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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

| | |
|--------------------------------------|--|
| <u>Legal Name</u> | |
| <u>Other or Former Names</u> | |
| <u>Date of Birth</u> | |
| <u>Citizenship</u> | |
| <u>Social Security Number</u> | |
| <u>Email Address</u> | |
| <u>Source of Referral</u> | |

| | |
|---|--|
| <u>HOME ADDRESS</u> | |
| <u>Street or Post Office Box</u> | |
| <u>City, State and Zip Code</u> | |
| <u>Telephone (Home)</u> | |
| <u>Telephone(s) (Other)</u> | |

| CHILDREN: | | | | |
|------------------|---------|---------------|-------------|----------------------|
| Name | Address | Date of Birth | Telephone # | Name of other Parent |
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| <u>DECEASED CHILDREN, if any</u> | Date of Birth | Date Deceased |
|---|---------------|---------------|
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PRIOR MARRIAGES

1. Previous Spouse:

How Marriage Terminated:

2. Previous Spouse:

How Marriage Terminated:

CHILDREN OF PRIOR MARRIAGES (include information for spouses of married children)

| Name | Address | Date of Birth |
|------|---------|---------------|
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GRANDCHILDREN

| Name | Name of Parent | Address | Date of Birth |
|------|----------------|---------|---------------|
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OTHER PERSONAL INFORMATION YOU BELIEVE IS IMPORTANT. For example, please indicate if any of these persons are emotionally or mentally disabled or otherwise incapacitated from maintaining and taking care of their own property.

GUARDIAN: The person who would take physical custody and care for your minor children. If you are a Guardian for an incapacitated adult, you should also nominate someone to succeed you.

| | Name | Relationship | Address | Date of Birth | Telephone # |
|---|------|--------------|---------|---------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

TRUSTEE: The Trustee is responsible to maintain, invest and control any monies or other property you might leave in a TRUST for the benefit of any minors or incapacitated adults.

| | Name | Relationship | Address | Date of Birth | Telephone # |
|---|------|--------------|---------|---------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

POWER OF ATTORNEY: The Power of Attorney is primarily intended to give your named agent the power to “step in your shoes” during your lifetime in the event of your incapacity. It gives your agent broad powers to dispose of , sell, convey and encumber your real and personal property.

| | Name | Relationship | Address | Date of Birth | Telephone # |
|---|------|--------------|---------|---------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

HEALTH CARE PROXY: The Health Care Proxy is authorized to make health care decisions for you in the event that you lose the ability to make decisions yourself.

| | Name | Relationship | Address | Date of Birth | Telephone # |
|---|------|--------------|---------|---------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

SUMMARY OF ASSETS AS OF: _____**Please give the value of all your assets. Accuracy to the penny is not necessary.**

| <u>CHECKING ACCOUNTS</u> | | | |
|---------------------------------|--------------------|-----------------------|----------------------------------|
| | <u>BANK</u> | <u>BALANCE</u> | <u>NAME(S) ON ACCOUNT</u> |
| <u>Checking 1</u> | | | |
| <u>Checking 2</u> | | | |
| <u>Checking 3</u> | | | |

| <u>SAVINGS ACCOUNTS</u> | | | |
|--------------------------------|--------------------|-----------------------|----------------------------------|
| | <u>BANK</u> | <u>BALANCE</u> | <u>NAME(S) ON ACCOUNT</u> |
| <u>Savings 1</u> | | | |
| <u>Savings 2</u> | | | |
| <u>Savings 3</u> | | | |

| <u>OTHER BANK ASSETS</u> | | | |
|---------------------------------|--------------------|-----------------------|----------------------------------|
| | <u>BANK</u> | <u>BALANCE</u> | <u>NAME(S) ON ACCOUNT</u> |
| <u>Money Market</u> | | | |
| <u>CD1</u> | | | |
| <u>CD2</u> | | | |
| <u>CD3</u> | | | |

| <u>LISTED SECURITIES (READILY SALEABLE)</u> | | | |
|--|---------------------------|---------------------------------------|--------------------------------------|
| <u>Company</u> | <u># of Shares</u> | <u>Value (approximate)</u> | <u>Name(s) on Certificate</u> |
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| <u>INVESTMENT ACCOUNTS</u> | | | |
|-----------------------------------|-------------------------------|-----------------------|--|
| <u>Brokerage</u> | <u>Type of Account</u> | <u>Balance</u> | <u>Participant/ Beneficiary</u> |
| | | | |
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| REAL ESTATE – PRINCIPAL RESIDENCE | |
|--|--|
| <u>Address/Location</u> | |
| <u>Name(s) on Deed</u> | |
| <u>Tax Assessed Value</u> | |
| <u>Fair Market Value (estimated)</u> | |
| <u>Date Purchased</u> | |
| <u>Rental Amount, if any</u> | |
| <u>Remaining Mortgage</u> | |
| <u>Do you have a Homestead on file?</u> | |

| REAL ESTATE – OTHER | |
|---------------------------------------|--|
| <u>Address/Location</u> | |
| <u>Name(s) on Deed</u> | |
| <u>Tax Assessed Value (estimated)</u> | |
| <u>Fair Market Value</u> | |
| <u>Date Purchased</u> | |
| <u>Rental Amount, if any</u> | |
| <u>Remaining Mortgage</u> | |

| REAL ESTATE – OTHER | |
|---------------------------------------|--|
| <u>Address/Location</u> | |
| <u>Name(s) on Deed</u> | |
| <u>Tax Assessed Value (estimated)</u> | |
| <u>Fair Market Value</u> | |
| <u>Date Purchased</u> | |
| <u>Rental Amount, if any</u> | |
| <u>Remaining Mortgage</u> | |

| LIFE INSURANCE (Do not include accidental Death Policies) | | TYPE: (i.e.Term/Whole Life) |
|---|--|--------------------------------|
| <u>1. Company Name</u> | | |
| <u>Owner of Policy</u> | | |
| <u>Face Value (Amount payable at death)</u> | | |
| <u>Cash Value Estimate (Term normally has no cash value)</u> | | |
| <u>Beneficiary(s)</u> | | |
| <u>2. Company Name</u> | | |
| <u>Owner of Policy</u> | | |
| <u>Face Value (Amount payable at death)</u> | | |
| <u>Cash Value Estimate (Term normally has no cash value)</u> | | |
| <u>Owner of Policy</u> | | |
| <u>3. Company Name</u> | | |
| <u>Owner of Policy</u> | | |
| <u>Face Value (Amount payable at death)</u> | | |
| <u>Cash Value Estimate (Term normally has no cash value)</u> | | |
| <u>Owner of Policy</u> | | |

| KEOUGH, IRA, OTHER RETIREMENT ACCOUNTS | | | | |
|--|-------------|----------------|--------------------|--------------------|
| <u>Type</u> | <u>Bank</u> | <u>Balance</u> | <u>Participant</u> | <u>Beneficiary</u> |
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| Tangible Personal Property: List items of value, such as vehicles, jewelry, stamp collections or other collections, and all other such property you may own. |
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Business Interests or Benefits: Do you have any other employment benefits or do you have an interest in any business? Please detail assets here.

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Any Other Assets: Include here any assets you may want to leave to someone under your Will that may not have fallen into any of the above categories of property.

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TOTAL ASSETS (for office use)

TOTAL COUNTABLE ASSETS (for office use)

TOTAL TAXABLE ESTATE (for office use)
