

**INSTRUCTIONS: THIS QUESTIONNAIRE IS INTENDED TO HELP YOU GATHER AND ORGANIZE INFORMATION NECESSARY FOR THOUGHTFUL ESTATE PLANNING. ALL INFORMATION PROVIDED TO US WILL BE KEPT STRICTLY CONFIDENTIAL. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT OUR OFFICE AT (617) 557-3030.**



**ESTATE PLANNING QUESTIONNAIRE**

Full Legal Name \_\_\_\_\_  
 Signature Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Home address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home telephone \_\_\_\_\_ Birth date \_\_\_\_\_ Social security number \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business telephone \_\_\_\_\_

Married ( )      Divorced ( )      Widowed ( )      Single ( )

Spouse \_\_\_\_\_  
 Signature Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 Birth date \_\_\_\_\_ Social security number \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Marriage \_\_\_\_\_

<b>Children</b> <i>(Use full legal name)</i>	<b>Parent(s)*</b>	<b>Birth date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Use JT if both spouses are the parents, H if husband is the parent, W if wife is the parent, S if you are a single parent.

**Other Beneficiaries/Dependents** *(Include parents, grandchildren, spouses of children, relatives or others you and your spouse might desire to benefit or who are dependent on you)*

<b>Name</b>	<b>Relationship</b>	<b>Date of Birth (if a minor)</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Advisors**

**Telephone**

Attorney \_\_\_\_\_

\_\_\_\_\_

Accountant \_\_\_\_\_

\_\_\_\_\_

Primary personal bank \_\_\_\_\_

\_\_\_\_\_

Life Insurance Agent \_\_\_\_\_

\_\_\_\_\_

Stockbroker \_\_\_\_\_

\_\_\_\_\_

## IMPORTANT FAMILY QUESTIONS

1. Do you have a child with a learning disability? \_\_\_\_\_
2. Do any of your children receive governmental support or benefits? \_\_\_\_\_
3. Do you have adopted children? \_\_\_\_\_
4. Do any of your children have special educational, medical, or physical needs? \_\_\_\_\_
5. Are any of your children institutionalized? \_\_\_\_\_
6. Are you or your spouse receiving social security, disability, or other government benefits? \_\_\_\_\_
7. Do you wish to disinherit any of your children, grandchildren, or other relatives? \_\_\_\_\_
8. If you have minor children, whom do you wish to be their primary guardian? \_\_\_\_\_
9. Whom do you wish to be the contingent guardians if your primary guardians are unavailable?  
\_\_\_\_\_
10. Have either you or your spouse been divorced? \_\_\_\_\_
11. Are you making payments pursuant to a divorce or property settlement agreement? *(Please furnish a copy)*
12. Have you been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)*
13. In what states have you lived while married to your current spouse? During what periods of time did you reside there? \_\_\_\_\_
14. Have you or your spouse ever filed federal or state gift tax returns? *(Please furnish copies of these returns)*
15. Have you or your spouse completed previous will, trust, or estate planning? *(Please furnish copies of these documents)*

<b>Document</b>	<b>Date Made</b>	<b>Location of Original</b>
Last Will & Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Trust	_____	_____
(other) _____	_____	_____

16. Did you or your spouse ever sign a pre- or post-marriage contract? *(Please furnish a copy)*
17. Are both you and your spouse United States citizens? *(If either or both of you are not a U.S. citizen, please specify if you are a resident alien or a nonresident alien)*

## ASSET SUMMARY

Description of Assets	Client (Fair Market Value of Assets)	Joint Ownership w/Survivorship	Spouse (Fair Market Value of Assets)
Cash, Checking Accounts, Savings Accounts			
Tangible Personal Property ( <i>e.g. autos, boats, jewelry, antiques, art, etc.</i> )			
Primary Residence ( <i>indicate location and value</i> )			
Other Residences ( <i>indicate location and value</i> )			
Investment Real Property ( <i>indicate location and value</i> )			
Securities ( <i>e.g. stocks, bonds, brokerage accounts</i> )			
Business Entity ( <i>indicate type of entity and estimated value</i> )			

<b>SUBTOTAL</b>			
<b>Plus (from the following pages)</b>			
Life Insurance			
Retirement Plans			
Other Property			
<b>TOTAL</b>			
<b>LIABILITIES</b>			
Mortgages			
Other			
<b>Assets-Liabilities TOTAL</b>			

### **RETIREMENT, DISABILITY AND DEATH BENEFITS**

*(e.g. pension, profit-sharing, stock bonus, self-employed retirement plan, IRAs, deferred compensation plans)*

Company & Type of Plan*	Current Value	Beneficiary & Payment Options Available
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Please furnish copies of plan or explanatory brochure on each plan

**PROPERTY HELD FOR OTHERS**

List and describe here: (1) any property which is held jointly with other persons; (2) any property held in “trustee” form for others; and (3) any property held in “custodian” form for others. Also, please list all gifts for which federal tax returns have been filed and any other gifts over \$5,000.

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**OTHER PROPERTY**

Describe any other assets, including intellectual property such as patents, copyright, potential claims against others, any trust of which you are a beneficiary or over which you have some involvement, and property you may potentially inherit.

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**LIFE INSURANCE**

Policy Number and Company \_\_\_\_\_

Type\* \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who pays premium † \_\_\_\_\_ Cash value \_\_\_\_\_  
Amount of loans on policy \_\_\_\_\_ Face amount \_\_\_\_\_

**Policy Number and Company** \_\_\_\_\_

Type\* \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who pays premium † \_\_\_\_\_ Cash value \_\_\_\_\_  
Amount of loans on policy \_\_\_\_\_ Face amount \_\_\_\_\_

**Policy Number and Company** \_\_\_\_\_

Type\* \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who pays premium † \_\_\_\_\_ Cash value \_\_\_\_\_  
Amount of loans on policy \_\_\_\_\_ Face amount \_\_\_\_\_

**Policy Number and Company** \_\_\_\_\_

Type\* \_\_\_\_\_ Insured \_\_\_\_\_  
Owner \_\_\_\_\_  
Primary beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_  
Who pays premium † \_\_\_\_\_ Cash value \_\_\_\_\_  
Amount of loans on policy \_\_\_\_\_ Face amount \_\_\_\_\_

\*Term, whole life, split dollar, group life, annuity.

†Husband (H), Wife (W), Jointly (JT), Tenants in Common (TC), or Community Property (CP).

**Note:** If stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.