

Date Completed: \_\_\_\_\_

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**ESTATE PLANNING QUESTIONNAIRE FOR INDIVIDUAL**

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: \_\_\_\_\_

**CHILDREN**

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


\*Please note any adopted 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

Name

Age


\*Please note any adopted grandchildren

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

### OTHER BENEFICIARIES

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

Name

Relationship

Address


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

## FINANCIAL SUMMARY

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

\*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*

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

### *Other Legal Documents*

___	___	Real Estate and/or Time Share Deeds*
___	___	Promissory Notes*
___	___	LLC Operating Agreements*
___	___	Corporate by-laws*
___	___	Stock Certificates*
___	___	Divorce Decrees
___	___	Child Support Decrees
___	___	Mortgages
___	___	Major non-mortgage debt
___	___	Valuable personal property
___	___	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 a child 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? 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:**

	<b>Name</b>	<b>Address</b>	<b>Telephone</b>
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 (Monthly Amount):</i>	<i>Sect. 8/HUD Housing:</i>
<i>RSDI/SSDI (Monthly Amount):</i>	<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?