

**Estate Planning Questionnaire**

**For**

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**Dated:** \_\_\_\_\_

**AMIEL Z. WEINSTOCK, ESQ.**

**617-651-4771**

**amiel@azwlaw.com**

**1. FAMILY INFORMATION**

**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 \_\_\_\_\_

**CHILDREN (include information for spouses of married children):**

| <i>Name</i> | <i>Address<sup>1</sup></i> | <i>Date of Birth<sup>2</sup></i> |
|-------------|----------------------------|----------------------------------|
|             |                            |                                  |
|             |                            |                                  |
|             |                            |                                  |

**DECEASED CHILDREN, if any:**

<sup>1</sup> If different from your own.

<sup>2</sup> Indicate if adopted.

PRIOR MARRIAGES:

\_\_\_\_\_ Yes                      \_\_\_\_\_ No  
(Complete information below)

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.

OTHER RELEVANT INFORMATION:

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GRANDCHILDREN:

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

LIVING PARENTS AND STEP-PARENTS:

| <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|             |                |
|             |                |
|             |                |
|             |                |
|             |                |

LIVING BROTHERS AND SISTERS:

| <i>Name</i> | <i>Address</i> |
|-------------|----------------|
|             |                |
|             |                |
|             |                |
|             |                |

OTHER PERSONAL INFORMATION YOU BELIEVE IS IMPORTANT:

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

\*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> |
|                     |                    |                      |                    |

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 your life 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.