
CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Provided by
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ESTATE PLANNING QUESTIONNAIRE

Section 1. Contact Information

Yourself

Spouse

Name _____

Citizenship _____

Usual Way of Signing _____

Other or Former Names _____

Date of Birth _____

Social Security Number _____

BUSINESS ADDRESS

Company Name _____

Title _____

Street _____

City, State, Zip Code _____

Work Phone _____

Work Fax _____

Email Address _____

PRIMARY HOME ADDRESS

Street or Post Office Box _____

City, State, Zip Code _____

Country _____

Home Phone _____

Section 1. Contact Information (cont.)

ALTERNATE CONTACT INFORMATION

Home Phone No. 2	_____	_____
Home Fax	_____	_____
Email	_____	_____
Mobile Phone	_____	_____
Pager	_____	_____
Assistant Name	_____	_____
Assistant Phone	_____	_____

DATE OF MARRIAGE _____ **PLACE OF MARRIAGE** _____

Do you have a written pre-nuptial agreement? _____ Yes _____ No

Since your marriage, have you ever lived in any of the following community or marital property states?

_____ Arizona	_____ Nevada	_____ Wisconsin	_____ Idaho	_____ Washington (State)
_____ California	_____ New Mexico	_____ Louisiana	_____ Texas	_____ Alaska

Section 2. FAMILY INFORMATION

CHILDREN OF THIS MARRIAGE (include information for spouses of married children)

Name	Address ¹	Date of Birth ²
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

DECEASED CHILDREN, if any

PRIOR MARRIAGES (If Yes, complete information page 4. If No, go to page 5.)

Husband _____ Yes _____ No

Wife _____ Yes _____ No

¹ If different from your own.

² Indicate if adopted.

Section 2. FAMILY INFORMATION (cont.)

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

Name	Address ³	Date of Birth ⁴
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Do any of your children from your current or former marriage have any special issues, needs or problems?

FORMER SPOUSE'S NAME _____ **DATE/PLACE OF MARRIAGE** _____

If terminated by Death: Date and Place of Death _____

Is there an existing interest in the deceased spouse's estate that may pass to you or your children? If so, please estimate it's value and include copies of any relevant documents such as a will, trust, insurance policy, annuity contract, etc.

If terminated by Divorce: Date and Place decree obtained _____ (please include a copy)

Was a property settlement agreed upon or ordered by a court? If so, please include a copy.

If you have any continuing financial obligation to a former spouse or children from a former marriage, please provide documentation.

³ If different from your own.

⁴ Indicate if adopted.

Section 2. FAMILY INFORMATION (cont.)

LIVING PARENTS

Husband's Father

Husband's Mother

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

Wife's Father

Wife's Mother

Name _____

Address _____

City, State, Zip Code _____

Telephone _____

GRANDCHILDREN

Name	Name of Parent	Address ⁵	Date of Birth ⁶
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⁵ If different from your own.

⁶ Indicate if adopted.

Section 2. FAMILY INFORMATION (cont.)

LIVING SIBLINGS

Husband's Siblings and their Spouses

Name	Address	Telephone

Wife's Siblings and their Spouses

Name	Address	Telephone

Section 2. FAMILY INFORMATION (cont.)

Person(s) to be guardian(s) of your minor children and alternates if ever necessary:
Please include full name, address and telephone number.

Primary guardians

Alternate guardians

Ages at which you want gifts to children/grandchildren to be distributed, notwithstanding reasonable care, support and education distributions:

Other personal information you believe is important:

Section 3. SUMMARY OF ASSETS as of _____ (Date)

If available, please attach your most recent financial statement and indicate the purpose for which it was prepared.

On the following pages, give your best, conservative estimate of value to the nearest \$1,000. For each account listed provide: account number; institution; and address of branch where account was initially opened. Alternatively, some clients prefer to simply have us make a photocopy of their most recent account statement(s).

