

Estate Planning Questionnaire

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet.

CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

A. FAMILY INFORMATION

	You	Spouse
Full Name	_____	_____
Other Names Used	_____	_____
Home Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Social Security No.	_____	_____
Home Phone	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Business Phone	_____	_____
Date of Birth	_____	_____
Place of Birth:	_____	_____
U.S. Citizen Y/N:	_____	_____
Health:	_____	_____
Date of Marriage:	_____	_____

Send Mail To Home [] Business []

CHILDREN

List children in order of birth; indicate if any are deceased.

<u>Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Address (if not home)</u>	<u>Spouse</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Please note any adopted children or step-children.

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

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u> (if a minor)	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (Prior marriages, support or settlement objections, marital agreement, disabled children or beneficiaries.)

Are you or your spouse beneficiaries or trustees of any trust? _____

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

IMPORTANT:

Prior wills—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. Otherwise, bring them to your conference.

Insurance—Please bring all life insurance policies (or copies) and any insurance study prepared for you to the conference.

Gift Tax Returns—If you have filed any federal or state gift tax returns, please either attach them to this form or bring them with you to the conference.

B. FINANCIAL INFORMATION

ESTIMATED PERSONAL BALANCE SHEET

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement you may include that with the checklist below. With respect to real property, attach a copy of the deed by which you took title, if it is convenient.

ASSETS

	You	Spouse	Joint Tenancy
Residence	_____	_____	_____
Other real property	_____	_____	_____
Bank Account and Certificates of Deposit	_____	_____	_____
Subchapter S and Other Closely-Held Stock and Partnership Interests	_____	_____	_____
	You	Spouse	Joint Tenancy
Accounts Receivable, Mortgages Receivable, and Other Notes	_____	_____	_____
Retirement Benefits, including IRA's (Please attach a copy of your summary, if available)	_____	_____	_____
Stocks, Bonds Mutual Funds	_____	_____	_____
Other Assets:			
(a) Automobiles	_____	_____	_____
(b) Art, Stamp, or Other Collections	_____	_____	_____
(c) Estimated Cash Value of Life Ins.	_____	_____	_____
(d) Miscellaneous Household Property	_____	_____	_____
(e) Other (Antiques, etc.)	_____	_____	_____
TOTAL ASSETS (Other than Insurance)	\$ _____	\$ _____	\$ _____

INSURANCE

Face Amount and Type	Company	Insured	Beneficiary	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITIES

Real Estate Mortgages	_____	_____	_____
Loans and Other Liabilities	_____	_____	_____
TOTAL LIABILITES	_____	_____	_____
NET WORTH	_____	_____	_____

Have you ever lived in or owned real estate in Arizona [], California [], Idaho [], Louisiana [], Nevada [], New Mexico [], Texas [], or Washington []?

Names of your financial advisors:

Accountant _____

Insurance _____

Banker/Broker/Trustee(s)
or Investment Advisor(s) _____

C. ESTATE PLANNING PROVISIONS

FIDUCIARIES: Please consider which persons you would like to administer your estate and care for your minor or disabled children. (Please provide names, addresses and phone numbers.)

	<u>You</u>	<u>Spouse</u>
Personal Representative:		
Primary	_____	_____
	_____	_____
	_____	_____
	ph: _____	ph: _____
Successor	_____	_____
	_____	_____
	_____	_____
	ph: _____	ph: _____
Guardians:		
Primary	_____	_____
	_____	_____
	_____	_____
	ph: _____	ph: _____
Successor	_____	_____
	_____	_____
	_____	_____
	ph: _____	ph: _____

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the person named:

_____.

Power of Attorney:

Primary	_____	_____
	_____	_____
	_____	_____
	ph: _____	ph: _____
Successor	_____	_____
	_____	_____
	_____	_____
	ph: _____	ph: _____

Have you ever given a power of attorney to another? _____

If so, to whom and when? _____

Is it still in effect? _____

Health Care Agent:

Primary _____

_____ ph: _____ ph: _____

Successor _____

_____ ph: _____ ph: _____

HEALTH CARE PROXY:

Do you feel strongly about so-called "Right to Die" Issues? _____
You Spouse

If you do, we can work out with you the wording of a health care proxy designed to address such issues.

SPECIAL INSTRUCTIONS:

Do you wish to leave instructions regarding burial or cremation?

Do you wish to be an organ and tissue donor? You Spouse
_____ _____
If yes, have you signed an organ donor card
or indicated on your driver's license you intend
to be an organ donor? _____ _____

DISPOSITION OF ESTATE:

What are your general desires as to the disposition of your estate? _____

Do you wish to provide primarily for your spouse and secondarily for your children after you and your spouse are gone? _____
Yes No

Do you wish to treat all of your children equally? _____
Yes No

After the second spouse's death, at what age do you want distribution to be made to your children?

(e.g. 1/3 at age 25, 1/3 at age 30, 1/3 at age 35)

Specific Gifts of Property or Money, if any

SPECIFIC GIFTS:

Amount of Gift	Description	Name of Recipient	Relationship or Address
_____	_____	_____	_____
_____	_____	_____	_____

Indicate any other specific gifts of cash or items you wish to make not mentioned above.

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than \$10,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Comments: _____

Location of Gift Tax Returns: _____

CHARITABLE INTERESTS: (Identify charities in which you are currently interested or which may benefit your estate.)

OTHER INFORMATION:

Is there any other information you feel would be important or helpful to enable us to understand your situation or wishes such as a child's disability or a child's impending divorce?

**Law Offices of Patricia L. Nagle, P.C.
272 Chauncy Street, Unit 1
Mansfield, MA 02048
Tel: 508-339-1711
Fax: 508-339-1170**

Patricia Nagle: pnagle@pnaglelaw.com Lauren Caisse: lcaisse@pnaglelaw.com

Note: Please do not send personal information (such as social security numbers, account numbers, and loan numbers) via unsecure e-mail as this may lead to fraud. Please either send via secure e-mail or facsimile transmission. Our office is happy to send a secure e-mail that you can respond to with personal information.