

ESTATE PLANNING QUESTIONNAIRE
FOR INDIVIDUALS

For use by:

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ESTATE PLANNING QUESTIONNAIRE

The estate planning process requires that we gather all relevant information concerning your personal, family and financial situation. This questionnaire is intended to gather enough of that information to enable us to begin preparing a proposed plan. It also may assist you with identifying some of the key decisions that you will need to make during the planning process. The questionnaire is designed to apply to various family arrangements and many parts may not be applicable to you and your family. Please feel free to skip or disregard any parts that are not applicable, that you do not understand, or that you are not yet ready to answer.

We understand the questionnaire is long and detailed, and we appreciate that it takes time to complete! Your first thought might be to place it on the corner of your desk or save it to a folder for later. If you do that, then give yourself a day or two to think about it, open the questionnaire again, and start filling it out. The sooner you return the form to us, the faster we can prepare a draft plan for your review.

As always, please feel free to contact us by telephone or email if you have any questions that you would like answered prior to completing this questionnaire. Lastly, as this questionnaire will contain confidential personal information, we suggest that you return this form to us only by mail, fax, or encrypted e-mail.

Thank you, and we look forward to working with you to achieve your estate planning goals.

PART 1.
GENERAL INFORMATION

Name	
Usual Way of Signing	
Other or Former Names	
Date of Birth	
Street	
City, State, and Zip Code	
Telephone	
E-mail	
U.S. Citizen?	Yes No
Occupation	

CHILDREN
(Please include information for spouses of married children)

None

Name	Address	Date of Birth

Name	Address	Date of Birth

Are you currently saving for college or planning to send a child to college in the next few years?
If so, please explain:

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DECEASED CHILDREN

None

Name	Date of Birth	Date of Death

PRIOR MARRIAGES

(If terminated by divorce, please provide copy of Divorce Decree or Separation Agreement. If terminated by death, please indicate)

None

Prior Spouse

Is there an existing interest in the deceased spouse's estate that may pass to you or your children?
 If so, please estimate its value and include copies of any relevant documents such as a will, trust, insurance policy, annuity contract, etc.:

No

Yes

Value: _____

GRANDCHILDREN

None

Name	Parents	Address	Date of Birth

LIVING PARENTS AND SIBLINGS

Family Member	Names and Addresses
Parents / Step Parents and their spouse	
Sibling(s) / Step Siblings(s) and their spouse	

YOUR ADVISORS

	Name	Address	Telephone
Accountant			
Trust officer			
Life insurance agent			
Financial advisor			
Other attorney			
Other			

PART 2. SUMMARY OF ASSETS (Values to the nearest \$1,000.00)

	Held Individually	Jointly Held w/ Others
Checking Acct.		
Savings Acct.		
Securities		
Closely Held Business		

Professional Practice		
Real Estate		
Life Insurance		
Household Furniture		
Art & Antiques		
Other		
Future Inheritance		

REAL ESTATE DETAILS

Address	Date Acquired	Purchase Price	Amount of Mortgage(s)	Current Value

- Do you have an owner's policy of title insurance for each property listed above?
Yes No I don't know
- Do you have a Declaration of Homestead recorded for your primary residence?
Yes No I don't know
- Are you interested in learning about using a trust to hold title to your real estate?
Yes No I don't know

LIFE INSURANCE SCHEDULE

Please list all life insurance policies owned by you or any other person insuring the life of you or your spouse.

Policy Owner	Insured	Company	Policy Number	Whole Life or Term	Face Value	Cash Value	Outstanding Loans	Beneficiary	Date Issued

OTHER INSURANCE SCHEDULE

Insurance	Insured	Insurer	Coverage Limits
Home			
Umbrella			
Auto Insurance			
Disability Insurance			
Long Term Care			
Other (please describe)			

EMPLOYEE BENEFIT SCHEDULE

Pension Plans, Profit Sharing Plans, IRAs, Keogh (HR-10), 401(k), Stock Bonus and Similar Plans					
Fund	Amount in Fund	Expected Retirement Benefit	Death Benefit	Your Contributions	Beneficiary

CLOSELY HELD BUSINESS INTERESTS

Please include a copy of any agreements that restrict purchase or sale of your interest.

Name and Type of Business <small>C or S corporation, LLC, etc.</small>	Approx. Cost Basis	Current Value
		\$ % held:
		\$ % held:

LIABILITIES

Liable Spouse	Creditor	Original Date	Current Balance	Maturity	Secured?

PART 3.
YOUR ESTATE PLAN

Please rank the following in order of importance to you. If you have questions about, or do not understand, any of the following terms, please give us a call or just skip this section.