Values and Ownership

Account Number One

Name of Bank or Brokerage Firm: _____

Account Ownership (*circle*): *Individual* *Joint* *Tenants in Common*

Name of Account: _____ Type of Account: _____

Average Balance of Account: _____ Account Number: _____

Account Number Two

Name of Bank or Brokerage Firm: _____

Account Ownership (*circle*): *Individual* *Joint* *Tenants in Common*

Name of Account: _____ Type of Account: _____

Average Balance of Account: _____ Account Number: _____

Section 3. SUMMARY OF ASSETS (cont.)

Account Number Three

Name of Bank or Brokerage Firm: _____

Account Ownership (*circle*): *Individual* *Joint* *Tenants in Common*

Name of Account: _____ Type of Account: _____

Average Balance of Account: _____ Account Number: _____

Account Number Four

Name of Bank or Brokerage Firm: _____

Account Ownership (*circle*): *Individual* *Joint* *Tenants in Common*

Name of Account: _____ Type of Account: _____

Average Balance of Account: _____ Account Number: _____

List the value of all household furniture, art objects, collections, etc. owned **jointly**.

\$ _____

List the values and identify any significantly valuable items owned **individually**.

\$ _____

Section 3. SUMMARY OF ASSETS (cont.)

Any items of value not yet listed.

Do you expect to inherit more than \$50,000 within the next five years? _____ Yes _____ No

Please indicate any person who advises you in any of the following categories:

	<i>Name</i>	<i>Address</i>	<i>Telephone</i>
Accountant	_____	_____	_____
Trust Officer	_____	_____	_____
Life Insurance Agent	_____	_____	_____
Financial Advisor	_____	_____	_____
Other	_____	_____	_____

Please list the location and contents of any safe deposit box to which you have access.

Do you currently have a will, trust, health care proxy, living will, or durable power of attorney? _____ Yes _____ No

If so, please provide a copy of the instrument and indicate with whom originals might reside.

Section 4. REAL ESTATE INFORMATION

Property One

Property Address: _____

Approximate Purchase Price: _____

Approximate Purchase Date: _____

Approximate Current Value (FMV): _____

Name of Owner(s): _____

If multiple owners, ownership is (circle): *Tenants in Common* *Joint* *Tenants by the Entirety* *Unknown*

Amount and Terms of Any Outstanding Mortgage:

Mortgage Institution Name: _____

Approximate Year Mortgage Received: _____ Current Amount Outstanding: _____

Interest Rate: _____

Type (circle): *Fixed or Adjustable* Adjustment Frequency: *Conventional or Interest Only*

Term (circle): 10 Yr., 15 Yr., 20 Yr., 30 Yr.

Property Two

Property Address: _____

Approximate Purchase Price: _____

Approximate Purchase Date: _____

Approximate Current Value (FMV): _____

Name of Owner(s): _____

If multiple owners, ownership is (circle): *Tenants in Common* *Joint* *Tenants by the Entirety* *Unknown*

Amount and Terms of Any Outstanding Mortgage:

Mortgage Institution Name: _____

Approximate Year Mortgage Received: _____ Current Amount Outstanding: _____

Interest Rate: _____

Type (circle): *Fixed or Adjustable* Adjustment Frequency: *Conventional or Interest Only*

Term (circle): 10 Yr., 15 Yr., 20 Yr., 30 Yr.

Section 4. REAL ESTATE INFORMATION (cont.)

Property Three

Property Address: _____

Approximate Purchase Price: _____

Approximate Purchase Date: _____

Approximate Current Value (FMV): _____

Name of Owner(s): _____

If multiple owners, ownership is (circle): *Tenants in Common* *Joint* *Tenants by the Entirety* *Unknown*

Amount and Terms of Any Outstanding Mortgage:

Mortgage Institution Name: _____

Approximate Year Mortgage Received: _____ Current Amount Outstanding: _____

Interest Rate: _____

Type (circle): *Fixed or Adjustable* Adjustment Frequency: *Conventional or Interest Only*

Term (circle): 10 Yr., 15 Yr., 20 Yr., 30 Yr.

