

Estate Planning Questionnaire

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DATE: _____

1. Family Information

Spouse #1

Legal Name: _____

Date of birth: _____ SS#: _____ U.S. citizen: Y / N

Address: _____

Telephone: (home) (_____) _____

(work) (_____) _____

(cell) (_____) _____

Previous Marriages? Y/N Occupation: _____

E-Mail Address: _____

Siblings Name(s): _____

Living Parents Name(s): _____

Spouse #2

Legal Name: _____

Date of birth: _____ SS#: _____ U.S. citizen: Y / N

Telephone: (home) (_____) _____

(work) (_____) _____

(cell) (_____) _____

Previous Marriages? Y/N Occupation: _____

Estate Planning Questionnaire

Email address: _____

Siblings Name(s): _____

Living Parents Name(s): _____

Date of marriage: _____ Any pre-marital agreement? _____ (Please provide a copy)

Child #1

Legal name: _____ Date of birth: _____

Relationship to Spouse #1: Biological/Adopted/None To Spouse #2: Biological/Adopted/None

Address: _____

Telephone: (____) _____

Spouse: _____

Grandchildren names and ages: _____

Child #2

Legal name: _____ Date of birth: _____

Relationship to Spouse #1: Biological/Adopted/None To Spouse #2: Biological/Adopted/None

Address: _____

Telephone: (____) _____

Spouse: _____

Grandchildren names and ages: _____

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Child #3

Legal name: _____ Date of birth: _____

Relationship to Spouse #1: Biological/Adopted/None To Spouse #2: Biological/Adopted/None

Address: _____

Telephone: (_____) _____

Spouse: _____

Grandchildren names and ages: _____

Child #4

Legal name: _____ Date of birth: _____

Relationship to Spouse #1: Biological/Adopted/None To Spouse #2: Biological/Adopted/None

Address: _____

Telephone: (_____) _____

Spouse: _____

Grandchildren names and ages: _____

Special Considerations for children or grandchildren: (prior marriages; special education or health needs; extraordinary financial obligations; spendthrift issues; adoption) _____

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2. Asset Information

Please list each asset you (and your spouse) own, even if jointly held with another person or in a trust. Please use the following codes to identify whose name is on each asset:

- H Titled in husband's name individually
- W Titled in wife's name individually
- JT Titled jointly (between Husband and Wife, unless otherwise indicated)
- T Titled in the name of a trust (please specify name of Trust)

Real Estate

(1) Property address: _____

Title: _____

Mortgage: _____ Current Value: _____

Year purchased: _____ Purchase price: _____

Annual taxes: _____ Insurance premium: _____

Do you have a Declaration of Homestead on your primary residence: Y/N

(2) Property address: _____

Title: _____

Mortgage: _____ Current Value: _____

Year purchased: _____ Purchase price: _____

Annual taxes: _____ Insurance premium: _____

(3) Property address: _____

Title: _____

Mortgage: _____ Current Value: _____

Year purchased: _____ Purchase price: _____

Annual taxes: _____ Insurance premium: _____

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Bank Accounts

	Title	Name of bank	Type	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

IRAs/401(k)s/other retirement accounts

	Owner	Name of institution/ Type of Acct.	Beneficiaries	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

Stocks/Bonds/ Brokerage Accounts

	Title	Name of company/brokerage house	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

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Life insurance

	Insured	Name of company	Cash surrender	Death benefit
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(1)	_____	_____	_____	_____
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Beneficiaries: _____

(2)	_____	_____	_____	_____
-----	-------	-------	-------	-------

Beneficiaries: _____

(3)	_____	_____	_____	_____
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Beneficiaries: _____

(4)	_____	_____	_____	_____
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Beneficiaries: _____

Individual Long Term Care Insurance or Disability Insurance

(1) Name of insurance company _____ Daily benefit \$ _____

Number of Years _____ Home Health Benefit? \$ _____ Year of Purchase _____

(2) Name of insurance company _____ Daily benefit \$ _____

Number of Years _____ Home Health Benefit? \$ _____ Year of Purchase _____

Automobiles/boats/motor homes, etc.

	Title	Year/make/model	Loan value	Current value
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(1)	_____	_____	_____	_____
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(2)	_____	_____	_____	_____
-----	-------	-------	-------	-------

(3)	_____	_____	_____	_____
-----	-------	-------	-------	-------

Other Assets

	Title	Description	Current value
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(1)	_____	_____	_____
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(2)	_____	_____	_____
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Have you ever gifted any property in excess of the annual gift tax exclusion to anyone (currently \$15,000 per donee per year)? Y/N

If yes, please specify names of beneficiaries, dates & amounts:

Name	Date	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was a gift tax return filed for any of the above-listed gifts? Y/N

Is either spouse the beneficiary or trustee of any trust, or does either spouse anticipate receiving a substantial inheritance? Y/N

If yes, please specify:

Is either spouse named as power of attorney for anyone? Y/N

Income Information

Please list monthly gross income figures.

	<u>Husband</u>	<u>Wife</u>	<u>Total</u>
Wages	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Pension: _____	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____

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3. Document Information

LAST WILL & TESTAMENT

Who would you like to appoint in your Will to act as your Personal Representative(s) (the individual responsible for overseeing the distribution of property and for paying debts of the estate)?

Name: _____

Address (City & State): _____

Who would you like to appoint as alternate Personal Representative(s), in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

Who would your spouse like to appoint as his/her Personal Representative(s)?

Name: _____

Address (City & State): _____

Who would your spouse like to appoint as his/her alternate Personal Representative(s)?

Name: _____

Address (City & State): _____

Who would you and your spouse like to appoint in your Wills as Guardian(s) (the individual who takes care of your children in the event of your death)? Spouses should appoint the same Guardian(s).

Name: _____

Full Address: _____

Phone Numbers: _____

Who would you and your spouse like to appoint as alternate Guardian(s), in the event the person named above is unavailable?

Name: _____

Full Address: _____

Phone Numbers: _____

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TRUST

Who would you and your spouse like to appoint as Trustee(s) (the individual who would oversee the trust established for the surviving spouse and/or minor children in the event of your death)?
Spouses should appoint the same Trustee(s).

Name: _____

Address (City & State): _____

Who would you and your spouse like to appoint as an alternate Trustee(s), in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

Who would you like to name as the beneficiaries of your trust after your death? Would you like the property to be distributed to them outright or held in trust for their benefit (until a certain age or for their lifetime)? _____

In the event you are not survived by any member of your immediate family, who would you like to name as your “backstop” beneficiary/beneficiaries?

Name/Charity: _____

Address (City & State): _____

POWER OF ATTORNEY

Who would you like to appoint as your Attorney-in-Fact (the individual to make your financial decisions for you in the event that you are incapacitated)?

Name: _____

Address (City & State): _____

Who would you like to appoint as alternate Attorney-in-Fact, in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

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Who would your spouse like to appoint as his/her Attorney-in-Fact?

Name: _____

Address (City & State): _____

Who would your spouse like to appoint as alternate Attorney-in-Fact?

Name: _____

Address (City & State): _____

HEALTH CARE PROXY

Who would you like to appoint as your Health Care Agent (the individual to make your health care decisions for you in the event that you are incapacitated)?

Name: _____

Full Address: _____

Phone Numbers: _____

Who would you like to appoint as alternate Health Care Agent, in the event the person named above is unavailable?

Name: _____

Full Address: _____

Phone Numbers: _____

Who would your spouse like to appoint as his/her Health Care Agent?

Name: _____

Full Address: _____

Phone Numbers: _____

Who would your spouse like to appoint as alternate Health Care Agent?

Name: _____

Full Address: _____

Phone Numbers: _____

