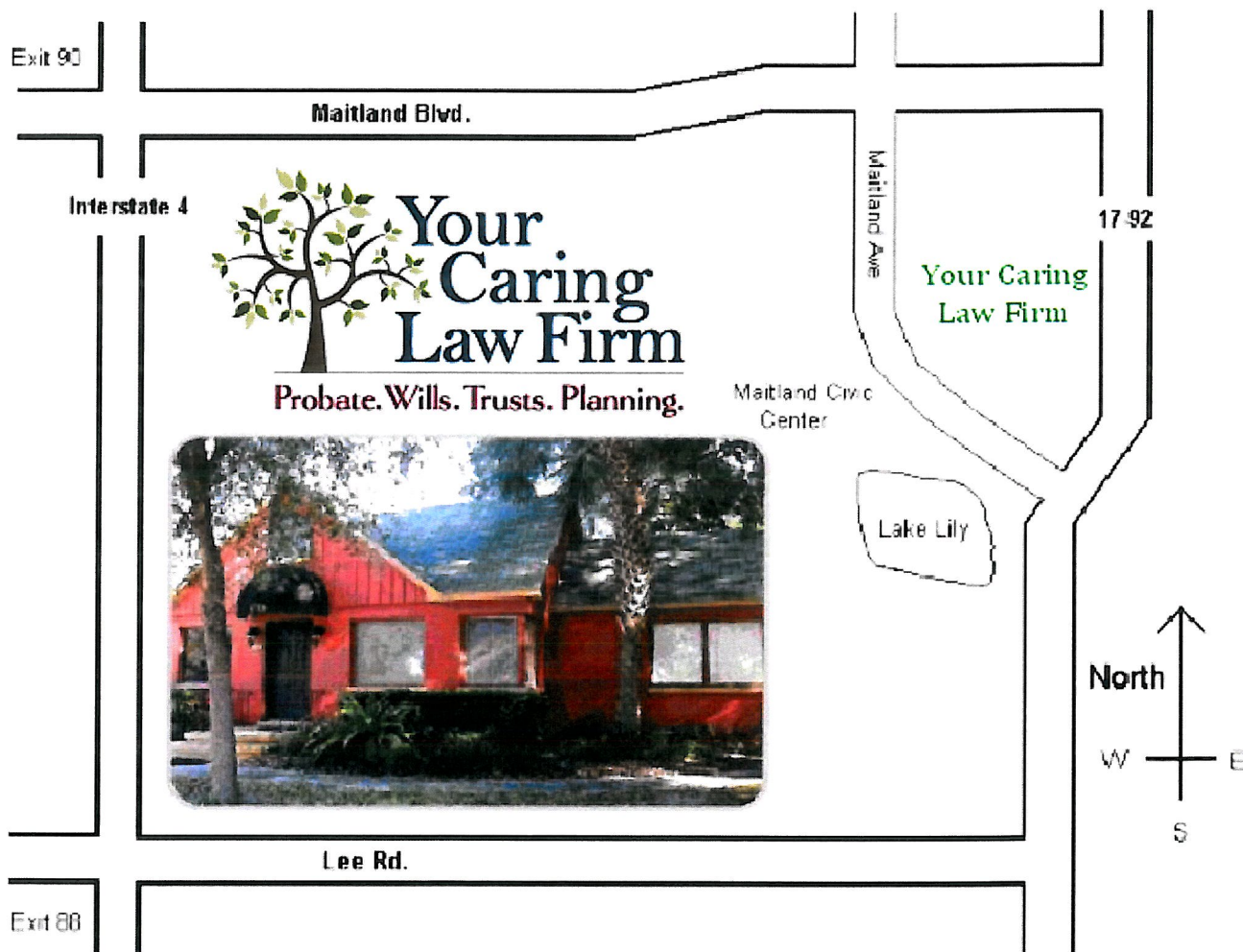
Directions to Your Caring Law Firm

Please be aware that you will be parking behind our building and will access the office directly from the parking lot. There is no need to walk to the front of the building to enter.

We are located at: 610 S. Maitland Avenue
Maitland, FL 32751

Our Phone Number is: (407) 622-1900

Our Fax Number is: (407) 622-1922



From Orlando on I-4: Exit at Lee Road (Exit 88) and go east to Orlando Avenue (17-92). Turn left and go north to Maitland Avenue, then turn left again. You will pass Antonio's restaurant and one other building on your right, then turn right immediately past our building into our parking lot.

From Sanford on I-4: Exit at Maitland Blvd. (Exit 90) and go east to Maitland Avenue. Turn right and go south. Shortly after crossing the railroad tracks you will cross Ventris Avenue. We are the fourth building on your left; just be sure to turn into our parking lot before passing the building.

From 17-92: Drive to the corner of 17-92 and Maitland Avenue (look for Antonio's restaurant) and turn onto Maitland Avenue. You will pass Antonio's restaurant and one other building on your right, then turn right immediately past our building into our parking lot.