Property Four

Property Address: _____

Approximate Purchase Price: _____

Approximate Purchase Date: _____

Approximate Current Value (FMV): _____

Name of Owner(s): _____

If multiple owners, ownership is (circle): *Tenants in Common* *Joint* *Tenants by the Entirety* *Unknown*

Amount and Terms of Any Outstanding Mortgage:

Mortgage Institution Name: _____

Approximate Year Mortgage Received: _____ Current Amount Outstanding: _____

Interest Rate: _____

Type (circle): *Fixed or Adjustable* Adjustment Frequency: *Conventional or Interest Only*

Term (circle): 10 Yr., 15 Yr., 20 Yr., 30 Yr.

Section 5. INSURANCE SCHEDULE

Please list all life insurance policies owned by you or any other person insuring the life of husband, wife, or another person. Be sure to include group life insurance provided by an employer.

Policy Number One

Policy Information:

Policy Owner () _____
Insured () _____
Beneficiary () _____
Insurance Company _____
Policy Number _____
Policy Type (Circle) Term *Whole Life* *Other* _____
Face Amount _____
Cash Value _____
Outstanding Loans _____

Insurance Agent / Human Resources Director:

Name _____
Telephone No. _____
Address _____

Premium Information:

Premium Payment Frequency
(Circle) Annual, *Semi-Annual*, *Quarterly*, *Monthly*
Payment Method (Circle) Check *Automatic Account Debit*

Policy Number Two

Policy Information:

Policy Owner () _____
Insured () _____
Beneficiary () _____
Insurance Company _____
Policy Number _____
Policy Type (Circle) Term *Whole Life* *Other* _____
Face Amount _____
Cash Value _____
Outstanding Loans _____

Insurance Agent / Human Resources Director:

Name _____
Telephone No. _____
Address _____

Premium Information:

Premium Payment Frequency
(Circle) Annual, *Semi-Annual*, *Quarterly*, *Monthly*
Payment Method (Circle) Check *Automatic Account Debit*

Section 5. INSURANCE SCHEDULE (cont.)

Policy Number Three

Policy Information:

Policy Owner () _____
Insured () _____
Beneficiary () _____
Insurance Company _____
Policy Number _____
Policy Type (Circle) Term *Whole Life* *Other*
Face Amount _____
Cash Value _____
Outstanding Loans _____

Policy Information:

Policy Owner () _____
Insured () _____
Beneficiary () _____
Insurance Company _____
Policy Number _____
Policy Type (Circle) Term *Whole Life* *Other*
Face Amount _____
Cash Value _____
Outstanding Loans _____

Insurance Agent / Human Resources Director:

Name _____
Telephone No. _____
Address _____

Premium Information:

Premium Payment Frequency
(Circle) Annual, *Semi-Annual*, *Quarterly*, *Monthly*
Payment Method (Circle) Check *Automatic Account Debit*

Insurance Agent / Human Resources Director:

Name _____
Telephone No. _____
Address _____

Premium Information:

Premium Payment Frequency
(Circle) Annual, *Semi-Annual*, *Quarterly*, *Monthly*
Payment Method (Circle) Check *Automatic Account Debit*

Please list any additional insurance policies owned or benefiting you including Disability Insurance and Long Term Care Insurance policies.

Type and terms _____
Insured (___) _____
Policy Number _____
Date Issued _____

Policy Owner (___) _____
Company _____
Beneficiary (___) _____

Type and terms _____
Insured (___) _____
Policy Number _____
Date Issued _____

Policy Owner (___) _____
Company _____
Beneficiary (___) _____

Section 6. BUSINESS INTEREST SCHEDULE

For each such interest, indicate:

BUSINESS ONE:

Name of Company

Telephone

Address

Type of interest: _____ Sole owner _____ Partnership _____ Corporation _____ LC, LLC

If a Corporation _____ S or _____ C Tax Status

Percentage of ownership

Fair market value

Description of product or service

Is there a buy/sell agreement?

