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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

What are your primary goals and/or concerns?

	<i>HUSBAND</i>	<i>WIFE</i>
<u>Legal Name</u>		
<u>Other or Former Names</u>		
<u>Name for Docs (i.e. use full Middle Name or Middle Initial only?)</u>		
<u>Date of Birth</u>		
<u>Citizenship</u>		
<u>Social Security Number</u>		
<u>Occupation/Business</u>		
<u>Retirement Date</u>		
<u>Veteran Status</u>		
<u>Date of Marriage</u>		
<u>Home Address</u>		
<u>Mailing Address</u>		
<u>Telephone (Home)</u>		
<u>Telephone(s) (Other)</u>		
<u>Email Address(s)</u>		

CHILDREN OF THIS MARRIAGE (include information for spouses of married children)			
Name	Address	Date of Birth	Telephone #

<u>DECEASED CHILDREN, if any</u>	Date of Birth	Date Deceased

PRIOR MARRIAGES (name and how terminated)

HUSBAND:

1. Name of former spouse: _____
 - a. Date & Place of former marriage: _____
 - b. How marriage terminated and date: _____
 - c. If divorce, Court & Docket # (if available): _____
2. Name of other former spouse (if any): _____
 - a. Date & Place of former marriage: _____
 - b. How marriage terminated and date: _____
 - c. If divorce, Court & Docket # (if available): _____

WIFE:

3. Name of former spouse: _____
 - a. Date & Place of former marriage: _____
 - b. How marriage terminated and date: _____
 - c. If divorce, Court & Docket # (if available): _____
4. Name of other former spouse (if any): _____
 - a. Date & Place of former marriage: _____
 - b. How marriage terminated and date: _____
 - c. If divorce, Court & Docket # (if available): _____

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

<u>Husband's Children</u>		
Name	Address	Date of Birth

<u>Wife's Children</u>		
Name	Address	Date of Birth

GRANDCHILDREN

Name	Name of Parent	Address	Date of Birth

LIVING PARENTS AND STEPPARENTS

Husband's Parents

Name	Address	Date of Birth

Wife's Parents

Name	Address	Date of Birth

LIVING BROTHERS/SISTERS AND STEPBROTHERS/STEPSISTERS

Husband's Siblings

Name	Address	Date of Birth

<u>Wife's Siblings</u>		
Name	Address	Date of Birth

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.

FIDUCIARY NOMINATIONS:

Fiduciary is a person who is in a position of trust and loyalty. Note, it is always possible that one or more of the fiduciaries you nominate may be unable to perform in his/her nominated capacity. For these reasons, it is usually best to nominate two successors for each appointment made.

EXECUTOR OR EXECUTRIX: The person responsible for administering your estate.

	Name	Address	Date of Birth	Telephone #
1				
2				
3				
4				

GUARDIAN: The person you name to take physical custody and care for your minor children.

	Name	Address	Date of Birth	Telephone #
1				
2				
3				
4				

TRUSTEE: The person responsible to maintain, invest and control any monies or other property in a TRUST.

	Name	Address	Date of Birth	Telephone #
1				
2				
3				
4				

POWER OF ATTORNEY: The person given the power to “step in your shoes” during your lifetime in the event of your incapacity (with broad powers to dispose of, sell, convey and encumber your real and personal property).

	Name	Address	Date of Birth	Telephone #
1				
2				
3				
4				

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

	Name	Address	Date of Birth	Telephone #
1				
2				
3				
4				

CURRENT ASSETS: Please list and value 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>

<u>INVESTMENT ACCOUNTS</u>			
<u>Brokerage</u>	<u>Type of Account</u>	<u>Balance</u>	<u>Participant/ Beneficiary</u>

<u>KEOUGH, IRA, OTHER RETIREMENT ACCOUNTS</u>				
<u>Type</u>	<u>Bank</u>	<u>Balance</u>	<u>Participant</u>	<u>Beneficiary</u>

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>	

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	<i>HUSBAND</i>	<i>WIFE</i>
<u>1. Company Name</u>		
<u>Owner of Policy</u>		
<u>Face Value (Amount payable at death)</u>		
TYPE: (i.e.Term/Whole Life)		
<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>		
TYPE: (i.e.Term/Whole Life)		
<u>Cash Value Estimate (Term normally has no cash value)</u>		
<u>3. Company Name</u>		
<u>Owner of Policy</u>		
<u>Face Value (Amount payable at death)</u>		
TYPE: (i.e.Term/Whole Life)		
<u>Cash Value Estimate (Term normally has no cash value)</u>		

Tangible Personal Property: List items of value, such as vehicles, jewelry, stamp collections or other collections, and all other such property you may own.

Business Interests or Benefits: Should you have any other employment benefits or should you have an interest in any business, please detail assets here.

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.

