

Western Mass Estate Planning
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Of Counsel

ESTATE PLANNING INFORMATION

This form is extremely important for both estate planning and long-term care discussions. Complete responses to all of the questions will ensure that we can provide thorough, appropriate, and accurate advice specific to your situation.

Date: _____

PERSONAL INFORMATION

Name: _____
(First Name) (Middle Name/Initial) (Last Name)

Date of birth: _____ SS#: _____ U.S. citizen (Y/N): _ Veteran (Y/N): _

Spouse / partner's name: _____
(First Name) (Middle Name/Initial) (Last Name)

Date of birth: _____ SS#: _____ U.S. citizen (Y/N): _ Veteran (Y/N): _

Marital status: _____ Married Date of marriage _____ First marriage (Y/N):_

_____ Single/never married

_____ Divorced

_____ Widowed Date of Spouse's death _____

Address: _____

Telephone: (home) _____ You _____ Spouse _____
(work) _____
(cell) _____

E-mail address: _____

May we communicate with you by e-mail? (Y/N): _____

Who told you about our office? _____

FAMILY INFORMATION

Directions: list all children, if any (biological, adopted, step, or deceased); otherwise, list parents and/or siblings (and children if any deceased siblings) as their names would appear on legal documents, even if they are not intended beneficiaries of your estate. Include all information for all individuals listed.

(1) Name: _____ Relation: _____
(First Name) (Middle Name/Initial) (Last Name)
Address: _____ DOB: _____

Telephone: _____ (home) _____ (cell)
_____ (work)
Spouse: _____ First marriage (Y/N): ___
Names and ages of person's children, if any: _____

(2) Name: _____ Relation: _____
(First Name) (Middle Name/Initial) (Last Name)
Address: _____ DOB: _____

Telephone: _____ (home) _____ (cell)
_____ (work)
Spouse: _____ First marriage (Y/N): ___
Names and ages of person's children, if any: _____

(3) Name: _____ Relation: _____
(First Name) (Middle Name/Initial) (Last Name)
Address: _____ DOB: _____

Telephone: _____ (home) _____ (cell)
_____ (work)
Spouse: _____ First marriage (Y/N): ___
Names and ages of person's children, if any: _____

(4) Name: _____ Relation: _____
(First Name) (Middle Name/Initial) (Last Name)
Address: _____ DOB: _____

Telephone: _____ (home) _____ (cell)
_____ (work)
Spouse: _____ First marriage (Y/N): ___
Names and ages of person's children, if any: _____

(5) Name: _____ Relation: _____
(First Name) (Middle Name/Initial) (Last Name)
Address: _____ DOB: _____

Telephone: _____ (home) _____ (cell)
_____ (work)
Spouse: _____ First marriage (Y/N): ___
Names and ages of person's children, if any: _____

(6) Name: _____ Relation: _____
(First Name) (Middle Name/Initial) (Last Name)
Address: _____ DOB: _____

Telephone: _____ (home) _____ (cell)
_____ (work)
Spouse: _____ First marriage (Y/N): ___
Names and ages of person's children, if any: _____

ASSET INFORMATION

Please list each asset you (and your spouse, if any) own, even if jointly held with another person or in a trust. Please use the following codes to identify whose name is on each asset:

- JT Titled in both partners' or spouses' names (together)
- I Titled in one person's name (individually – indicate name)
- JT w/ (fill in blank) Titled in joint names (other than spouse/partner – indicate names)
- TR Titled in trust – please note name of Trust and Trustee(s)

Real Estate

(1) Property address: _____

Owner(s): _____

How titled: _____

Year acquired: _____ Tax-Assessed Value: _____

Fair-Market Value: _____

_____ Gift

_____ Inheritance

_____ Purchased

Mortgage balance: _____

Insurance premium: _____

Purchase price: _____ Annual taxes: _____

Do you have a real estate tax exemption? (N/Y) ____

If Yes: Type: _____ (ex: veterans) Annual savings \$ _____

(2) Property address: _____

Owner(s): _____

How titled: _____

Year acquired: _____ Tax-Assessed Value: _____

Fair-Market Value: _____

_____ Gift

_____ Inheritance

_____ Purchased

Mortgage balance: _____

Insurance premium: _____

Purchase price: _____ Annual taxes: _____

SAFE DEPOSIT BOX? (Y/N)___ **Joint name(s), if any:** _____

Box No. _____

Bank: _____

Street Address: _____

Bank Accounts (checking, savings, CDs)

	How titled	Name of bank	Type (checking/savings/CD)	Current balance
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____
(7)	_____	_____	_____	_____
(8)	_____	_____	_____	_____

Retirement Accounts (Roth and Traditional IRAs/401(k)s/403(b)s/TSAs)

	Owner	Name of institution	Type	Primary Beneficiary	Contingent Beneficiary	Current Value
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____	_____

Non-retirement Investment Accounts/Stocks/Bonds/Mutual Funds/Savings Bonds

	How titled	Name of company	# Shares	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

Life insurance/Non-Retirement Annuities

	Owner	Name of company	LI/Annuity	Face value	Cash value	Death benefit
(1)	_____	_____	_____	_____	_____	_____
	Primary Beneficiary: _____			Contingent Ben: _____		
(2)	_____	_____	_____	_____	_____	_____
	Primary Beneficiary: _____			Contingent Ben: _____		
(3)	_____	_____	_____	_____	_____	_____
	Primary Beneficiary: _____			Contingent Ben: _____		
(4)	_____	_____	_____	_____	_____	_____
	Primary Beneficiary: _____			Contingent Ben: _____		
(5)	_____	_____	_____	_____	_____	_____
	Primary Beneficiary: _____			Contingent Ben: _____		

Automobiles/boats/motor homes/trailers

	How titled	Year/make/model	Loan balance	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

Please note any unregistered vehicles and any which are registered outside of Massachusetts

Other Assets (timeshares, business interests, promissory notes, art, collectibles, antiques of significant value)

	How titled	Description	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

SPECIAL CIRCUMSTANCES

Please indicate any special circumstances such as

- Family members with disabilities/receiving public benefits _____
-with pending divorces _____
-with child support obligations _____
-who are estranged _____
- Any gifts or inheritances you anticipate receiving _____
- Any gifts you have made of \$1,000 or more _____
- Other _____

Who is your CPA? _____

Who is your investment/financial planner? _____

Who is your insurance agent? _____

Do you need a referral to any of the above professionals? _____

INCOME INFORMATION

Person: _____
 (occupation: _____) (occupation: _____)

<u>Type</u>	<u>current year monthly</u>	<u>current year monthly</u>
Wages	\$ _____ (before deductions)	\$ _____ (before deductions)
Social Security	\$ _____ (before deductions)	\$ _____ (before deductions)
Pension from: _____	\$ _____ (before deductions)	\$ _____ (before deductions)
Pension from: _____	\$ _____ (before deductions)	\$ _____ (before deductions)
Other: _____	\$ _____ (before deductions)	\$ _____ (before deductions)

IF CLIENT IN ASSISTED LIVING OR SKILLED-NURSING FACILITY – Daily rate: _____

OTHER PERTINENT INFORMATION (ex: Medex coverage and long-term care insurance)

I/We hereby certify that the information provided is complete and accurate to the best of my/our knowledge.

Signature Date

Signature Date