

## ESTATE PLANNING INFORMATION

*(Please type or print clearly)*

### IDENTIFYING INFORMATION **(Include middle initials)**

Your Name	Occupation
Nickname	Work phone #
Street Address	Fax #
City/State/Zip	Home phone #
Social Security #	Cell phone #
Date of Birth	Preferred email

<b>Spouse's</b> Name	Occupation
Nickname	Work phone #
Street Address	Fax #
City/State/Zip	Home phone #
Social Security #	Cell phone #
Date of Birth	Preferred email

### MARITAL and VETERAN STATUS

	YOU	SPOUSE
Are you/your spouse a U.S. citizen?		
Are you/your spouse a veteran?		
If you/your spouse has a deceased spouse, was he/she a veteran?		
Is this a first marriage?		
If not, are you/your spouse widowed or divorced?		
Do you/your spouse have any financial obligations arising from the dissolution of a marriage or support action? <i>If yes, please provide the court order or agreement.</i>		

Do you and your spouse have a pre or post nuptial agreement?  Yes  No If yes, please provide it.

Date this form was completed: \_\_\_/\_\_\_/\_\_\_ This form was completed by: \_\_\_\_\_

Name of person to whom our bill should be directed: \_\_\_\_\_

**HEALTH INSURANCE:**

	You		Spouse	
	<i>Policy Name</i>	<i>Premium</i>	<i>Policy Name</i>	<i>Premium</i>
Health Insurance / Medicare				
Supplemental Health Insurance				
MassHealth				
Prescription Drug Plan				
Dental				
Long Term Care*				

Are any of the above insurance plans provided through an employer or former employer?  Yes  No  
 \* If you have a long term care insurance policy, please provide a copy of the policy.

**MOTOR VEHICLES:**

List any vehicles you or your spouse own including cars, vans, recreational vehicles, mobile homes and boats:

Make/Year	Name of Owner	Equity/Value
TOTAL		

**REAL ESTATE:**

List all real estate owned by either spouse.

Address	Name(s) on Deed	Assessed Value	Fair Market Value	Tax Basis *	Private septic?

*Please provide copies of deeds* \* Generally, purchase price plus improvements  
 Do you receive a real estate tax exemption on any of the above properties?  Yes  No  
 If yes, please indicate which property: \_\_\_\_\_

**FOREIGN ASSETS:**

Do you own any assets in foreign countries (i.e., investments or real estate)?  Yes  No *If yes, please provide details:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RETIREMENT ACCOUNTS:**

List all retirement accounts including IRAs, 401(k) or 403(b) accounts, SEP plans.

Bank or Investment Company	Account Number	Owner	Beneficiary	Contingent Beneficiary	Value
<i>Please provide copies of beneficiary designations</i>					<b>TOTAL</b>

**BANK ACCOUNTS:**

List each bank account other than retirement accounts (including certificates of deposit, money market, and checking), owned by you or your spouse or on which you or your spouse's name appears.

Bank	Account Number	Type of Account	Name(s) in which Account is held	Value
<b>TOTAL</b>				

**INVESTMENT ACCOUNTS (do not include retirement accounts):**

Name of Brokerage Firm or Individual Security	# of shares *	Name(s) of Owner(s)	Tax Basis*	Value
			<b>TOTAL</b>	

\* if held in a brokerage account for which you can provide statements, you do not need to fill this in

**TREASURY BONDS, T-NOTES, AND SAVINGS BONDS:**

Issue Date	Maturity	Name(s) of Owner(s)	Value
			<b>TOTAL</b>

**ANNUITIES :**

Company	Contract #	Type	Owner	Beneficiary	Contingent Beneficiary	Present Value
						<b>TOTAL</b>

**529 PLANS :**

Name of Plan	Owner	Beneficiary	Present Value
			<b>TOTAL</b>

**LIFE INSURANCE** : List all **life insurance** policies owned by you and your spouse. If there are more than 6 policies, continue on a separate sheet.