<u>MONTHLY INCOME</u>	<i>HUSBAND</i>	<i>WIFE</i>
<u>Work Earnings</u>		
<u>Social Security Retirement</u>		
<u>Social Security Disability</u>		
<u>Supplemental Security Income</u>		
<u>Veterans' Benefits</u>		
<u>Private Pension</u>		
<u>Public Employment Pension</u>		
<u>Unemployment Compensation</u>		
<u>Worker's Compensation</u>		
<u>Railroad Retirement</u>		
<u>Support from Spouse</u>		
<u>Regular Support from Others</u>		
<u>Rental Income</u>		
<u>Annuity</u>		
<u>Regular Income from Trust</u>		
<u>Interest and Dividends</u>		

<i>Please List name of Insurance Company and your insurance ID #</i>		
<u>HEALTH INSURANCE</u>	<i>HUSBAND</i>	<i>WIFE</i>
<u>Insurance from Employer:</u>		
<u>Insurance Individual:</u>		
<u>Medicare</u>		
<u>Medicare Supplement</u>		
<u>MassHealth (Medicaid)</u>		
<u>Long Term Care Insurance</u>		
<u>Other</u>		

Please provide the following monthly expense estimates:

Essential Expenses

How Much?

Food

Groceries _____
Lunches out _____
Dinners out _____
Other _____

Clothing

Clothing _____
Tailor _____
Dry cleaning _____
Laundry _____

Housing

Rent _____
Mortgage _____
Condo fee _____
Real estate taxes _____
Water and sewer _____
Electricity _____
Natural gas _____
Oil _____
Telephone _____
Service contracts _____
Second mortgage _____
Home equity loan _____
Other loan _____
Rubbish removal _____
Snow removal _____
Yard care _____
Mortgage insurance _____
Homeowner insurance _____
Tenant insurance _____
Cable television _____
Major repairs _____
Other () _____

Transportation

Auto loan payment _____
Auto lease payment _____
Repairs/maintenance _____
Gasoline/oil _____
Excise Tax _____
Insurance _____
Registration _____
Inspection _____
License Fees _____

Essential Expenses (continued)

How Much?

- Casual rental _____
- Parking fees _____
- Highway tolls _____
- Travel club _____
- Taxis, public transportation _____
- Other: _____
- Portion of transportation costs allocable to employment: _____
- Fraction from employment: _____
- Fraction from personal: _____

Medical (to extent not reimbursed by insurance)

- Nursing home fees _____
- Medical insurance _____
- Physician services _____
- Optometrist fees _____
- Dental treatment _____
- Psychological counseling _____
- Physical therapy _____
- Occupational therapy _____
- Home health aides _____
- Visiting nurses _____
- Personal care services _____
- Eyeglasses _____
- Hearing aids _____
- Prescription medicines _____
- Nonprescription medicines _____
- Medical appliances _____
- Other: _____

Miscellaneous

- Companion services _____
- Respite care _____
- Adult day care _____
- Dependent care _____
- Entertainment _____
- Homemaker services _____
- Health care _____
- Toiletries _____
- Pet costs _____
- Church/temple dues _____
- Grooming _____
- Debt payment _____
- Other: _____
- Other: _____

GIFTS

Please list all gifts you (or your spouse) have made in the past five years, whether in cash or in kind (example: purchase a car for a child.)

	Date of Gift	Amount	Donee

Have you transferred any real estate in the past ten years? Please include sales, creation of a life estate/transfer of remainder, or transfer to a trust.

TRUSTS:

Please provide the following information about all trusts created by you along with a copy of the trust document:

NAME OF TRUST:

Date Created:

Assets in Trust:

Current total value of Trust:

Annual trust income:

NAME OF TRUST:

Date Created:

Assets in Trust:

Current total value of Trust:

Annual trust income:

Are you a present or future beneficiary under another person's will or trust? Yes [], No [].

If yes, please enclose a photocopy of a signed version, if available, or provide whatever information you can on the terms and conditions of the trust, identity of the current trustee, amount of principal, etc.

IF CURRENTLY IN HEALTH CARE FACILITY:

	<i>HUSBAND</i>	<i>WIFE</i>
<u>Name of facility:</u>		
<u>Address:</u>		
<u>Type of facility:</u>		
<u>Level of care:</u>		
<u>Date of admission:</u> <u>(If entered this facility from another health care facility, indicate that facility and both dates.)</u>		
<u>Funding source(s):</u>		
<u>Health status:</u>		

PREPAID FUNERAL: DO YOU OR YOUR SPOUSE HAVE ANY OF THE FOLLOWING?

	<i>HUSBAND</i>	<i>WIFE</i>
<u>Burial account(s)?</u>		
<u>Burial insurance?</u>		
<u>Plot(s)?</u>		
<u>Headstone(s)?</u>		

	<i>HUSBAND</i>	<i>WIFE</i>
<u>To Whom / Amount Due</u>		
<u>To Whom / Amount Due</u>		
<u>To Whom / Amount Due</u>		
<u>To Whom / Amount Due</u>		

YOUR PROFESSIONAL ADVISORS:**Please indicate any person WHO ADVISES YOU in any of the following categories:**

	Name of Firm	Address	Telephone
<u>Accountant:</u>			
<u>Attorney:</u>			
<u>Insurance Advisor:</u>			
<u>Financial Planner:</u>			
<u>Stockbroker:</u>			
<u>OTHER:</u>			

Signature_____
Date