

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

Full Name _____

Other Names Used _____

Home Address _____

Street

City

State

Zip

Home Phone _____

Cell Phone _____

Email Address _____

Occupation/Business _____

Date of Birth _____

Place of Birth: _____

U.S. Citizen Y/N: _____

Health: _____

Marital Status: Married Widowed Divorced Never Married

What are your concerns? (Please check all that apply.)

Avoiding Probate Planning for Disabled Children Nursing Home Costs

Other _____

Send Draft Documents via Email U.S. Mail

CHILDREN

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

Please note any deceased, adopted or step children.

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

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 (City, State)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (Support or settlement objections, pre or post marital agreement, disabled children or beneficiaries. Please describe.)

Are you or your spouse beneficiaries or trustees of any trust? _____
Do you or your spouse anticipate receiving a substantial inheritance? _____

IMPORTANT:

Prior wills and trusts—Please bring all prior wills and trust agreements of you and your spouse 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. 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.)

Personal Representative:

Primary _____

Successor 1 _____

Successor 2 _____

Guardians (for those with children under age 18):

Primary _____

Successor _____

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

_____.

Power of Attorney:

Primary _____

Successor 1 _____

Successor 2 _____

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

If so, to whom and when? _____

Is it still in effect? Y/N: _____

Health Care Agent:

Primary _____

Cell: _____
Home: _____

Successor 1 _____

Cell: _____
Home: _____

Successor 2 _____

Cell: _____
Home: _____

Trustees:

Primary _____

Successor 1 _____

Successor 2 _____

Living Will:

If you have a medical condition that becomes irreversible and terminal, do you want life prolonging procedures withheld or withdrawn?

Y/N: _____

Would you like to live out your last days in your own home if it is not an undue burden on your family and it does not jeopardize your chance of recovery?

Y/N: _____

Do you want to be an organ and tissue donor?

Y/N: _____

If yes, have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?

Y/N: _____

C. 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	Held Jointly w/ Anyone?	Whom?
Residence	_____	_____	_____
Other real property	_____	_____	_____
Bank Account and Certificates of Deposit	_____	_____	_____
Subchapter S and Other Closely-Held Stock and Partnership Interests	_____	_____	_____
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)	\$ _____	\$ _____	\$ _____

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 []?

INSURANCE (LIFE, DISABILITY, LONG-TERM CARE)

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

NAMES OF YOUR FINANCIAL ADVISORS:

Accountant _____

Insurance _____

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

DISPOSITION OF ESTATE:

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

Do you wish to provide primarily for your children after you are gone? _____

Yes No

Do you wish to treat all of your children equally? _____

Yes No

After your death, at what age do you want distribution to be made to your children or beneficiaries?

Examples: Outright _____

 1/2 at age 25, remainder at age 30

 1/3 at age 25, 1/3 at age 30, remainder 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 \$15,000)

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?

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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.