	Policy 1	Policy 2	Policy 3
Owner of Policy			
Insurance Company			
Face Value			
Cash Surrender Value			
Insured (Full Name)			
Beneficiary(s)			
Successor Beneficiary(s)			

	Policy 4	Policy 5	Policy 6
Owner of Policy			
Insurance Company			
Face Value			
Cash Surrender Value			
Insured (Full Name)			
Beneficiary(s)			
Successor Beneficiary(s)			

**BUSINESS OWNERSHIP OR INTEREST:**

Do you or your spouse own a business?  Yes  No If yes, please complete.

Name of Business	Form of Business	Owner	Value

Is there a Buy-Sell Agreement in place?  Yes  No *If yes, please provide a copy.*

Is there any by-law or stock agreement restricting sale or transfer of shares of the business?  Yes  No *If yes, please provide a copy.*

**OTHER TANGIBLE ASSETS OF VALUE:**

Asset	Name of Owner	Equity/Value
<b>TOTAL</b>		

**PERSONAL PROPERTY :**

Other than household goods, clothing and jewelry, and those items listed elsewhere in this questionnaire, do you or your spouse own anything of value? Please identify.

Item	Owner	Value

**GROSS INCOME:**

List your **GROSS** regular monthly **income** (not income from investments). If the income is **directly deposited** to a bank account, please indicate. If you have rental income, please provide a separate list of expenses related to the rental property (i.e. taxes, utilities, insurance, etc.).

Current Gross Income:	You	Spouse	Joint	Bank
Salary, Wages				
Social Security/SSI				
Annuity				
Pension				
Trust				
Rental (net)				
Business / Other*				
<b>SUBTOTALS</b>				

\* If there is income from the VA due to a service related disability, please fill in \_\_\_\_ % disability rating.

**GUARDIANSHIP/CONSERVATORSHIP:**

Are you or your spouse a legally appointed guardian/conservator for anyone?  Yes  No *If yes, please explain:* \_\_\_\_\_

\_\_\_\_\_

**CHILDREN OR SIBLINGS (Include middle initials):**

Complete information about your children, *including deceased children if they are survived by children of their own*. If no children, list information for your siblings.

<b>Child/Sibling # 1</b>		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages ( <i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i> ). If sibling information is provided, list full names and ages of nieces/nephews.			
<b>Child/Sibling # 2</b>		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages ( <i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i> ). If sibling information is provided, list full names and ages of nieces/nephews.			
<b>Child/Sibling # 3</b>		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages ( <i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i> ). If sibling information is provided, list full names and ages of nieces/nephews.			
<b>Child/Sibling # 4</b>		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages ( <i>please indicate with an "*" if any grandchild is disabled or receiving special education services</i> ). If sibling information is provided, list full names and ages of nieces/nephews.			

<b>Child/Sibling # 5</b>		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages <i>(please indicate with an "*" if any grandchild is disabled or receiving special education services)</i> . If sibling information is provided, list full names and ages of nieces/nephews.			

<b>Child/Sibling # 6</b>		Primary email address	
Street Address		Date of Birth	
City/State/Zip		Child of this marriage??	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone #		Adopted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #		Disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell #		Occupation	
Grandchildren and their ages <i>(please indicate with an "*" if any grandchild is disabled or receiving special education services)</i> . If sibling information is provided, list full names and ages of nieces/nephews.			

Any special concerns or problems relative to any of these children/grandchildren or siblings/nieces and nephews?  Yes  No

If yes, please explain:

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Do you have any pets?  Yes  No

Do you have a safe deposit box?  Yes  No

**GIFTS:**

Have you ever filed any gift tax returns?  Yes  No

If yes, please provide copies.

Have you made any gifts not reported on a gift tax return, of cash, real estate, or any other kind of property, to any one person other than a spouse in any one calendar year:

- Worth \$15,000 or more between 2018 and now?  Yes  No
- Worth \$14,000 or more between 2013 and 2017?  Yes  No
- Worth \$13,000 or more between 2009 and 2012?  Yes  No
- Worth \$10,000 or more between 1981 and 2008?  Yes  No
- Worth \$3,000 or more between 1977 and 1981?  Yes  No
- Any earlier gifts?  Yes  No

If yes to any of above, please provide details.

