

Date Completed: _____

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ESTATE PLANNING QUESTIONNAIRE FOR COUPLE

Spouse #1

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

Spouse #2

1. Full Name (include middle initial and any aliases): _____
2. Address (if different from above): _____
3. Email Address: _____
4. Cell Phone: _____
5. Date of Birth: _____
6. Citizenship: _____
7. 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 physical, cognitive or emotional impairments and complete pg 6

***Please include any deceased children and note if they left any children of their own

GRANDCHILDREN

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

*Please note any adopted grandchildren

**Please note any grandchildren with physical, cognitive or emotional impairments and complete pg 6

FINANCIAL SUMMARY

Assets			
REAL ESTATE (Indicate address, approximate value and amount of any outstanding mortgage)	SPOUSE #1	SPOUSE #2	JOINT
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
BANK ACCOUNTS – CHECKING/SAVINGS/CDs (List bank and account type)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
RETIREMENT SAVINGS – (IRA, 401(k), etc.)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
SECURITIES – Stocks, Bonds & Mutual Funds – Non-retirement (List company)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
ANNUITIES (Indicate issuer and death benefit)			
	\$	\$	\$
	\$	\$	\$
LIFE INSURANCE (List insurer, type of policy and death benefit)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
BUSINESS INTEREST YOU OWN (Specific entity and ownership interest)			
	\$	\$	\$
OTHER ASSETS - BOATS/COLLECTIONS/ART (Describe)			
	\$	\$	\$
MONEY OWED TO YOU (promissory note, mortgage)			
	\$	\$	\$

*Indicate any accounts that are transfer on death (TOD) or payable on death (POD)

IMPORTANT DOCUMENTS

Please indicate which of the following you currently have

Yes No

Yes No

Current Estate Planning Documents

<input type="checkbox"/>	<input type="checkbox"/>	Wills*	<input type="checkbox"/>	<input type="checkbox"/>	Items of special value
<input type="checkbox"/>	<input type="checkbox"/>	Trusts*	<input type="checkbox"/>	<input type="checkbox"/>	(heirlooms, license plate, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Health Care Powers of Attorney*	<input type="checkbox"/>	<input type="checkbox"/>	Long-term care policies
<input type="checkbox"/>	<input type="checkbox"/>	Funeral Agent Designations	<input type="checkbox"/>	<input type="checkbox"/>	Federal gift tax returns
<input type="checkbox"/>	<input type="checkbox"/>	Financial Powers of Attorney*	<input type="checkbox"/>	<input type="checkbox"/>	Zoning Certificates
<input type="checkbox"/>	<input type="checkbox"/>	Beneficiary Designation Forms*:	<input type="checkbox"/>	<input type="checkbox"/>	Prepaid funeral/cemetery plot
		Pension Plans			
		IRAs			
		401(k) Plans			
		403(b) Plans			
		Life Insurance			
		Annuities			
<input type="checkbox"/>	<input type="checkbox"/>	Living Wills			
<input type="checkbox"/>	<input type="checkbox"/>	Accounts Titled:			
		TOD (Transfer on Death)			
		POD (Payable on Death)			

Other Legal Documents

<input type="checkbox"/>	<input type="checkbox"/>	Real Estate and/or Time Share Deeds*
<input type="checkbox"/>	<input type="checkbox"/>	Promissory Notes*
<input type="checkbox"/>	<input type="checkbox"/>	LLC Operating Agreements*
<input type="checkbox"/>	<input type="checkbox"/>	Corporate by-laws*
<input type="checkbox"/>	<input type="checkbox"/>	Stock Certificates*
<input type="checkbox"/>	<input type="checkbox"/>	Divorce Decrees
<input type="checkbox"/>	<input type="checkbox"/>	Child Support Decrees
<input type="checkbox"/>	<input type="checkbox"/>	Mortgages
<input type="checkbox"/>	<input type="checkbox"/>	Major non-mortgage debt
<input type="checkbox"/>	<input type="checkbox"/>	Valuable personal property
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Nuptial/Post-Nuptial Agreements

**PLEASE BRING COPIES OF ITEMS MARKED WITH AN ASTERISK (*)
TO YOUR OFFICE CONFERENCE**

ADDITIONAL INFORMATION

Do you own real estate that abuts or is next to real estate owned by spouse, children or other family members? If yes, what are the addresses of those properties?

Are you a beneficiary of a trust created by another person?

Do you expect to receive a large inheritance other than from each other? If yes, approximately in what amount?

Do you have a safety deposit box? If yes, where is it located, what name(s) is/are on the box and who has keys to access the box?

How would you like us to contact you?

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			

SPECIAL NEEDS BENEFICIARY INFORMATION

For any child, grandchild or other potential beneficiary with physical, cognitive or emotional impairments:

- a. Who is the individual with the disability and what is his/her date of birth?
- b. What is the nature of the disability and what was the age of the onset of the disability?
- c. What governmental benefits/entitlements is the person currently receiving?

<i>SSI</i> (Monthly Amount):	<i>Sect. 8/HUD Housing:</i>
<i>RSDI/SSDI</i> (Monthly Amount):	<i>Medicaid:</i>
<i>SNAP:</i>	<i>Medicare:</i>
<i>Others:</i>	

- d. Does the individual receive any services from BHDDH/DDD? If yes, describe services.
- e. Is the individual under an existing guardianship? If yes, please provide a copy of the court-issued Certificate of Appointment.
- f. Does the individual have existing powers of attorney? If yes, please provide copies.
- g. Does the individual have an SSA Representative Payee? If so, who?