

MONIZ & MENDES, P.C.

for your financial and estate planning needs

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ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any information you disclose to us orally or in writing will be held in the strictest confidence and released to no one without your consent.

I. Personal/Family Information

SPOUSE #1/INDIVIDUAL

Full Name _____

Other Names Used _____

Social Security No. _____

Date of Birth _____ U.S. Citizen?
 YES NO

Street Address _____

City, State, Zip

Home Phone _____

Business/
Occupation _____

Business Address _____

City, State, Zip

Business Phone _____

Other Contact
Information _____

(e.g., cellular phone, email)

SPOUSE #2

Full Name _____

Other Names Used _____

Social Security No. _____

Date of Birth _____ U.S. Citizen?
 YES NO

Street Address _____

City, State, Zip

Home Phone _____

Business/
Occupation _____

Business Address _____

City, State, Zip

Business Phone _____

Other Contact
Information _____

At what time of day and at what phone
number do you prefer to be contacted?

Send mail to: Home; or Business

CHILDREN*

Full Name(s)	Date(s) of Birth	Social Security #	Address (if different from above)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please note any stepchildren of either spouse.*

OTHER BENEFICIARIES*

Full Name(s)	Date(s) of Birth	Relationship	Address (if different from above)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**eg., parents, siblings, grandchildren, relatives, and others whom you or your spouse wish to list as a beneficiary.*

CHARITABLE BENEFICIARIES

Organization Name	Charitable Mission/Purpose	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUST INCOME/EXPECTANCIES

1. Are you or your spouse current beneficiaries or trustees of any trust? If so, explain...

**Please bring a copy of any such trust(s) with you to the first meeting, if possible.*

2. Do you or your spouse anticipate receiving an inheritance anytime soon? If so, explain...

NOMINATE AND APPOINT YOUR PERSONAL REPRESENTATIVES FOR THE FOLLOWING ROLES

Consider the person(s) in your life who would be appropriate to serve as your personal representative(s) in the following roles:

1. LAST WILL AND TESTAMENT

EXECUTOR (Please note you may select to have co-executors):

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

SUCCESSOR EXECUTOR:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

2. DURABLE POWER OF ATTORNEY

ATTORNEY IN FACT (Financial decision-maker for you if you are incapacitated):

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

SUCCESSOR ATTORNEY IN FACT:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

3. HEALTH CARE PROXY

PRIMARY HEALTH CARE AGENT (Medical decision-maker for your if you are incapacitated):

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

ALTERNATE HEALTH CARE AGENT:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

4. GUARDIAN(S) OF ANY MINOR OR SPECIAL NEEDS CHILDREN YOU MAY HAVE

PRIMARY GUARDIAN:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

ALTERNATE GUARDIAN:

NAME	ADDRESS	PHONE NUMBER
_____	_____	_____

FAMILY LIABILITIES (Please enter estimated outstanding balances/pay-off amounts in U.S. Dollars)

	<u>AMOUNT</u>	<u>NAME(S) ON ACCOUNT</u>
Mortgage(s) on Primary Residence:	_____	_____
Mortgage(s) on Other Real Estate Owned:	_____	_____
Loans on Automobiles, Boats or other such vehicles:	_____	_____
Student Loans or other Personal Loans:	_____	_____
Outstanding Balances on Credit Cards:	_____	_____
Business Debts and any other amounts you owe:	_____	_____
TOTAL LIABILITIES	_____	
TOTAL EST. NET WORTH	_____	(Please subtract Total Liabilities from Total Assets and enter here.)

B. OTHER FINANCIAL ADVISORS*

	Name/Company	Telephone/Address
Accountant	_____	_____
Insurance Agent	_____	_____
Broker/Trustee(s)	_____	_____
Financial Planner(s)	_____	_____

**We will contact your other advisors only with your consent and only if needed to coordinate your estate planning with other aspects of your financial planning.*

C. ESTATE & TAX PLANNING OBJECTIVES

Finally, please consider what estate planning objectives you want to achieve. Here are a few examples:

- 1) obtain basic or revised estate planning documents (will, trust, durable power of attorney and/or health care proxy);
- 2) strategize to minimize or fund the payment of estate taxes;
- 3) initiate personal or charitable gifting strategies;
- 4) plan education funding for children, grandchildren, and others;
- 5) consider retirement plan distribution options;
- 6) strategize for long-term care issues, such as incapacity or institutionalization in a nursing home;
- 7) business planning or business succession strategies.

We will discuss general estate planning concepts as well as your specific planning goals when we meet.

D. ADDITIONAL DOCUMENTS

Along with this questionnaire and any other personal financial statements you may bring to our first meeting, it may be helpful for you to bring copies of certain additional legal or financial documents. Such documents would include any or all of the following documents as applicable to your situation:

- 1) Existing Wills or Trusts; (including any trusts in which you are a beneficiary)
- 2) Real Estate Deeds;
- 3) Investment or Retirement Plan Statements;
- 4) Insurance Policies & Employee Benefit Documents.
- 5) Gift Tax Returns Previous Filed.
- 6) Most Recent Income Tax Return;
- 7) Any Current Prenuptial or Prior Divorce Agreements; Settlements or Judgments
- 8) Any Relevant Closely Held Business Financial Statements or Agreements.

Thank you for your time and preparation.