

[married]

DATE: _____

CLIENT NAMES: _____

MAILING ADDRESS: _____

TELEPHONE NUMBERS: HOME () _____

BUSINESS () _____

BUSINESS () _____

E-MAIL ADDRESSES: _____

REFERRED BY: _____

CONFIDENTIAL 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 sufficient space is not provided for any information, please include it on a separate sheet. You may not yet have the answers to certain questions, but this form will point out and get you thinking about the various matters that we will discuss in detail at our meeting. You have estate planning needs that are unique to your personal and financial situation, and it is our goal to develop a plan tailored specifically for you and your situation.

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 unless you so request.

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Marblehead, MA 01945
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PERSONAL INFORMATION

FULL LEGAL NAME

DATE OF BIRTH

SOC. SEC. NO.

HUSBAND

WIFE

RESIDENCE ADDRESS

YEARS THERE

SECONDARY RESIDENCE

HUSBAND'S OCCUPATION

EMPLOYER

BUSINESS ADDRESS

PHONE ()

NO. OF YEARS

WIFE'S OCCUPATION

EMPLOYER

BUSINESS ADDRESS

PHONE ()

NO. OF YEARS

Date and place of your marriage.

Any changes of state of residence during marriage? YES NO If yes, please name each state and indicate year of arrival.

Are you both U.S. citizens? YES NO If no, please indicate citizenship and visa status in U.S.

Do you have a Prenuptial Agreement? YES NO If yes, please attach copy

FAMILY INFORMATION

CHILDREN

1. _____
Name Date of Birth Name and Date of Birth of Child's Spouse, if any

Street Address Soc. Sec. No. Names and Dates of Birth of Child's Children, if any

City, State, ZIP Telephone Number

Child's Occupation, Approximate Income, and Approximate Net Worth:

2. _____
Name Date of Birth Name and Date of Birth of Child's Spouse, if any

Street Address Soc. Sec. No. Names and Dates of Birth of Child's Children, if any

City, State, ZIP Telephone Number

Occupation, Approximate Income, and Approximate Net Worth:

3. _____
Name Date of Birth Name and Date of Birth of Child's Spouse, if any

Street Address Soc. Sec. No. Names and Dates of Birth of Child's Children, if any

City, State, ZIP Telephone Number

Child's Occupation, Approximate Income, and Approximate Net Worth:

Family Information Continued

Husband's Parents:

Address

Date of Death if deceased

Father's Name

Mother's Name

Husband's Siblings:

Name

Address

Wife's Parents:

Address

Date of Death if deceased

Father's Name

Mother's Name

Wife's Siblings:

Name

Address

ADDITIONAL FAMILY INFORMATION

Do you have any other dependents? YES NO If yes, please explain. _____

Are any of your children or grandchildren adopted? YES NO If yes, who. _____

Previous marriages for either spouse? YES NO If yes, please list:

H/W	Previous Spouse's Name	How and when did marriage terminate? (e.g., death, divorce)
_____	_____	_____
_____	_____	_____
_____	_____	_____

LOCATION OF VITAL DOCUMENTS

Where are your important documents (income tax returns, gift tax returns, wills and trusts, insurance policies) kept?

Safe Deposit Box? YES NO Other _____

Safe Deposit Box Number _____ Location _____ In whose names? _____

LIFETIME GIFTS AND GIFT TAX RETURNS

Have you made any gifts in any one year in excess of \$10,000 to any one person? YES NO

If yes, please describe: _____

Have you ever filed gift tax returns? YES NO If yes, please attach

FAMILY ADVISORS, PHYSICIANS AND AGENTS

Attorney:

Name	Street Address	City, State, ZIP	Telephone Number
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Accountant:

Name	Street Address	City, State, ZIP	Telephone Number
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Physician:

Name	Street Address	City, State, ZIP	Telephone Number
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Financial Planner:

Name	Street Address	City, State, ZIP	Telephone Number
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Broker:

Name	Street Address	City, State, ZIP	Telephone Number
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Insurance Agent: (please specify type of insurance e.g. life, disability, long term care)

Name	Street Address	City, State, ZIP	Telephone Number
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PLANNING INFORMATION

At our estate planning meeting we will discuss in detail your estate planning objectives. The following information requested on this page and the next few pages is designed to give you a general idea of the issues you should be considering and the decisions that you will make in the context of your estate plan, and to assist me in the development of recommendations for your plan. We will discuss all of these issues in depth at our meeting.

Please briefly state your estate planning goals (e.g., tax minimization, education of children, care for dependent children).

Please describe briefly any health problems or special needs of individual family members. _____

Do you own your own business? YES NO If yes, please list other owners, if any, the percentage interest of each owner, state whether you have a buy-sell agreement, and your thoughts regarding control, management, and disposition of your interest in your business on your death.

NOMINATION OF GUARDIANS FOR MINOR CHILDREN

If you have any children who are under the age of 18 years, your wills should nominate one or more guardians. A guardian would be expected to have physical custody of your minor children and generally to watch out for their well being. Typically your spouse would be named first, but it is desirable to name one or more successor guardians. If you use a trust as part of your estate plan, the guardian need not be someone who is sophisticated about financial affairs; the trustee can take care of these matters. Please list your choices for guardian(s).

First Successor Guardian:

Guardian's Full Name

Relationship

Street Address

City, State, ZIP

Telephone Number

Second Successor Guardian:

Guardian's Full Name

Relationship

Street Address

City, State, ZIP

Telephone Number

NOMINATION OF EXECUTORS

One or more Executors must be nominated in your wills. Often a spouse is named as first choice for this position, but one or more successors should also be nominated. The Executor is responsible for determining the nature and extent of the decedent's assets, paying debts, investing estate assets, filing estate tax returns, filing accounts with the Probate Court, and distributing the remaining assets in accordance with the terms of the decedent's will. The Executor may retain a lawyer to handle the technical aspects of administering the estate. The Executor's job is generally completed within two to three years after death. Please consider which person or persons you would like to administer your estate, and list your choices for Executor(s) here.

Executor's Full Name

Relationship

Street Address

City, State, ZIP

Telephone Number

Executor's Full Name

Relationship

Street Address

City, State, ZIP

Telephone Number

Please indicate whether the Executors are to serve individually in the order named or together as Co-Executors.

TRUSTS AND TRUSTEES

Trusts can be useful vehicles to save taxes and to provide for the management of assets. Even though assets may be held in trust, they can continue to be available, subject to guidelines set out in the trust instrument, to provide for the financial well being of a surviving spouse and other family members.

Tax Planning Two of the main uses of trusts can occur on the death of the first spouse. At that time, trusts can be established to ensure full use of the federal *unified credit*, and to guarantee optimal use of the federal and state *marital deductions*. These important concepts will be discussed with you during our estate planning conference.

Trusts for Children or Grandchildren After your death, it may be desirable to use trusts to hold assets for the benefit of children or other family members. For example, if your youngest child is a minor when you die, it would not be wise to provide for an outright distribution to him or her; his or her share of the family assets should be held in trust.

Trustees Upon the death of the first to die of husband and wife, generally at least one trustee who is not an immediate family member must be named. A successor trustee who is not an immediate family member should also be nominated. The trustee's job is to invest trust assets and to distribute trust income and principal based on the terms of the trust instrument. The trustee's job may involve a long-term commitment. Please list your choices for trustee(s).

Trustee's Full Name

Relationship

Street Address

City, State, ZIP

Trustee's Full Name

Relationship

Street Address

City, State, ZIP

FAILURE OF ISSUE

If your immediate family were all deceased, to whom would you like your assets to pass? For example, you might wish to have one half of your assets pass to heirs of the wife and one half to heirs of the husband, or you might wish to provide for a gift to charity. Please state your wishes.

DURABLE POWER OF ATTORNEY

A *Durable Power of Attorney* is a document in which you name another person as your agent to act for you in various matters regarding your assets. Generally it is effective when signed. A durable power remains effective even if you become incapacitated, for example, by a stroke. The person you choose to represent you does not need to be an attorney-at-law; you may name your spouse, a trusted relative or friend. You may also name a successor if the primary agent cannot serve. The power may be revoked by you at any time.

Would you like to discuss a durable power of attorney? YES NO
If you know you wish to appoint an agent, please list your choices for agent(s).

Primary Attorney:

Successor Attorney:

Name (and relationship to you)

Name (and relationship to you)

Street Address City, State, ZIP

Street Address City, State, ZIP

Telephone Number

Telephone Number

HEALTH CARE PROXY AND LIVING WILL

A *Health Care Proxy* is a document in which you name someone as your agent to make health care decisions on your behalf at any time you are incapable of making or communicating such decisions yourself. You can also name an alternate agent, in the event that your primary agent is not available. The proxy can be revoked or revised by you at any time.

