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Below you will find a questionnaire so I may gather some of your personal information that will aid me in determining what potential estate planning issues you may be faced with and to then best suit you with the appropriate documents which will accomplish your long-term care planning objectives. Kindly answer, with as much detail as possible, the below questions. By completing the biographical information ahead of time, I will then be able to focus on your planning issues and develop an Estate Plan which meets your specific needs.

FAMILY INFORMATION:

	Your Information	Spouse's Information
Full Legal Name:		
Usual Way of Signing		
Other or Former Names		
Home Address:		
Telephone No.:		
Email Address:		
Citizenship:		
Date of Birth:		
Social Security No.:		
Occupation:		
Business /Co. Name:		
Address:		
Phone Number:		
Health Ins:		
Date of Marriage:		
Premarital Agreements:		
Any prior Marriages:	Yes or No	Yes or No
If so, name and how terminated:		

CHILDREN/HEIRS:

Full Legal Name:	Date of Birth:	Social Security #:
Address:	Phone Number:	Marital Status:
Name & Age of Children:		

Full Legal Name:	Date of Birth:	Social Security #:
Address:	Phone Number:	Marital Status:
Name & Age of Children:		

Full Legal Name:	Date of Birth:	Social Security #:
Address:	Phone Number:	Marital Status:
Name & Age of Children:		

Full Legal Name:	Date of Birth:	Social Security #:
Address:	Phone Number:	Marital Status:
Name & Age of Children:		

Should children born to or adopted by you after the date of the Will be included? Yes or No
Any children of prior marriages? Yes or No

Include information for spouses of married children: _____

_____

OTHER BENEFICIARIES: (Include parents, grandchildren, spouses of children, relatives or others you or your spouse might desire to benefit.)

Full Legal Name:	Phone Number:
Address:	Relationship:

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Address:	Relationship:

PROPERTIES:

Please list all your realty assets and their approximate valuations.

Real Estate — Principal Residence

Location:
Name(s) on Deed:
Tax Assessed Value:
Fair Market Value:
Date Purchased:
Rental Amount, if any:
Remaining Mortgage:

Real Estate — Other

Location:
Name(s) on Deed:
Tax Assessed Value:
Fair Market Value:
Date Purchased:
Rental Amount, if any:
Remaining Mortgage:

Real Estate — Other

Location:
Name(s) on Deed:
Tax Assessed Value:
Fair Market Value:
Date Purchased:
Rental Amount, if any:
Remaining Mortgage:

Timeshare(s):

Location:
Name(s) on Deed:
Tax Assessed Value:
Fair Market Value:
Date Purchased:
Rental Amount, if any:
Remaining Mortgage:

FINANCIAL INFORMATION: (Include name of institution and dollar value)

Please list all of your assets, including personal property, savings accounts, checking accounts, stocks, bonds, mutual funds, IRAs, etc. and their approximate valuations (if more convenient, please attach a recent financial statement(s), etc.

	You	Spouse	Joint Tenancy
Bank Accounts			
Checking			
Savings			
Certificates of Deposit			
Investment Accounts			
Sub Chapter S and other			
Closely-Held Stock			
Partnership Interests			
Accounts Receivable			
Mortgages Receivable			
Other Notes			
*Retirement Benefits, including IRA's (Please attach a copy of your summary, if available			
Annuities			Qualified/Non Qual:
Stocks/Bonds			
Mutual Funds			

Other Assets:

	You	Spouse	Joint Tenancy
(a) Automobiles			
(b) Art, Stamp, or Other Collections			
(c) Estimated Cash Value of Life Insurance			
(d) Miscellaneous Household Property			
(e) Other (Antiques, etc.)			

TOTAL ASSETS (Other than Insurance) $ _____ $_____ $_____

TOTAL COUNTABLE ASSETS:

TOTAL TAXABLE ASSETS:

LIFE INSURANCE: (NOTE: Please provide a copy of the Declaration page.)

Policy 1:

Company Name:	
Insured:	
Cash Value:	
Owner of the Policy:	
Death Benefit:	
Beneficiary(ies)	

Policy 2:

Company Name:	
Insured:	
Cash Value:	
Owner of the Policy:	
Death Benefit:	
Beneficiary(ies)	

LIABILITIES:

	You	Spouse	Joint Tenancy
Real Estate Mortgages			
Loans and Other Liabilities			
TOTAL LIABILITIES			
NET WORTH			

LONG-TERM CARE PLANNING:

Do you have any LONG-TERM CARE INSURANCE? If so, what type, amount, etc.

