

# Estate Planning Questionnaire

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Telephone: 781-237-0150

Date: \_\_\_\_\_

## 1. Family Information

Legal name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: (home) (\_\_\_\_\_) \_\_\_\_\_

(work) (\_\_\_\_\_) \_\_\_\_\_

(cell) (\_\_\_\_\_) \_\_\_\_\_

Previous Marriages? Y/N If so, any divorce agreement? \_\_\_\_\_ (please provide a copy)

Occupation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Living Parents Name(s): \_\_\_\_\_

### Child #1

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child: Biological/Adopted/None

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

Grandchildren names and ages: \_\_\_\_\_

\_\_\_\_\_

## Estate Planning Questionnaire

Child #2

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child: Biological/Adopted/None

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

Grandchildren names and ages: \_\_\_\_\_

\_\_\_\_\_

Child #3

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child: Biological/Adopted/None

Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

Grandchildren names and ages: \_\_\_\_\_

\_\_\_\_\_

Child #4

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Relationship to child: Biological/Adopted/None

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Spouse: \_\_\_\_\_

## *Estate Planning Questionnaire*

Grandchildren names and ages: \_\_\_\_\_  
\_\_\_\_\_

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

### Sibling #1

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Nieces/Nephews names and ages: \_\_\_\_\_  
\_\_\_\_\_

### Sibling #2

Legal name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Spouse: \_\_\_\_\_

Nieces/Nephews names and ages: \_\_\_\_\_  
\_\_\_\_\_

## Estate Planning Questionnaire

### 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:

|                       |  |
|-----------------------|--|
| I                     | Titled in your name individually                             |
| JT w/ (fill in blank) | Titled in joint names – please indicate names                |
| 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: \_\_\_\_\_

#### Bank Accounts

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

## Estate Planning Questionnaire

### IRAs/401(k)s/other retirement accounts

|     | Owner | Name of institution/<br>Type of Acct. | Beneficiaries | Current value |
|-----|-------|---------------------------------------|---------------|---------------|
| (1) | _____ | _____                                 | _____         | _____         |
| (2) | _____ | _____                                 | _____         | _____         |
| (3) | _____ | _____                                 | _____         | _____         |

### Stocks/Bonds/ Brokerage Accounts

|     | Title | Name of company/brokerage house | Current value |
|-----|-------|---------------------------------|---------------|
| (1) | _____ | _____                           | _____         |
| (2) | _____ | _____                           | _____         |
| (3) | _____ | _____                           | _____         |

### Life insurance

|                      | Insured | Name of company | Cash surrender | Death benefit |
|----------------------|---------|-----------------|----------------|---------------|
| (1)                  | _____   | _____           | _____          | _____         |
| Beneficiaries: _____ |         |                 |                |               |
| (2)                  | _____   | _____           | _____          | _____         |
| 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 _____ |

## Estate Planning Questionnaire

**Automobiles/boats/motor homes, etc.**

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

**Other Assets**

|     | Title | Description | Current value |
|-----|-------|-------------|---------------|
| (1) | _____ | _____       | _____         |
| (2) | _____ | _____       | _____         |
| (3) | _____ | _____       | _____         |

***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***

## Estate Planning Questionnaire

*Are you the beneficiary or trustee of any trust, or do you anticipate receiving a substantial inheritance? Y/N*

If yes, please specify:

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*Are you named as power of attorney for anyone? Y/N*

***Income Information***

Please list monthly gross income figures.

Wages                                 \$ \_\_\_\_\_

Social Security                    \$ \_\_\_\_\_

Dividends                             \$ \_\_\_\_\_

Pension:\_\_\_\_\_                 \$ \_\_\_\_\_

Other:\_\_\_\_\_                     \$ \_\_\_\_\_

# Estate Planning Questionnaire

## 3. Document Information

### LAST WILL & TESTAMENT

Who would you like to appoint in your Will to act as your Personal Representative (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 in your Will as an alternate Personal Representative, in the event the person named above is unavailable?

Name: \_\_\_\_\_

Address (City & State): \_\_\_\_\_

Who would you like to appoint in your Wills as Guardian of any minor or incapacitated, unmarried children?

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Who would you like to appoint in your Wills as an alternate Guardian, in the event the person named above is unavailable?

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

### TRUST

Who would you like to appoint as Trustee (the individual who would oversee the trust established for your beneficiaries in the event of your death)?

Name: \_\_\_\_\_

Address (City & State): \_\_\_\_\_

Who would you like to appoint as an alternate Trustee, in the event the person named above is unavailable?

Name: \_\_\_\_\_

Address (City & State): \_\_\_\_\_



## *Estate Planning Questionnaire*

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 Power of Attorney (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 your alternate Power of Attorney, in the event the person named above is unavailable?

Name: \_\_\_\_\_

Address (City & State): \_\_\_\_\_

### HEALTH CARE PROXY

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

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

# Estate Planning Questionnaire

## LIVING WILL

A living will is a set of instructions that memorializes your wishes if you do not want extraordinary life-sustaining measures used in the event you are terminally ill or in an irreversible coma. Although they are not recognized in Massachusetts by statute, living wills are still encouraged because they help instruct your health care proxy agent as to how to carry out your wishes regarding terminal illness.

Would you like to sign a living will? Y/N

***SPECIAL CONCERNS OR PROVISIONS: Please provide any information about concerns you may have or unique provisions you would like placed in your estate planning documents.***

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