

ALEXANDROV, METZGER & FLANNAGAN, P.C.

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. We will use the information contained in this form to analyze your estate planning needs and design estate planning solutions and documents that are responsive to those needs. As is true in any communication between a lawyer and a client, the information reported here will be held in the strictest confidence and released to no one without your consent.

Please bring the completed questionnaire to your conference with us along with your existing estate planning documents, if any.

FAMILY INFORMATION

	You	Spouse
Full Name	_____	_____
Nickname	_____	_____
Home Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
E-Mail Address	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Occupation/Business	_____	_____
Date of Birth	_____	_____
Overall Health	_____	_____
U.S. Citizen?	_____	_____
Massachusetts resident?	_____	_____
Veteran?	_____	_____
Hobbies	_____	_____
Is it okay to communicate with you via E-Mail?	Yes No	Yes No
Preferred phone number	Home Cell	Home Cell

Marital Status: _____ Single _____ Married First Marriage? _____
_____ Divorced _____ Widowed Date of Marriage _____

Do you have a prenuptial agreement? _____ **If so, please bring a copy of the agreement to the conference with us.**

Are you making payments pursuant to a divorce or property settlement agreement? _____ **If so, please bring a copy of the agreement to the conference with us.**

How did you hear about us? _____

CHILDREN

Child's Name and Gender (Male or Female)	Date of Birth	Address (if not home)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please include any adopted children or stepchildren in the above list.

Do you have any deceased children? _____

Do you have any children or other beneficiaries with special educational or physical needs or disabilities? Yes No

Do you have any children or other beneficiaries who receive any public entitlement (e.g. SSI, SSDI, Medicaid, etc.)? Yes No

Do you have any children or other beneficiaries who are financially unstable or have serious creditor issues? Yes No

Do you provide primary or other major financial support to your adult children or other individuals? _____

Do your children or other beneficiaries get along well with each other? Yes No

Do you wish to disinherit any of your children? _____

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

Name	Relationship	Date of birth	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a beneficiary of any trust? Yes No

Do you anticipate receiving a substantial inheritance? Yes No

Do your parents have proper estate planning documents (including a durable power of attorney or health care proxy) which appoint agents for them if they are physically or mentally incapacitated so that potential conservatorship or guardianship proceedings can be avoided?

Yes No Not sure Not applicable

Do your unmarried adult children have proper estate planning documents (such as the ones mentioned above) which appoint agents for them if they are physically or mentally incapacitated so that potential conservatorship or guardianship proceedings can be avoided?
 Yes No Not sure Not applicable

Prior wills – **Please bring your current wills and other estate planning documents to the 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 gift tax returns, please bring them with you to the conference.**

Safe deposit boxes – Do you have a safe deposit box? _____ If yes, who has access to the box? _____

Do you have any foreign bank or foreign financial accounts? Yes No

Do you own any firearms? Yes No

Do you have any pets? If yes, how many and what kind of pets? _____

Are you on the board of directors of any company or charity? _____

Have you made any large gifts (in excess of \$1,000.00) to family members, other individuals or charities in the last five years? Yes No

If so, please list those gifts below:

Have you prepared a written list of your usernames and passwords for your online accounts? Yes No Not applicable

FINANCIAL INFORMATION

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. **With respect to real property, attach a copy of the deed by which you took title, if the deed is readily available to you.**

For “owner”, please use “J” for Joint, “Y” for You and “S” for Spouse.

REAL ESTATE (PRIMARY RESIDENCE, SECOND HOME, INVESTMENT REAL ESTATE)

Property Address	Owner (J, Y or S)	Value	Mortgage and Equity Loans
Personal residence	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL			\$ _____

BANK ACCOUNTS (CHECKING, SAVINGS, CDs, MONEY MARKETS, etc.)

(Do not include IRA or other retirement accounts here.)
Additional space is provided in the last sheet of this questionnaire

Name of bank	Owner (J, Y or S)	Type of bank account	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			TOTAL \$ _____

RETIREMENT ACCOUNTS (IRAs, 401(k)s, 403(b)s, etc.)