Would you like to discuss a health care proxy? YES NO
If you know you wish to grant a proxy, please list your choices for agent(s).

Primary Agent:

Alternate Agent:

Name (and relationship to you)

Name (and relationship to you)

Street Address City, State, ZIP

Street Address City, State, ZIP

Telephone Number

Telephone Number

A *Living Will* is a written expression of your wishes as to whether you wish life-prolonging medical procedures maintained even though there is no reasonable expectation that you will recover. It will help those entrusted with your medical care understand how you feel about the most critical medical care decision that someone may have to make for you. A living will may be revised or revoked at any time.

Would you like to discuss a living will? YES NO

DECLARATION OF HOMESTEAD

A *Declaration of Homestead* allows you to acquire for your personal residence protection from attachment or seizure from creditors for up to \$300,000 of equity in your home (with the exception of debts acquired before the homestead estate or incurred in connection with the purchase of the home).

Have you made a Declaration of Homestead? YES NO
If no, would you like to discuss the Declaration of Homestead? YES NO

LONG TERM CARE INSURANCE

Long-term care insurance, either standing alone or in conjunction with Medicaid planning, can help prevent the depletion of your assets if you should ever require nursing home or other long-term care, including care in your home.

Are you covered by a long-term care insurance policy? YES NO

If yes, please submit a copy of your policy and any explanatory or descriptive literature you may have received.

If no, would you like to discuss long-term care insurance? YES NO

DISABILITY INSURANCE

Are you covered by a disability insurance policy? YES NO

If yes, amount of monthly coverage _____ waiting period _____ duration of benefit _____

If no, would you like to discuss disability insurance coverage? YES NO

IRREVOCABLE INSURANCE TRUST

If you are willing to establish an irrevocable, non-amendable trust, and transfer ownership of your insurance policies to the trust, it may be possible to transfer a very substantial amount of wealth to beneficiaries free of transfer taxes. The use of such a trust can also be a very favorable method to provide for the payment of estate taxes, particularly when used with a last-to-die policy.

Would you like to discuss the use of irrevocable insurance trusts? YES NO

Please attach photocopies of the following documents:

Attached (X) or N/A

Wills and Codicils, if any: _____

Trust Instruments in which you have an interest: _____

Deeds to Real Estate: _____

Most recent Federal and State Income Tax Returns: _____

All Gift Tax Returns: _____

Pre- or Post-Nuptial Agreements: _____

Separation Agreements, Divorce Papers: _____

Life Insurance Policies: _____

Business Agreements and Documents regarding Interests in Closely Held Business: _____

Retirement Plans or Other Information from Plan Administrator: _____

FINANCIAL INFORMATION

Please describe assets as fully as possible.
List assets at fair market value. Attach statements or other explanatory material where available.

	Husband	Wife	Joint	Comments
<u>Annual Income</u>				
Salary	\$ _____	\$ _____		_____
Interest and Dividend Income	\$ _____	\$ _____	\$ _____	_____
Other income	\$ _____	\$ _____	\$ _____	_____
<u>Cash, Bank and Money Market Accounts</u>				
Cash:	\$ _____	\$ _____	\$ _____	_____
Checking Accounts:	\$ _____	\$ _____	\$ _____	_____
Savings Accounts:	\$ _____	\$ _____	\$ _____	_____
Certificates of Deposit:	\$ _____	\$ _____	\$ _____	_____
Money Market Accounts:	\$ _____	\$ _____	\$ _____	_____
<u>Notes, Accounts Receivable</u>				
	\$ _____	\$ _____	\$ _____	_____

	Husband	Wife	Joint	Comments
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Stocks, Bonds, Mutual Funds (Attach last statement if held in brokerage account) *Do not include retirement benefits here. See page 18.*

Stocks: _____	\$ _____	\$ _____	\$ _____	
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Bonds: Tax-Exempt _____	\$ _____	\$ _____	\$ _____	
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Savings _____	\$ _____	\$ _____	\$ _____	
---------------	----------	----------	----------	--

Mutual Funds:				
	\$ _____	\$ _____	\$ _____	

Closely Held Business Interests

	\$ _____	\$ _____	\$ _____	
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	\$ _____	\$ _____	\$ _____	
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Please briefly describe the type of business operated:

Partnership; Oil and Gas Interests

	\$ _____	\$ _____	\$ _____	
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	\$ _____	\$ _____	\$ _____	
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Real Estate

