

DATE: _____

[single]

CLIENT NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBERS: HOME () _____

BUSINESS () _____

E-MAIL ADDRESS: _____

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.

THE LAW FIRM OF ELLEN M. WINKLER
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PERSONAL INFORMATION

| | | | |
|---------------------|------------------------|----------------------|----------------------|
| | <u>FULL LEGAL NAME</u> | <u>DATE OF BIRTH</u> | <u>SOC. SEC. NO.</u> |
| CLIENT | _____ | _____ | _____ |
| RESIDENCE ADDRESS | _____ | | YEARS THERE _____ |
| SECONDARY RESIDENCE | _____ | | |
| OCCUPATION | _____ | | |
| EMPLOYER | _____ | | |
| BUSINESS ADDRESS | _____ | PHONE () _____ | NO. OF YEARS _____ |

Are you a U.S. citizen? YES NO If no, please indicate citizenship and visa status in U.S. _____

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: _____

Family Information Continued

Children:

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

Child's 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: _____

Parents:

Father's Name Address Date of Death if deceased

Mother's Name Address Date of Death if deceased

Siblings:

Name

Address

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

Marriages:

Previous Spouse's Name

How and when did marriage terminate? (e.g., death, divorce)

Please include below any other personal or family information that you believe is relevant to your estate plan

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? _____

FAMILY ADVISORS, PHYSICIANS AND AGENTS

Attorney

| | | | |
|------|----------------|------------------|------------------|
| Name | Street Address | City, State, ZIP | Telephone Number |
|------|----------------|------------------|------------------|

Accountant:

| | | | |
|------|----------------|------------------|------------------|
| Name | Street Address | City, State, ZIP | Telephone Number |
|------|----------------|------------------|------------------|

Physician

| | | | |
|------|----------------|------------------|------------------|
| Name | Street Address | City, State, ZIP | Telephone Number |
|------|----------------|------------------|------------------|

Financial Planner or Adviser:

| | | | |
|------|----------------|------------------|------------------|
| Name | Street Address | City, State, ZIP | Telephone Number |
|------|----------------|------------------|------------------|

Broker:

| | | | |
|------|----------------|------------------|------------------|
| Name | Street Address | City, State, ZIP | Telephone Number |
|------|----------------|------------------|------------------|

Insurance Agent: (please specify type of insurance e.g. life, disability, long term care) _____

| | | | |
|------|----------------|------------------|------------------|
| Name | Street Address | City, State, ZIP | Telephone Number |
|------|----------------|------------------|------------------|

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.

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, state whether you have a buy-sell agreement, and your thoughts regarding control, management, and disposition of your interest in your business.

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 will. The Executor is responsible for determining the nature and extent of your 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 your 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 list your choices for Executor(s).

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.

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 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 Agent:

Name

Relationship

Street Address

City, State, ZIP

Telephone Number

Successor Agent:

Name

Relationship

Street Address

City, State, ZIP

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:

Name

Relationship

Street Address

City, State, ZIP

Telephone Number

Alternate Agent:

Name

Relationship

Street Address

City, State, ZIP

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

Name of Insurance Company and Account Number _____

Amount of monthly coverage _____ waiting period _____ duration of benefit _____

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

Irrevocable Insurance Trusts

If you are willing to establish an irrevocable, non-amendable 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.

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

Will and Codicil, 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: _____

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.

Annual Income

Salary \$ _____
Interest and Dividend Income \$ _____
Other income \$ _____
(Please describe source)

Description/Comments

Cash, Bank and Money Market Accounts

Cash: \$ _____
Checking Accounts: \$ _____
Savings Accounts: \$ _____
Certificates of Deposit: \$ _____
Money Market Accounts: \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

Notes, Accounts Receivable

\$ _____
\$ _____

Stocks, Bonds, Mutual Funds

| | | |
|-------|----------|-------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Closely Held Business Interests

| | | |
|-------|----------|-------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Partnership; Oil and Gas Interests

| | | |
|-------|----------|-------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

Real Estate

(Please indicate fair market value, mortgage balance, and equity) (Primary Residence; Vacation Residence

Investment Property)

Location

| | | |
|-------|--------|----------|
| _____ | FMV | \$ _____ |
| _____ | MTG | \$ _____ |
| _____ | Equity | \$ _____ |

Location

| | | |
|-------|--------|----------|
| _____ | FMV | \$ _____ |
| _____ | MTG | \$ _____ |
| _____ | Equity | \$ _____ |

Life Insurance

Insurance Company:

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

Agent: _____

Insurance Company:

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

Agent: _____

Employee Benefits, Retirement Plans, IRAs

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

Self-Created Trusts

Value

Beneficiary Description

\$ _____
\$ _____

**Beneficial Interests in estates and trusts created
by others**

\$ _____
\$ _____

Tangible Assets

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

\$ _____
\$ _____
\$ _____
\$ _____

Miscellaneous Assets

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

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

Loans and Liabilities

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

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SUMMARY OF FINANCIAL INFORMATION

| | | 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: | \$ _____ | |