

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 INDIVIDUAL

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): _____

CHILDREN

(including any legally adopted and age at adoption)

Name

Age

Phone # and address (if not home)

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

DECEASED CHILDREN

Name

Name

*Please note any deceased child who left children

GRANDCHILDREN

(including any legally adopted and age at adoption)

Name

Age

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

OTHER BENEFICIARIES

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

Name

Relationship

Address

* Please note any other beneficiary 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)	VALUE
	\$
	\$
	\$
	\$
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>					
___	___	Will*	___	___	Long-term care policies
___	___	Trust*	___	___	Federal gift tax returns (Form 709)
___	___	Health Care Power of Attorney*	___	___	Zoning Certificates
___	___	Funeral Agent Designation	___	___	Prepaid funeral/cemetery plot
___	___	Financial Power 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
___	___	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 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:

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