_____

_____

What issues are of particular concern to you? (i.e.) Medicaid/MassHealth Planning

Are there any special issues of which I should be aware?

INCOME (monthly):

	You	Spouse
Social Security		
Pension		
Rent		
Annuity		
SSI		
SSDI		
Other		
Total Income		

GIFTS/TRANSFERS:

Please list all gifts made or received in the past five years which exceed the gift tax limitation whether in cash or in kind:

	You	Spouse
Date of Gift		
Amount		
Donnée		
Location of Gift Tax Returns		

Have you transferred or received any real estate in the past ten years? Please include sale, creation of life estate/transfer of remainder or transfer to a trust.

Disposition of Estate: What are your general desires as to the disposition of your estate. Indicate any specific gifts of cash or items you wish to make.

Specific Gifts

Amount of Gift Description Name of Recipient Relationship or Address

Charitable Interests: (Identify charities in which you are currently interested, or which may benefit your estate.)

Special Burial or Service Requests: Do you have a particular arrangement you desire (pre-pay arrangements, create burial account, cremation, cemetery, burial plot, etc.)?

Investment/On-Line Account/Social Media Passwords: Website/password:

ESTATE PLANNING APPOINTMENTS:

In addition to gathering your biographical and asset information, I will also need to know the individual(s) you would like to choose to serve as successor appointments within your estate planning documents. Typically, spouses will choose each other to serve as the first appointment. However, please note that you may choose as many people to serve in these various roles as you would like. The spaces below serve as a guideline, only.

Trusts:

The Trustee of your Trust has the fiduciary obligation of gathering and managing the assets of your Trust in accordance with the provisions of your Trust Agreement. You may wish to choose a family member and a professional or independent Trustee to serve as co-Trustees to ensure that all responsibilities are complied with.

	You	Spouse
Initial Trustee(s):		
Address:		
Phone No:		
1 st Successor(s):		
Address:		
Phone No:		

Last Will and Testament

Personal Representative (PR): The Personal Representative of your Will has the obligation and duty of executing the instructions of your Will and complying with all probate procedures, if a probate of your Will is necessary.

	You	Spouse
Initial PR(s):		
Address:		
Phone No:		
1 st Successor(s):		
Address:		
Phone No:		

Durable Power of Attorney:

The person you select to serve as your Attorney-in-Fact will be given a broad grant of power authorizing them to make decisions, usually in a financial setting, on your behalf, when you are disabled/incapacitated.

	You	Spouse
Attorney-in-Fact:		
Address:		
Phone No:		
Successor:		
Address:		
Phone No:		

Health Care Proxy:

Your Heath Care Agent and Alternate(s) will have the authority and responsibility of making medical decisions on your behalf when you are unable to.

	You	Spouse
Health Care Agent:		
Address:		
Phone No:		
Alternate:		
Address:		
Phone No:		

Guardian: If you have minor children (under 1 8) you should appoint a Guardian(s) to have legal custody of your children upon both of your deaths.

	You	Spouse
Guardian(s):		
Address:		
Phone No:		
Successor:		
Address:		
Phone No:		

IMPORTANT:

Prior Wills:— Please attach to this checklist copies of all prior Wills and Trust Agreements of you and your spouse.

Insurance:— Please provide copies of all life insurance policies and any insurance study prepared for you.

Statements: — Copies of all most recent statements for any account listed under the "Financial Information" section.

Gift Tax Returns: — If you have filed any federal or state gift tax returns, please attach them to this form.

Deed(s): — Please provide a copy of your Deed in order for a Declaration of Homestead, if applicable, to be prepared.

Trust(s): — Please provide the following information about all Trusts created by you along with a copy of each Trust document:

Grantor/Name of Trust:
Date created:
Assets in the Trust:
Current total value of trust: Annual Trust income:
Grantor/Name of Trust:
Date created:
Assets in the Trust:
Current total value of trust: Annual Trust income:

Are you a present or future beneficiary under another person's Will or Trust?_____
If so, please provide a copy of the instrument and an estimate of the value of your interest.

Do you have a power to appoint assets under another person's Will or Trust?_____
If so, please provide a copy of the instrument and an estimate of the value of your interest.

Upon completion of the questionnaire, kindly forward the same to my attention. Please do not hesitate to contact me with any questions you may have.

Thank you for allowing this office to be of assistance to you. I look forward to your initial intake appointment at which time we will discuss, in greater detail, your Estate Planning questions.

Very truly yours,