

Estate Planning Questionnaire

For

Dated: _____

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1. FAMILY INFORMATION

Husband

Wife

NAME:

Print Your Name

Usual Way of Signing

Other or Former Names

Date of Birth

Social Security Number

Citizenship

BUSINESS ADDRESS:

Street

City, State and Zip Code

Telephone/Fax

() _____

() _____

E-mail

HOME ADDRESS:

Street or Post Office Box

City, State and Zip Code

Telephone/Fax

() _____

E-mail

DATE/PLACE OF MARRIAGE: _____

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

<i>Name</i>	<i>Address¹</i>	<i>Date of Birth²</i>

DECEASED CHILDREN, if any:

¹ If different from your own.

² Indicate if adopted.

PRIOR MARRIAGES:

Husband _____ Yes _____ No
(Complete information below)

Wife _____ Yes _____ No
(Complete information below)

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

<i>Name</i>	<i>Address³</i>	<i>Date of Birth⁴</i>

FORMER SPOUSE'S NAME: _____

DATE/PLACE OF MARRIAGE: _____

If Terminated by Death:

Date and Place: _____

Is there an existing interest in the deceased spouse's estate which may pass to you or your children? If so, please estimate its 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.

³ If different from your own.

⁴ Indicate if adopted.

GRANDCHILDREN:

<i>Grandchild's Name</i>	<i>Name of Parent</i>	<i>Address</i>	<i>Date of Birth</i>

LIVING PARENTS AND STEP-PARENTS:

of Husband:

<i>Name</i>	<i>Address</i>

of Wife:

<i>Name</i>	<i>Address</i>

LIVING BROTHERS AND SISTERS:

of Husband:

<i>Name</i>	<i>Address</i>

of Wife:

<i>Name</i>	<i>Address</i>

GENERAL INFORMATION

Do you have a written PRENUPTIAL agreement?⁵

_____ Yes _____ No

Since your marriage, have you ever lived in any of the following community or marital property states? If yes, please include dates.

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

Other personal information you believe is important:

⁵ If answer is "Yes," please supply a copy.

2. SUMMARY OF ASSETS AS OF _____
(Date)

Give your best, conservative estimate of value to the nearest \$1,000. Use gross values and indicate related liabilities in paragraph 7 of Section 3, Supplemental Information.

<i>Asset</i>	<i>Husband</i>	<i>Wife</i>	<i>Jointly w/spouse</i>	<i>Jointly w/others*</i>
Usual Checking Account Balance				
Savings Accounts				
Listed Securities (readily saleable)				
Closely held business interests (corporation, partnership or sole proprietorship)				
Value of professional practice				
Real Estate: Home (Mortgage)				
Other (Mortgage)				
Life insurance owned (amount payable on death)				
Qualified Pension, or Profit Sharing Plan, or similar plans, or deferred compensation arrangements				
Household furniture, etc.				
Art objects				
Collections (antiques, books, stamps, coins, etc.)				
Other				
TOTALS				

*Joint Owners Name(s):

3. SUPPLEMENTAL INFORMATION

1. What was your salary (including any bonus or other compensation) for the past 2 years?

	<u>Current Year</u>		<u>Previous Year</u>	
	<u>Salary</u>	<u>Bonus, etc.</u>	<u>Salary</u>	<u>Bonus, etc.</u>
Husband				
Wife				

2. What amount of the total cost of jointly owned property was contributed by each joint owner from his or her separate funds?

3. Are listed securities held by you, or in a management account of some type? Who is the manager?

4. Please describe real estate other than place of residence (type, location).

5. Please complete the Life Insurance Schedule (Section 5).

6. Please complete the Employee Benefit Schedule (Section 6).

7. Indicate major liabilities, including any significant income tax or other tax obligations.

8. Please give amount, date and donor of gifts which have been made which exceed the \$14,000 annual limit per donee. If any gift tax returns have been filed, please provide a copy of each.

9. Do you expect to inherit more than \$50,000 within the next five years or are you a present or future beneficiary under another person's will or trust? If so, please provide a copy of the instrument and an estimate of the value of your interest.

10. Do you have power to appoint assets under another person's will or trust? If so, please provide a copy of the instrument and an estimate of the value of your interest.

11. Are you a custodian or trustee for property of any kind for your children or any other person? If so, please describe the beneficiary, type of account, approximate value and provide a copy of the trust instrument, if any.

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

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

13. Please list the location and contents of any safe deposit box to which you have access. If any contents of the safe deposit box do not belong to you, please identify such items.

4. BUSINESS INTEREST SCHEDULE

CLOSELY-HELD BUSINESS INTERESTS

For each such interest, indicate:

Type of Interest: _____ Sole Owner _____ Partnership _____ Corporation

Percentage of Ownership: _____

Fair Market Value: _____

Description of Product or Service: _____

Is there a buy/sell agreement? _____ Yes _____ No

If yes, is it funded (i.e., with insurance)? _____ Yes _____ No

5. LIFE INSURANCE SCHEDULE

Please list all life insurance policies owned by you or any other person insuring the life of Husband, Wife or another person. Please indicate by "X" who pays the premium. Be sure to include group life insurance provided by an employer.

	Policy Number:	Policy Number:	Policy Number:	Policy Number:
Policy Owner				
Insured				
Company				
Whole Life or Term				
Face Value				
Cash value				
Outstanding Loans				
Beneficiary				
Date Issued				

6. EMPLOYEE BENEFIT SCHEDULE

Pension Plans, Profit Sharing Plans, IRA's Keogh (HR-10), Stock Bonus Plans, etc.:

Fund				
Amount in Fund				
Expected Retirement Benefit				
Death Benefit				
Your Contributions				
Beneficiary				

Other Employee Benefits:

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