Additional space is provided in the last sheet of this questionnaire

Financial Institution	Owner (J, Y or S)	Beneficiary	Type of retirement account	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				TOTAL \$ _____

STOCKS, BONDS AND INVESTMENT ACCOUNTS

(Do not include IRA or other retirement accounts here.)
Additional space is provided in the last sheet of this questionnaire

Financial Institution	Owner (J, Y or S)	Beneficiary, if any	Type of account	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
				TOTAL \$ _____

MONEY OWED TO YOU

(Include loans which you expect to be paid back.)

Debtor	Type of Obligation	Balance owed	Owner (J, Y or S)
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
			TOTAL \$ _____

UNITED STATES SAVINGS BONDS

Owner (J, Y or S)	Type of bond	Value	Location of bonds
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
			TOTAL \$ _____

ANNUITIES

Contract value	Company	Type of annuity	Owner (J, Y or S)	Beneficiary
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
\$ _____	_____	_____	_____	_____
				TOTAL \$ _____

VEHICLES

Year, Make & Model	Value	Loan amount	Owner (J, Y or S)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
			TOTAL \$ _____

FURNITURE AND PERSONAL EFFECTS

(Do not include vehicles here.)

Do you own any antiques, art, coin or other collections or other valuable items of tangible personal property other than vehicles? List separately only those items having a value of more than \$3,000.00 and give a lump sum value for miscellaneous, less valuable items.

Type or description	Value	Owner (J, Y or S)
Miscellaneous furniture and household effects	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
		TOTAL \$ _____

BUSINESS INTERESTS

Do you own any private corporations, limited liability companies, partnership interests, etc.? If so, please provide the name of each such business, your percentage ownership interest in each such business and the value of your ownership interest in each such business.

Name of company	Owner (J, Y or S)	Ownership Percentage(%)	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			TOTAL \$ _____

Are you the only authorized signer of the business bank accounts? Yes No

MISCELLANEOUS

Do you have any other assets that have not been disclosed above such as an anticipated inheritance, gift or lawsuit judgment? If so, please list them below.

TOTAL \$ _____

MISCELLANEOUS INSURANCE QUESTIONS

Do you have long-term care insurance? Yes No **If so, please bring a copy of the policy to the conference with us.**

Do you have long-term disability insurance? Yes No

Do you have umbrella insurance coverage to protect yourself from personal liability claims? Yes No Not sure

Do you receive your health insurance through MassHealth (Medicaid)? Yes No

PROFESSIONAL ADVISORS

CPA/Tax Preparer _____

Insurance _____

Investment Advisor _____

May we contact your listed advisors as necessary? Yes No

DISPOSITION OF ESTATE

What are your general wishes as to the disposition of your estate including your tangible personal property?

Have you discussed your answer to the preceding question with your family?

You

Spouse

**Specific Gifts that You
Would Like to Make in Your Will or Trust**

Amount of Gift	Description	Name of Recipient	Relationship or Address
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_____	_____	_____	_____
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_____	_____	_____	_____
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CHARITABLE INTERESTS: (Identify any charities which you wish to benefit from your estate.)

ESTATE PLANNING GOALS AND CONCERNS

The goal of the estate planning process is to create an estate plan that is tailored to your specific needs and wishes. It would be helpful if you would circle the issues below that are of the most concern to you. We will discuss your specific concerns at our conference.

1. I want to create a comprehensive estate plan that includes planning for my potential incapacity or disability.
2. I want to plan for my elderly parents.
3. I want to reduce estate and death taxes to the lowest possible level.
4. I want to avoid probate, and reduce estate settlement costs.
5. I want to name guardians for my minor children in the event of my death or incapacity.
6. I want to protect my children's inheritances from their divorcing spouses, creditors, lawsuits or financial immaturity.
7. I want to protect the inheritance of my minor children or grandchildren.
8. I want to disinherit one or more of my family members.
9. I want to plan for my grandchildren directly rather than have them inherit through their parents' estates.
10. I want to plan for a disabled child or a child or other heir with special needs.
11. I want to plan for the transfer or sale of my interest in a closely-held business.
12. I want to plan for my children from a prior marriage or relationship.
13. I want to leave a financial legacy or endowment to my church or other charitable organization.
14. I want to control all of my own assets while I am alive and healthy.

