

ESTATE PLANNING QUESTIONNAIRE
CONFIDENTIAL INFORMATION

Completing this form provides the information needed to prepare your wills. Please fill in all blanks on both sides of the form. If an item does not apply to your situation, please write "None" or "Not applicable." If you need more space for any item, please note "Over" and continue on the back of the page. If, after completing this form, you would like to schedule an appointment to discuss your will, please feel free to call. Otherwise, most of the preparation will be handled by mail.

WILL

A Will allows you to determine who will receive your property (your "estate") after you have passed away, and when they will receive it. For instance, you can direct that your property be held in trust until your children reach a specified age, or you can give property from your estate to charity. The Will also enables you to select the people who will administer your estate (the executor), raise your children (the guardian) and manage money or property left to children (the Trustee). When someone dies *without* a will, the Massachusetts "intestacy" statute applies, and state law determines who will receive your property and when.

- Please note that Massachusetts law does not provide for joint wills - each spouse needs a separate will, even if most or all of your property is jointly owned.
- If you currently have a will, please return a copy with this document.

FAMILY INFORMATION

YOU:

Full name (*as it should appear in the Will*): _____

Have you ever used any other name? (*alias, maiden or prior married name*): _____

Residence Address: _____

Mailing Address _____

Telephone No. Home: () _____ Work: () _____

Date of birth: _____ Social Security No.: _____

Do you now have a will, trust or interest in a trust? _____ Yes _____ No

Please Explain: _____

HUSBAND FAMILY HISTORY:

Check all that Apply: { } Married { } Single { } Separated { } Divorced

If Married, Spouses full name: _____

Date of Marriage: _____

City and State of Marriage _____

Do you have a prior marriage? { } YES { } NO

If yes, Please complete the following:

Former Spouse's Name: _____

Terminated By: { } Death { } Divorce { } Annulment

Date of Termination _____ Place of Termination _____

SPOUSE:

Full name (as it should appear in the Will): _____

Have you ever used any other name? (alias, maiden or prior married name): _____

Work telephone No. () _____

Date of birth: _____ Social Security No.: _____

Do you now have a will, trust or interest in a trust? _____ Yes _____ No

Please Explain: _____

SPOUSE FAMILY HISTORY:

Do you have a prior marriage? { } YES { } NO

If yes, Please complete the following:

Former Spouse's Name: _____

Terminated By: { } Death { } Divorce { } Annulment

Date of Termination _____ Place of Termination _____

CHILDREN:

LIST ALL CHILDREN, LIVING OR DECEASED. PLEASE NOTE ANY ADOPTED OR STEP-CHILDREN.

NAME	DATE OF BIRTH	SOCIAL SECURITY #	ADDRESS (if not home)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should children born to or adopted by you after the date of the Will be included? _____

ADMINISTRATIVE DUTIES: Executor, Guardian, Trustee

{BEFORE YOU DESIGNATE PEOPLE FOR ADMINISTRATIVE POSITIONS, EXPLAIN THE POSITION AND ASK FOR THEIR PERMISSION TO BE NAMED IN YOUR WILL}

EXECUTOR

The *Executor/Executrix* is responsible for filing your will with the court after your death. He/she also collects the assets and pays the debts of the estate and makes distributions of property in accordance with your will.

- The Executor/Executrix is often your primary beneficiary - the spouse is usually the first choice of married persons. It is advisable to name someone who has the ability to understand and work with basic business terms and who lives in or near the city of your residence. It is permissible for your Executor to hire an attorney to assist in the probate of your estate and pay the attorney's fee from estate funds. You must also list a second choice in the event that your named first choice is unable or unwilling to serve.

HUSBAND

Name / Relationship to you
(Spouse, friend, etc..)

Address

First choice

Successor/
Second Choice

WIFE

First choice

Successor/
Second choice

Other Considerations:

Please describe any prior prenuptial agreements, disabled children or beneficiaries or the like:

Are you or your spouse beneficiaries of any trust? _____

Does you or your spouse anticipate receiving a substantial inheritance? _____

IF YOU HAVE MINOR CHILDREN, PLEASE READ AND COMPLETE THE GUARDIAN AND TRUSTEE SECTIONS - IF NOT, PLEASE GO ON TO "DISPOSITION OF ESTATE: BENEFICIARIES."

GUARDIAN

- If both you and your spouse are deceased while any of your children is under the age of 18, a ***Guardian*** is the person lawfully invested with the rights and duties of care and custody of minor children and their property until each child reaches 18. **You and your spouse should nominate the same guardians in event of your simultaneous deaths.**

<u>HUSBAND</u>	<u>Name / Relationship to you</u> (spouse, friend, etc.)	<u>Address</u>
First choice	_____	_____
Successor/ Second Choice	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

TRUSTEE

- You may designate that a share of your estate willed to a child be held in trust if that child has not reached a certain age (chosen by you) at the time of your death. Upon the death of **both** you and your spouse, a ***Trustee*** maintains legal title to the property for the child's benefit from the time the child reaches 18 until the child reaches the predetermined age. The trustee has the duty to hold and manage the property and to expend it exclusively for the maintenance and support of the child. **You and your spouse should nominate the same trustee in event of your simultaneous deaths.**

<u>HUSBAND</u>	<u>Name / Relationship to you</u> (spouse, friend, etc.)	<u>Address</u>
First choice	_____	_____
Successor/ Second Choice	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

If you do not want a child to receive his or her inheritance upon reaching the age of 18, you may specify that your children must reach a certain age before the trust terminates and the child acquires outright his or her share of your estate? If so, what age: _____ .
(If you do not specify otherwise, the trust provision will be drafted so as to terminate when the child reaches 21.)

DISPOSITION OF ESTATE

BENEFICIARIES

Beneficiaries are the people to whom you would like your estate to pass upon your death.

- If you wish your spouse to be the primary beneficiary of your entire estate, you need only write "*TO MY SPOUSE*" in the first section below.
- If you wish to leave any of your estate to your children, you may simply state "*TO MY CHILDREN IN EQUAL SHARES,*" or indicate the share (or fraction) which each child should receive. At law, "children" include legally adopted children and children born outside of marriage unless you specify otherwise. If you wish only certain children to benefit from your estate, please provide details on the back of this page.
- NOTE: the most common disposition is "*to my spouse, if he/she survives me; if my spouse predeceases me, to my children in equal shares.*"
- NOTE: it is generally not a good idea to make bequests of specific personal items, for example, "*my Timex watch to Son, all my 8-track tapes to Daughter, and my original Picasso watercolor to Nephew.*" If you change your mind next year, you will need to formally execute a new document; or, if you give away or sell the Picasso before your death, it raises the question: What does Nephew get instead? For these reasons, your Will should contain a reference to an optional list that you may attach to the Will and change as often as you like without the necessity of drafting an entire new Will. If you have questions about this, please do not hesitate to ask.

HUSBAND: TO WHOM DO YOU WISH TO LEAVE YOUR ESTATE:

HUSBAND: TO WHOM DO YOU WISH TO LEAVE YOUR ESTATE IF THE BENEFICIARY OR BENEFICIARIES NAMED ABOVE PREDECEASE YOU:

WIFE: TO WHOM DO YOU WISH TO LEAVE YOUR ESTATE:

WIFE: TO WHOM DO YOU WISH TO LEAVE YOUR ESTATE IF THE BENEFICIARY OR BENEFICIARIES NAMED ABOVE PREDECEASE YOU:

BURIAL REFERENCES

CHECK ONE: Cemetery Burial [] Cremation []

IF YOU HAVE A PLOT, GIVE LOCATION: _____

WHO HOLDS DEED TO PLOT (NAME): _____

(ADDRESS): _____

HAVE YOU MADE OTHER ARRANGEMENTS? _____

FINANCIAL INFORMATION

The information requested in the following pages will remain confidential. If kept with your will and updated periodically, it may help your executor in the probate of your estate. Depending on the nature of your estate, it may also enable us to advise you to consult with specialists in estate planning or tax law.

REAL ESTATE

1. LOCATION\ADDRESS: _____

TITLE HELD BY (NAMES ON DEED): _____

HOW IS TITLE HELD (*Look at deed - "tenants by entirety," for example*): _____

PURCHASE DATE _____ PURCHASE PRICE _____

MORTGAGE REMAINING _____ CURRENT VALUE _____

COUNTY - REGISTRY OF DEEDS _____ BOOK _____ PAGE _____

2. LOCATION\ADDRESS: _____

TITLE HELD BY (NAMES ON DEED): _____

HOW IS TITLE HELD (*Look at deed - "tenants by entirety," for example*): _____

PURCHASE DATE _____ PURCHASE PRICE _____

MORTGAGE REMAINING _____ CURRENT VALUE _____

COUNTY - REGISTRY OF DEEDS _____ BOOK _____ PAGE _____

BANK ACCOUNTS - If an account is jointly held, please list the name of the co-owner.