Avoid Probate

Protect assets from creditors

Keep estate matters private

Keep it simple

Minimize estate taxation

Provide guidance to my family

Remain in control of my assets

EXISTING ESTATE PLAN
(Please provide copies of any existing documents)

Document		
Will	Yes	No
Trust(s)	Yes	No
Power of Attorney	Yes	No
Health Care Proxy	Yes	No

YOUR NEW WILL

1. Who will you choose to be the **Personal Representative** (formerly known as the “Executor”) of your Estate? This is the individual in charge of probating your estate and wrapping up your affairs.

Name	Address

2. Who will you choose to be the **alternate** Personal Representative if your first choice is unwilling or unable to serve?

Name	Address

3. If you have minor children, your Wills should name individuals to serve as the **Guardian(s)** and **Conservator(s)** of your children should something happen to you. A Guardian will have physical custody of your children. A Conservator will manage finances on behalf of your children. The same one or two individuals can serve as both Guardian(s) and Conservator(s), or you can choose different individuals to serve in these roles. Who should serve as Guardian(s) and Conservator(s) of your minor children? Please provide names and addresses.

Guardian(s)	Conservator(s)

4. Your Will may contain a “testamentary trust” to manage assets that are left to minor or incapacitated beneficiaries. The Trustee of this trust is responsible for managing these assets. We usually recommend that the same individual(s) serving as Guardian(s) or Conservator(s) serve as the Trustee, but you may wish to appoint someone else. Who do you want to serve as **Trustee(s)** and **Alternate Trustee(s)**? Please provide names and addresses.

Trustee(s)	Alternate Trustee(s)

5. **Bequests.** In general terms, please indicate to whom you wish to leave your estate. Please note that your Will allows you to attach a memorandum gifting certain items of *tangible personal property* (your “stuff”), which we will provide to you for completion later. Please include any organizations or charities to whom you would like to leave a gift.

You			
Recipients (“beneficiaries”) Please provide name and address	Percentage of Estate or Fixed Amount	Required to Survive Me (if this beneficiary does not survive me, the gift goes to my other surviving beneficiaries or a designated alternate beneficiary)	Not Required to Survive Me (if this beneficiary does not survive me, the gift will go to this beneficiary’s heirs in equal shares)
Charitable Organization	Percentage of Estate or Fixed Amount	For a specific purposes or general charitable purpose?	This gift is contingent (this gift will only be made if my other named beneficiaries do not survive me to take)

YOUR HEALTH CARE PROXY

1. Your **Health Care Agent** appointed under your Health Care Proxy will be authorized to make important medical decisions on your behalf if you become incapacitated and cannot make or communicate decisions for yourself. Who will you appoint as your Health Care Agent? Who will you appoint as your alternate if your first choice is unwilling or unable to serve? Please provide name, address, and telephone number

Name	Address
Telephone:	Telephone:
Alternate's Name	Alternate's Address
Telephone:	Telephone:

2. "Living Wills" are not enforceable in Massachusetts and we thus do not prepare one. However, you may leave instructions to your Health Care Agent to provide guidance if your death is near and cannot be avoided, and you have lost the ability to communicate or interact with others. Please carefully consider and select one of the following options:

If I my death is near and cannot be avoided, and I have lost the ability to interact with others:	It is my general wish that I be given life-sustaining treatment.
	It is my general wish that I <u>not</u> be given life-sustaining treatment.

YOUR DURABLE POWER OF ATTORNEY

1. Your **Attorney-In-Fact** appointed under your Durable Power of Attorney will be authorized to manage your financial life on your behalf should you become incapacitated. Who will you appoint as your Attorney-In-Fact? Please provide a name and address.

Name	Address

2. Your Durable Power of Attorney also allows you to appoint a Guardian and Conservator for yourself should you become permanently incapacitated. Who will you appoint as your Guardian and/or Conservator? Who will you appoint as your alternate if your first choice is unwilling or unable to serve?

Name	Address
Alternate's Name	Alternate's Address

PART 4.
SUPPLEMENTAL INFORMATION

1. Would you like to leave final arrangement instructions in your Will or estate plan? You can discuss your wishes for burial or cremation, location of your burial, casket choice, choice of tombstone or cemetery marker, and anything related to your final resting place.

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2. Have you pre-planned your funeral arrangements? If so, please provide the details here. If you have not, let us know if you are interested in discussing pre-planning.

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3. Generally, under current law, your Personal Representative (i.e. your Executor) will not be able to access your digital assets (social media, online banking and financial accounts, etc.). Digital assets require further planning beyond the documents discussed above. Are there specific digital assets for which you would like to discuss planning?

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4. Do you have any reason to believe one of your heirs or family members will be upset by the Will or other gifts you intend to make?

5. Are you a present or future beneficiary, or do you hold a power to appoint assets, under someone else's Will or trust?

6. Please give the amount, date, and donor of gifts that you have made that exceed the \$15,000 annual limit per donee. If any gift tax returns have been filed, please provide a copy of each.

7. Is there anything else you think we should be aware of?