

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



**TARZWELL & TRUBIANO LAW, LLC**

Attorneys-at-Law  
490 Woodruff Avenue  
Wakefield, RI 02879-3538

—  
(401) 783-0819  
Fax (401) 783-0828  
www.tarzwelllaw.com

Gayle F. Tarzwell  
Amanda E. Tarzwell\*  
Antonio L. Trubiano\*  
\* Also member of Massachusetts Bar

**ESTATE PLANNING QUESTIONNAIRE FOR COUPLE**

**Spouse #1**

Full Name (include middle initial and any aliases): \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year you became a RI resident: \_\_\_\_\_

Citizenship (Date of Naturalization, if applicable): \_\_\_\_\_

Occupation (if retired, prior occupation): \_\_\_\_\_

**Spouse #2**

Full Name (include middle initial and any aliases): \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year you became a RI resident: \_\_\_\_\_

Citizenship (Date of Naturalization, if applicable): \_\_\_\_\_

Occupation (if retired, prior occupation): \_\_\_\_\_

CHILDREN

(including any legally adopted and age at adoption)

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

\*Please note any children with physical, cognitive or emotional impairments and complete our questionnaire concerning a child with a disability

DECEASED CHILDREN

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

\*Please note any deceased child who left children

GRANDCHILDREN

(including any legally adopted and age at adoption)

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

\*Please note any grandchildren with physical, cognitive or emotional impairments and complete our questionnaire concerning a child with a disability

## 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. (List financial institution)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
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)			
	\$	\$	\$

**\*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	
<i>Current Estate Planning Documents</i>					
___	___	Wills*	___	___	Long-term care policies
___	___	Trusts*	___	___	Federal gift tax returns (Form 709)
___	___	Health Care Powers of Attorney*	___	___	Zoning Certificates
___	___	Funeral Agent Designations	___	___	Prepaid funeral/cemetery plot
___	___	Financial Powers of Attorney*	___	___	
___	___	Beneficiary Designation Forms*:			
		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
___	___	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 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 so, please describe the nature of any such inheritances.

Do you have a safety deposit box? If yes, please indicate the location and persons authorized to open it.

Have either of you previously made gifts (cash or personal property) to any one person over the federal annual gift tax exclusion? If so, please indicate the amount of such gifts, the year, and if gift tax returns were filed.

Do you have specific wishes as to your burial or cremation? If so, please indicate those wishes.

**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			
<hr/>			
Accountant			
<hr/>			
Financial/Investment Advisor			
<hr/>			
Life Insurance Agent			
<hr/>			
Physician			
<hr/>			