

Estate Planning Questionnaire

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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.

CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

A. FAMILY INFORMATION

	Husband	Wife
Full Name	_____	_____
Other Names Used	_____	_____
Home Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Social Security No.	_____	_____
Home Phone	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
	Street	Street
	_____	_____
	City, State Zip	City, State Zip
Business Phone	_____	_____
Date of Birth	_____	_____
Current Health Status	_____	_____
Send Mail To	Home [] Business []	
Place and date of marriage	_____	

Where there any prior marriages? ____ If yes, did it end by divorce or death of former spouse? ____ If by divorce what was the date of divorce _____ (please attach copy of divorce decree)

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Address (if not home)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should children born to or adopted by you after the date of the will be included? _____
Please note any adopted children or step-children.

Are there any deceased children? _____

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

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u> (if a minor)	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (Prior marriages, support or settlement obligations, premarital agreement, disabled children or beneficiaries.)

Are you or your spouse beneficiaries or trustees of any trust? _____
Do you or your spouse have a power of appointment under any trust? _____
Do you or your spouse anticipate receiving a substantial inheritance? _____

IMPORTANT:

Prior wills—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. Otherwise, have them available when we meet.

Insurance—Please have all life insurance policies (or copies) and any insurance study prepared for you available when we meet.

Gift Tax Returns—If you have filed any federal or state gift tax returns, please either attach them to this form or have them available when we meet.

Do you have a safety deposit box? _____. If yes – where.
 Where do you keep your important documents? _____

B. FINANCIAL INFORMATION

ESTIMATED PERSONAL BALANCE SHEET

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with the checklist and complete only those two items below marked with an asterisk. With respect to real property, attach a copy of the deed by which you took title, if it is convenient. Accuracy to the penny is not necessary.

(Federal Estate Tax base: 2006, 2007, 2008 \$2 million; 2009 \$3.5 million; 2010 – 0.00 tax; 2011 - \$1 million)
 (Massachusetts taxable estates over \$1,000,000.00)

ASSETS

	Husband	Wife	Joint Tenancy
Banks Account and Certificates of Deposit	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Subchapter S and Other Closely-Held Stock and Partnership Interests	_____	_____	_____
Accounts Receivable, Mortgages Receivable, and Other Notes	_____	_____	_____
*Retirement Benefits, including IRA's (Please attach a copy of your summary, if available)	_____	_____	_____
Stocks, Bonds Mutual Funds	_____	_____	_____
Other Assets:			
(a) Automobiles	_____	_____	_____
(b) Art, Stamp, or Other Collections	_____	_____	_____
(c) Estimated Cash Value of Life Ins.	_____	_____	_____

(d) Miscellaneous Household Property _____
 (e) Other (Antiques, etc.) _____

SUB-TOTAL ASSETS
 (Other than Insurance) \$ _____ \$ _____ \$ _____

REAL ESTATE – PRINCIPAL RESIDENCE

Location _____
 Name(s) on Deed _____
 Tax Assessed Value _____
 Fair Market Value (estimate) _____
 Date purchased _____
 Purchase Price _____
 Remaining Mortgage _____

REAL ESTATE - OTHER

Location _____
 Name(s) on Deed _____
 Tax Assessed Value _____
 Fair Market Value (estimate) _____
 Date purchased _____
 Purchase Price _____
 Remaining Mortgage _____

INSURANCE

Face Amount and Type	Company	Insured	Beneficiary	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITIES

Loans and Other Liabilities (other than mortgages on real property) _____

Have you ever lived in or owned real estate in Arizona [], California [], Idaho [], Louisiana [], Nevada [], New Mexico [], Texas [], or Washington []?

Names of your financial advisors:

Accountant _____

Insurance _____

Broker/Trustee(s)
 or Investment Advisor(s) _____

C. ESTATE PLANNING PROVISIONS

FIDUCIARIES: Please consider which persons you would like to administer your estate and care for your minor or disabled children.

	Husband	Wife
<u>Executor of Estate:</u>		
Primary	_____	_____
Successor	_____	_____
	<u>Name</u>	<u>Address</u>
Guardians:		
Primary	_____	_____
Successor	_____	_____

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the person named:

DISPOSITION OF ESTATE: What are your general desires as to the disposition of your estate. Indicate any specific gifts of cash or items you wish to make.

<u>Specific Gifts</u>			
Amount of Gift	Description	Name of Recipient	Relationship or Address
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than \$12,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Location of Gift Tax Returns: _____

CHARITABLE INTERESTS: (Identify charities in which you are currently interested or which may benefit your estate.)

POWER OF ATTORNEY:

Have you ever given a power of attorney to another? _____

If so, to whom and when? _____

Is it still in effect? _____

SPECIAL INSTRUCTIONS:

Do you wish to leave instructions regarding burial or cremation?

	Husband	Wife
Do you wish to be an organ and tissue donor?	_____	_____
If yes, have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?	_____	_____

HEALTH CARE PROXY: Do you feel strongly about so-called "Right to Die" Issues? _____
Yes No

If you do, we can work out with you the wording of a health care proxy designed to address such issues.

Would you like to grant a health care power of attorney? _____

Would you like to grant a durable power of attorney? _____

Please include any other issues or concerns that you would like to discuss when we meet to review your estate plan?

Signature of Husband DATE

Signature of Wife DATE