_____ Yes _____ No

If yes, is it funded?

_____ Yes _____ No

Shareholder or operating agreement?

_____ Yes _____ No

What restrictions limit transfers of your interest? Please provide copies of shareholder, partnership, member, operating, buy-sell agreements, stock restrictions, and the like if you are not sure what restrictions exist.

Section 6. BUSINESS INTEREST SCHEDULE (Cont.)

BUSINESS TWO:

Name of Company

Telephone

Address

Type of interest: _____ Sole owner _____ Partnership _____ Corporation _____ LC, LLC

If a Corporation _____ S or _____ C Tax Status

Percentage of ownership

Fair market value

Description of product or service

Is there a buy/sell agreement?

_____ Yes _____ No

If yes, is it funded?

_____ Yes _____ No

Shareholder or operating agreement?

_____ Yes _____ No

What restrictions limit transfers of your interest? Please provide copies of shareholder, partnership, member, operating, buy-sell agreements, stock restrictions, and the like if you are not sure what restrictions exist.

Section 7. EMPLOYEE BENEFIT SCHEDULE

Retirement Plan One: (circle)

401K, IRA, IRRA, Pension Plan, Profit Sharing Plan, Keogh (HR-10), Defined Benefit Plan, Stock Bonus Plan, Other

Retirement Plan Participant (owner): _____
Investment Custodian: _____
Beneficiary: _____
Account Number: _____
Amount in Account: _____
Expected Retirement Benefit: _____
Any Death Benefit: _____
Outstanding Loans: _____

Retirement Plan Two: (circle)

401K, IRA, IRRA, Pension Plan, Profit Sharing Plan, Keogh (HR-10), Defined Benefit Plan, Stock Bonus Plan, Other

Name of Retirement Plan Owned: _____
Investment Custodian: _____
Account Number: _____
Amount in Account: _____
Expected Retirement Benefit: _____
Any Death Benefit: _____
Outstanding Loans: _____
Beneficiary: _____

Section 7. EMPLOYEE BENEFIT SCHEDULE (cont.)

Retirement Plan Three: (circle)

401K, IRA, IRRA, Pension Plan, Profit Sharing Plan, Keogh (HR-10), Defined Benefit Plan, Stock Bonus Plan, Other

Name of Retirement Plan Owned: _____
Investment Custodian: _____
Account Number: _____
Amount in Account: _____
Expected Retirement Benefit: _____
Any Death Benefit: _____
Outstanding Loans: _____
Beneficiary: _____

Retirement Plan Four: (circle)

401K, IRA, IRRA, Pension Plan, Profit Sharing Plan, Keogh (HR-10), Defined Benefit Plan, Stock Bonus Plan, Other

Name of Retirement Plan Owned: _____
Investment Custodian: _____
Account Number: _____
Amount in Account: _____
Expected Retirement Benefit: _____
Any Death Benefit: _____
Outstanding Loans: _____
Beneficiary: _____

Other Employment Benefits

Please describe any stock option, deferred compensation, or similar agreements and provide copies.

Do you presently have a will (or other estate planning documents)? Yes No

If so, name/address of attorney: _____

Please attach a copy or bring it with you to the initial conference.

Have you made taxable gifts and/or filed gift tax returns in past years? Yes No

Gift Year(s) _____

If possible, please provide a copy of your latest gift tax return, if any.

Have you created or do you presently benefit from any trusts? Yes No

Please attached a copy of the trust or bring it with you to the initial conference.

Do you expect to receive any substantial inheritances or other income? Yes No

If so, please provide some detail . _____

Do you have specific burial instructions that you want to be carried out? If so, please describe: _____