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**ANTICIPATED ADDITIONS TO WEALTH:**

Does anyone owe you a substantial amount of money?  Yes  No

Do you expect any substantial inheritance?  Yes  No

Do you expect any future events that would affect your estate planning goals?  Yes  No

*If yes, please provide details.*

**OUTSTANDING LIABILITIES**

If you and/or your spouse owe any large bills or have any outstanding loans please identify.

**Credit Card Debt :**

Company	Monthly Payment	Total Amount Due
<b>TOTAL</b>		

**Loans/Mortgages :**

Creditor	Due Date	Terms	Documentation	Amount
<b>TOTAL</b>				

**ADVISORS (Name, Address, Phone, Email):**

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Other: \_\_\_\_\_

**PRESENT ESTATE PLANNING POSITION:**

- ▶ Do you presently have a will or other estate planning documents?  Yes  No  
*If yes, please provide copies.*
- ▶ Do you have a power of appointment over property given to you in a will or trust created by another individual?  Yes  No *If yes, please provide a copy, if possible.*
- ▶ Are either you or your spouse the grantor or beneficiary of a trust?  Yes  No  
*If yes, please provide a copy of the trust document.*  
*(A "grantor" is the person who established the trust. A "beneficiary" is someone who can benefit from the trust.)*

**ESTATE PLANNING DECISIONS**

We will discuss the terms of your estate planning documents at your first appointment. However, it would be helpful if you could write down your thoughts on the following issues.

**Charitable gifts:**

Do you wish to leave any charitable bequests?  Yes  No *If yes, list names and addresses of charities.*

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**Specific bequests:**

Do you wish to make bequests of any specific items of property?  Yes  No

*If yes, please describe each item with particularity and to whom you wish to leave it. If necessary, continue on a separate sheet.*

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**Guardian :**

Do you wish to name a Guardian for any minor children?  Yes  No *If yes, list name and address.*  
 In the event the guardian cannot serve, give the name and address of an alternate.

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Alternate: \_\_\_\_\_

**Health Care Proxy and Living Will (Medical Directive):**

Do you (and your spouse) wish to sign a Health Care Proxy naming another person to make health care decisions for you if you are unable to do so?  Yes  No (We also advise naming a successor.)

	YOU	YOUR SPOUSE
Health Care Agent	Name: Address:  Home Tel #: Work Tel #: Cell #:	Name: Address:  Home Tel #: Work Tel #: Cell #:
Successor Agent	Name: Address:  Home Tel #: Work Tel #: Cell #:	Name: Address:  Home Tel #: Work Tel #: Cell #:

Do you (and your spouse) wish to sign a Living Will giving instructions regarding treatment or withholding of treatment if you are unable to state your wishes at a time when you are terminally ill?

You?  Yes  No

Your spouse?  Yes  No

**Durable Power of Attorney:**

Do you (and your spouse) wish to sign a document enabling another person(s) to manage your estate and financial matters for you under certain circumstances?  Yes  No

	YOU	YOUR SPOUSE
Attorney-in-fact	Name: Address:	Name: Address:
Co-Attorney-in-fact (if any)	Name: Address:	Name: Address:
Successor Attorney-in-fact	Name: Address:	Name: Address:
Successor Co-Attorney-in-fact (if any)	Name: Address:	Name: Address:

**Personal Representative:**

Who do you (and your spouse) wish to name as Personal Representative (formerly known as Executor) or Personal Co-Representatives? Successors?

	YOU	YOUR SPOUSE
Personal Representative	Name: Address:	Name: Address:
Successor Personal Rep.	Name: Address:	Name: Address:

**Burial instructions:**

Do you wish to leave specific instructions regarding the disposition of your body or your burial?  Yes  No  
Your spouse?  Yes  No

Do you wish any particular person to be given authority over the disposition of your body?  Yes  No  
Your spouse?  Yes  No

Do you wish to make any organ donations?  Yes  No      Your spouse?  Yes  No  
If yes, do you have an organ donor card or organ donation sticker?  Yes  No      Your spouse?  Yes  No

**Are there other issues you wish to discuss?** If yes, please explain.

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Questionnaire scanned