(Please indicate fair market value, mortgage balance, and equity)

(Primary Residence; Vacation Residence
Investment Property)
Description, Comments

Location

Husband

Wife

Joint*

FMV _____ FMV _____ FMV _____

MTG _____ MTG _____ MTG _____

Equity _____ Equity _____ Equity _____

Location

Husband

Wife

Joint*

Description, Comments

FMV _____ FMV _____ FMV _____

MTG _____ MTG _____ MTG _____

Equity _____ Equity _____ Equity _____

Location

Husband

Wife

Joint*

Description, Comments

FMV _____ FMV _____ FMV _____

MTG _____ MTG _____ MTG _____

Equity _____ Equity _____ Equity _____

***Please indicate if owned in individual name or as joint tenants with rights of survivorship (j/t); tenants by the entirety (t/e); or tenants in common (t/c)**

Life Insurance

Insurance Company:

Agent: _____

Insured _____
Owner _____
Beneficiary _____
Face Value _____
Cash Value _____
Loans _____
Annual Premiums _____

Insurance Company:

Agent: _____

Insured _____
Owner _____
Beneficiary _____
Face Value _____
Cash Value _____
Loans _____
Annual Premiums _____

Insurance Company:

Agent: _____

Insured _____
Owner _____
Beneficiary _____
Face Value _____
Cash Value _____
Loans _____
Annual Premiums _____

Employee Benefits, Retirement Plans, IRAs

Owner	Husband	Wife	Beneficiary	Description
Pension: _____	\$ _____	\$ _____	_____	_____
Profit Sharing: _____	\$ _____	\$ _____	_____	_____
401(k): _____	\$ _____	\$ _____	_____	_____
Keogh: _____	\$ _____	\$ _____	_____	_____
IRA: _____	\$ _____	\$ _____	_____	_____
IRA: _____	\$ _____	\$ _____	_____	_____
Deferred Comp. _____	\$ _____	\$ _____	_____	_____
TIAA-CREF: _____	\$ _____	\$ _____	_____	_____
Other: _____	\$ _____	\$ _____	_____	_____

Self-Created Trusts

Husband	Wife	Beneficiary	Description
\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	_____	_____

Beneficial Interests in estates and trusts created by others

Husband	Wife	Description
\$ _____	\$ _____	_____
\$ _____	\$ _____	_____

Tangible Assets

(Furniture, personal effects, cars, boats
antiques, coin collections, etc.)

Husband	Wife	Joint	Description
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____

Miscellaneous Assets

(Annuities; settlement proceeds;
prospective inheritances, etc.)

Husband	Wife	Joint	Description
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____
\$ _____	\$ _____	\$ _____	_____

Husband Wife Joint Description, Comments

Loans and Liabilities

\$ _____ \$ _____ \$ _____ _____

\$ _____ \$ _____ \$ _____ _____

\$ _____ \$ _____ \$ _____ _____

\$ _____ \$ _____ \$ _____ _____

\$ _____ \$ _____ \$ _____ _____

\$ _____ \$ _____ \$ _____ _____

TOTAL LIABILITIES:

\$ _____ \$ _____ \$ _____

SUMMARY OF FINANCIAL INFORMATION

	Husband	Wife	Joint	Comments
Cash, Bank and Money Market Accounts	\$ _____	\$ _____	\$ _____	_____
Notes, Accounts Receivable	\$ _____	\$ _____	\$ _____	_____
Stocks, Bonds, Mutual Funds	\$ _____	\$ _____	\$ _____	_____
Closely Held Business Interests	\$ _____	\$ _____	\$ _____	_____
Partnership; Oil and Gas Interests	\$ _____	\$ _____	\$ _____	_____
Real Estate	\$ _____	\$ _____	\$ _____	_____
Life Insurance	\$ _____	\$ _____	\$ _____	_____
Employee Benefits, Retirement Plans, IRAs	\$ _____	\$ _____	\$ _____	_____
Self-Created Trusts	\$ _____	\$ _____	\$ _____	_____
Beneficial Interests	\$ _____	\$ _____	\$ _____	_____
Tangible Assets	\$ _____	\$ _____	\$ _____	_____
Miscellaneous Assets	\$ _____	\$ _____	\$ _____	_____
TOTAL ASSETS:	\$ _____	\$ _____	\$ _____	
Loans and Liabilities	\$ _____	\$ _____	\$ _____	_____
NET ASSETS:	\$ _____	\$ _____	\$ _____	