1.

Bank Name / Address	Account Number	Type of Account
_____	_____	_____
_____	Date account was opened	_____
_____	Individual Account { }	Joint Account { }

2.

Bank Name / Address	Account Number	Type of Account
_____	_____	_____
_____	Date account was opened	_____
_____	Individual Account { }	Joint Account { }

LIFE INSURANCE

1.

Insurer:	Policy Number	Full Paid?
_____	_____	{ } YES { } NO
Beneficiaries	Date Issued?	Value at Death
_____	_____	_____

2.

Insurer:	Policy Number	Full Paid?
_____	_____	{ } YES { } NO
Beneficiaries	Date Issued?	Value at Death
_____	_____	_____

STOCKS AND BONDS

1.

NAME: _____

NO. OF SHARES _____ PURCHASE DATE _____

PRICE PAID _____ PRESENT VALUE _____

OWNER (NAME ON CERTIFICATE): _____

2.

NAME: _____

NO. OF SHARES _____ PURCHASE DATE _____

PRICE PAID _____ PRESENT VALUE _____

OWNER (NAME ON CERTIFICATE): _____

MUTUAL FUNDS - Please include IRAs and retirement savings accounts.

1.

Name: _____ Account No. _____ Current Value _____

Address _____

2.

Name: _____ Account No. _____ Current Value _____

Address _____

PERSONAL PROPERTY

LIST ITEMS OF SUBSTANCE ONLY, SUCH AS JEWELRY, ANTIQUES, ART WORKS, AUTOMOBILES, COIN/STAMP COLLECTIONS, MUSICAL INSTRUMENTS, ETC., WITH A VALUE **GREATER** THAN \$1,000.00.

ITEM DESCRIPTION	VALUE
1.	
2.	
3.	
4.	

5.		
6.		
7.		
8.		
9.		
10.		

LIABILITIES

DO YOU HAVE LOANS OUTSTANDING? YES NO

IF "YES," PLEASE COMPLETE THE FOLLOWING:

	<u>CREDITOR (person or company owed)</u>	<u>AMOUNT OWED</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

ADDITIONAL INFORMATION

1. DO YOU HAVE A "DURABLE POWER OF ATTORNEY" IN EFFECT? YES [] NO []

A Power of Attorney is a written instrument by which one person (the "Principal") designates someone as his or her agent (or "Attorney-in-Fact") to perform certain acts. If it is "durable," a Power of Attorney continues in effect even if the Principal becomes incompetent or incapacitated. This can be very important if you or your spouse becomes incompetent. It can avoid the necessity of court-appointment of a guardian or conservator for the management of assets. Even if property is jointly owned, signatures of both parties are often required, such as in the transfer of real estate. A Durable Power of Attorney allows the Attorney-in-Fact to sign legal documents for you in the event of incapacity. Further it allows the Attorney In Fact to be the payee of certain items - such as Social Security payments - and enables the Attorney-in-Fact to sign income tax returns on behalf of the Principal.

HUSBANDS 1st Choice Attorney-in-Fact: (Name & address)
CHOICE: _____

2nd Choice Attorney-in-Fact: (Name & address)

WIFES
CHOICE: 1st Choice Attorney-in-Fact: (Name & address)

2nd Choice Attorney-in-Fact: (Name & address)

2. DO YOU HAVE A "HEALTH CARE PROXY" IN EFFECT? YES [] NO []

The Health Care Proxy is a document by which one individual (the "Principal") appoints another (the "Health Care Agent") to make health care decisions in the event that the principal is unable to make or communicate such decision for himself or herself. The Health Care Agent may be given the authority to make decisions concerning the use (or termination of use) of life support systems. Because there is no way to predict when an accident might happen or when such a document will be needed, the Health Care Proxy and the Durable Power of Attorney are necessary not just for the elderly or infirm.

HUSBANDS 1st Choice Attorney-in-Fact: (Name & address)
CHOICE: _____
(Phone) _____

2nd Choice Attorney-in-Fact: (Name & address)

(Phone) _____

WIFES
CHOICE: 1st Choice Attorney-in-Fact: (Name & address)

(Phone) _____

2nd Choice Attorney-in-Fact: (Name & address)

(Phone) _____