ESTATE PLAN DESIGN INFORMATION

In this section of the questionnaire, please specify your initial preferences about who will act for you in the event of your death or incapacity. If you are married, your primary agent will normally be your spouse. If you are a good candidate for trust planning, we will review the benefits of trust planning at our conference and will discuss which of your family members or friends would be an appropriate choice to serve as a trustee or successor trustee of your trust.

LAST WILL AND TESTAMENT: A will is a legal document, prepared and executed according to state law, which identifies who will receive the property titled in your name only at your death or payable to your estate after your death. In addition to specifying the beneficiaries of such property, you will nominate a personal representative of your estate and a guardian of the person and property of your minor children, if any.

Personal Representative: the person named in your will to administer your estate after your death. Most clients name a primary personal representative and two or more alternate personal representatives. You should select people with integrity whom you trust implicitly, and who are organized, detail oriented and appear to be responsible in their own affairs. If you are married and you and your spouse have selected the same individuals in the same order, please complete the first section only.

Your personal representative:

Name	Address	Relationship
<hr/>		

Alternates:

Your spouse's personal representative:

Name	Address	Relationship
<hr/>		

Alternates:

Guardian: If you have children under the age of 18, please specify whom you would like the court to appoint to take care of your minor children if you and your spouse are unable to do so. Most clients name two or three individuals to serve as alternate guardian in the order named. If you are married, we strongly encourage you to agree on these choices rather than name different individuals as guardians in your separate wills. You should select people whom you feel will care for your children in a manner as close as you would if you could, and have the time and ability to care for minor children.

Name	Address	Relationship
<hr/>		

Alternates:

DURABLE POWER OF ATTORNEY: a legal document, prepared and executed according to state law, in which you name an agent to make financial decisions for you and manage your property if you are disabled or unavailable.

Attorney-in-fact: the person named in your durable power of attorney to handle your financial affairs in the event of your incapacity. Most clients name a primary agent, and two or more alternate agents. You should select people with integrity whom you trust implicitly and believe are responsible in their own affairs. If you are married and you and your spouse have selected the same individuals in the same order, please complete the first section only.

Your attorney-in-fact:

Name	Address	Relationship
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Alternates:

Your spouse's attorney-in-fact:

Name	Address	Relationship
<hr/>		

Alternates:

HEALTH CARE PROXY: a legal document, prepared and executed according to state law, in which you name an agent to make medical decisions for you if you are unable to make them for yourself.

Health care agent: the person named in your health care proxy to make medical decisions for you in the event of your incapacity. Most clients name a primary agent, and two or more alternate agents. You should select people whom you believe are capable of making difficult medical decisions and authorizing medical treatments for you even in emotionally charged situations. If you are married and you and your spouse have selected the same individuals in the same order, please complete the first section only.

Your agent:

Name	Address	Relationship
<hr/>		

Alternates:

Your spouse's agent:

Name	Address	Relationship
<hr/>		

Alternates:

SPECIAL INSTRUCTIONS:

Do you wish to leave instructions regarding burial or cremation?

You	Spouse
<hr/>	<hr/>

Have you discussed your memorial wishes with your family? Yes No

Do you have a prepaid burial or cremation contract with a funeral home?

You	Spouse
<hr/>	<hr/>

If you have a cemetery plot, please indicate below:

Location	Owner	Estimated Value
_____	_____	\$ _____

Do you want to authorize your health care agent to donate your organs, upon your death, for purposes of therapy or transplantation?

You	Spouse
_____	_____

Would you want the process of dying to be prolonged by artificial means or measures if you have an incurable or irreversible illness?

You	Spouse
_____	_____

Have you discussed your answer to the preceding question with your family?

You	Spouse
_____	_____

Are all of the people whom you might name as an agent for financial decision-making purposes (trustee of your trust, personal representative of your estate and attorney-in-fact under your durable power of attorney) citizens of the United States? _____

In your opinion, are your financial records well organized? Yes No Not sure

Have you prepared a list for your family of your income, assets, expenses and debts and of your key contacts in case something happens to you?

Yes No

Please complete the section below if you have any comments or other information that you would like to cover at the conference:

CONGRATULATIONS ON COMPLETING THIS QUESTIONNAIRE!

Additional Bank Information:

Additional Retirement Accounts Information:

Additional Stocks, Bonds and Investment Accounts Information: