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**ESTATE PLANNING QUESTIONNAIRE FOR COUPLE**

**Spouse #1**

- 1. Full Name (include middle initials and any aliases): \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. Mailing Address (if different): \_\_\_\_\_
- 4. Email Address: \_\_\_\_\_
- 5. Home Phone: \_\_\_\_\_
- 6. Cell Phone: \_\_\_\_\_
- 7. Business Phone: \_\_\_\_\_
- 8. Date of Birth: \_\_\_\_\_
- 9. Citizenship: \_\_\_\_\_
- 10. Occupation: \_\_\_\_\_

**Spouse #2**

- 1. Full Name (include middle initials and any aliases): \_\_\_\_\_
- 2. Address (if different from above): \_\_\_\_\_
- 3. Mailing Address (if different): \_\_\_\_\_
- 4. Email Address: \_\_\_\_\_

- 5. Home Phone: \_\_\_\_\_
- 6. Cell Phone: \_\_\_\_\_
- 7. Business Phone: \_\_\_\_\_
- 8. Date of Birth: \_\_\_\_\_
- 9. Citizenship: \_\_\_\_\_
- 10. Occupation: \_\_\_\_\_

CHILDREN

<u>Name</u>	<u>Age</u>	<u>Address/Phone # (if not home)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Please note any adopted children or step-children.  
 \*\*Please note any children with cognitive or emotional impairments

GRANDCHILDREN

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*Please note any adopted grandchildren  
 \*\*Please note any grandchildren with cognitive or emotional impairments

OTHER BENEFICIARIES

Include parents, siblings, relatives or others you might desire to benefit

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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IMPORTANT DOCUMENTS

**Please bring the following documentation with you to your first office appointment:**

1. Any Current Estate Planning Documents
  - Wills
  - Trusts
  - Health Care Powers of Attorney
  - Funeral Agent Designation Forms
  - Living Wills
  - Property Powers of Attorney
  - Beneficiary Designation Forms for:
    - Pension Plans
    - IRAs
    - 401 (k) Plans
    - 403 (b) Plans
    - Life Insurance
    - Annuities
  - Accounts Titled: TOD (Transferable on Death)
  - Accounts Titled: POD (Payable on Death)
2. Copies of Divorce Decrees
3. Copies of Child Support Decrees
4. Copies of Pre-Nuptial/Post-Nuptial Agreements
5. Copies of all Deeds to all real estate and time shares (Warranty, Quitclaim etc) and latest real estate tax bills
6. Outstanding balances on any mortgages on your real estate
7. Documentation regarding outstanding balances on any other major debt
8. Copies of latest investment statements showing current valuations of stocks, bonds, mutual funds-pension and non-pension
9. Copies of latest bank statements (see worksheet below to assist you in organizing the information)
10. Life insurance and Annuities policies

Company name  
Policy Number

Amount of insurance  
Outstanding Loans against the policy  
Insured's name  
Owner's name  
Primary Beneficiaries  
Contingent Beneficiaries

11. List of valuable tangible personal property (i.e. collections, antiques) or items of sentimental value that deserve special attention
12. List of persons who owe you money and any promissory notes payable to you
14. Identify trusted persons who can serve as Executor, Trustee (if considering a Trust), Guardian for minor children/children with disabilities and backup choices (successors) for these jobs
15. For any child, grandchild or other potential beneficiary with cognitive or emotional impairments,
  - a. What governmental benefits/entitlements are they currently receiving?
  - b. What is the level of functioning?
  - c. Are you considering a Special Needs Trust (SNT) for the benefit of the person with a disability for his/her entire lifetime?
  - d. How will you fund the SNT?
  - e. Who are suitable Trustees and Successor Trustees?
  - f. Can you identify a Trustee/Trust decision-maker who is not an ultimate trust beneficiary?
16. Information about any ownership in businesses (C corporations, S corporations, LLC's, Limited Partnerships)

Copies of stock certificates, corporate minute books, stock ownership ledgers  
Copies of LLC Operating Agreements  
Percentage of ownership documents  
Copies of any buy-sell agreements  
Copies of life insurance related to buy-sell agreements
17. Copies of Long Term Care Policies
18. Copies of Trusts created by someone else that name you as a beneficiary

19. Copies of any federal gift tax returns filed by you over your lifetime
21. Do you own real estate that abuts or is next to real estate owned by your spouse, children or other family members? Please bring copies of all deeds to these parcels.
22. Copies of any Zoning Certificates received from zoning officials
23. Any sizeable inheritances you expect to receive?
24. How would you like to be contacted?
25. What are your estate planning goals?
26. Are you interested in a simple estate plan or estate tax savings/wealth preservation?

**Please provide us with contact information of other Professionals/Advisors that may be of assistance**

Name	Address	Telephone
Business Attorney		
Accountant		
Financial/Investment Advisor		
Life Insurance Agent		
Physician		
Other		

## Client Asset Worksheet

For each Asset Subheading, please specify the approximate valuations and if applicable, designated and contingent beneficiaries. For assets held in only one spouse's name, place information in respective column. For assets held jointly, place information in joint column.

	Spouse #1	Spouse #2	Joint
<b>Real Estate</b>			
<b>Bank Accounts</b>			
<b>Retirement Plans</b>			
<b>Securities (Stocks &amp; Bonds)</b>			
<b>Life Insurance</b>			
<b>Valuable Tangible Personal Property (i.e. collections, antiques)</b>			
<b>Miscellaneous/Other Assets</b>			