

Western Mass Estate Planning

112A State Street
Shelburne Falls, MA 01370
Telephone: (413) 625-2482
Facsimile: (413) 826-7700
www.westernmassep.com

*Deirdre Gleason, Esq., Owner
Emily Arsenault, Legal Assistant
Erin Fish, Office Manager
Kathy Wagner, MassHealth Specialist*

ESTATE INFORMATION

Please fill out this questionnaire as thoroughly as possible. Complete responses to all of the questions will ensure that I can provide thorough, appropriate, and accurate advice that is specific to the deceased person's estate.

Date: _____

I. General Information

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

Date of death: _____ SS#: _____

Home address: _____ First year at
this address: _____

Date of birth: _____ Place of birth: _____

Marital status at time of death:

Married; Surviving spouse: _____
Date of marriage: _____ First marriage: Y / N
Residence at marriage (town): _____
 Widowed; Name and date of death of deceased spouse:

 Single/never married
 Divorced/legally separated; name of ex-spouse and dates of separation: _____

II. Family Information

I. Person handling estate assets (Personal Representative/Trustee/Executor):

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

Address: _____
_____ SS#: _____

Telephone: (_____) (home) (_____) (cell)

E-mail (if any): _____

2. Surviving Spouse (if any):

First marriage: Y / N

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

Address: _____
DOB: _____
SS#: _____

Telephone: (_____) (home) (_____) (cell)
(_____) (work) E-mail (if any): _____

3. Other Heirs at Law

Directions: Fill out names of any children. If there are no children or grandchildren, and no surviving spouse, include names of deceased person's siblings. If any children (or siblings) are deceased, please provide the date of death for each deceased person, then list that person's children. More space is provided on page 8 (or attach another sheet).

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

Address: _____

Telephone: (_____) _____ Currently serving in the military (Y/N)

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

Address: _____

Telephone: (_____) _____ Currently serving in the military (Y/N)

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

Address: _____

Telephone: (_____) _____ Currently serving in the military (Y/N)

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

Address: _____

Telephone: (_____) _____

Currently serving in the military (Y/N)

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

Relation: _____

Address: _____

Telephone: (_____) _____

Currently serving in the military (Y/N)

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

Relation: _____

Address: _____

Telephone: (_____) _____

Currently serving in the military (Y/N)

III. Assets as of Date of Death

Please list each asset the decedent owned, even if jointly held with another person or in a trust. Please use the following codes to identify whose name is on each asset:

D	Titled in decedent's name individually
Sp	Titled in spouse's name individually
JT	Titled in both spouse's names together
JT w/ (fill in blank)	Titled in joint name(s) (not spouse) – please indicate name(s)
TR	Titled in trust – please note name of Trust and Trustee(s)
TOD	Transfer on Death

A. List any Trusts, and amendments to those trusts, that were in effect at the decedent's death:

1) Name of Trust: _____ Date established: _____
Date(s) and name(s) of amendment(s): _____

Name(s) of Successor Trustee(s): _____

2) Name of Trust: _____ Date established: _____
Date(s) and name(s) of amendment(s): _____

Name(s) of Successor Trustee(s): _____

B. Real Estate

1) Property address: _____

Owner(s): _____

How titled: _____

Value: _____	Source: _____	Tax Bill	Appraisal
Year acquired: _____	Outstanding mortgage balance, if any: _____		

2) Property address: _____

Owner(s): _____

How titled: _____

Value: _____ Source: Tax Bill Appraisal

Year acquired: _____ Outstanding mortgage balance, if any: _____

3) Property address: _____

Owner(s): _____

How titled: _____

Value: _____ Source: Tax Bill Appraisal

Year acquired: _____ Outstanding mortgage balance, if any: _____

C. Bank Accounts

How titled	Name of Bank	Account #	Balance at Date of Death
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____

D. IRAs/401(k)s/other retirement accounts

Name of institution	Account #	Beneficiary	Value at Date of Death
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

E. Stocks/Bonds/Mutual Funds/Savings Bonds

How titled	Name of company	Account #	# Shares	Value at Date of Death
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____

F. Life Insurance/Non-Qualified (post-tax) Annuities

Name of company	Policy #	Beneficiary	Death Benefit
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____

G: Other Assets (business interests, promissory notes, art, collectibles, jewelry, antiques of significant value)

How titled	Description	Value at Date of Death
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____
7) _____	_____	_____
8) _____	_____	_____

Did the decedent leave a memorandum, outlining distribution of any items of personal property? **Y / N**

H: Automobiles/boats/motor homes/trailers

How titled	Year/make/model	Loan balance	Value
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

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

I: Safe Deposit Box () yes () no

Box No. _____ Bank: _____
Street Address: _____
Joint name(s), if any: _____
Contents: _____

IV: Income/Transfers

A. Annuities/Pensions

Was decedent receiving any annuity/pension before death? () yes () no

If yes, what type? _____

Claim number: _____

Does the benefit continue? () yes () no

Beneficiary: _____

Amount: _____

B. Transfers

1. Were any transfers made into a trust? () yes () no
If so, name of trust: _____

2. Were any transfers exceeding \$10,000 made by decedent during his/her lifetime?
() yes () no

3. Were any transfers made by decedent within three years of his/her death?
() yes () no

If so, please explain: _____

V. Expenses

Estate/Funeral Expenses, Debts, etc.

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

Name of person completing form:	Signature	Date
---------------------------------	-----------	------

Best email address to use for estate matters: _____

PLEASE PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTS

Needed immediately:

1. Original death certificate (2 originals, if owned real estate)
2. Original death certificate of deceased spouse, if applicable
3. Copies of any and all deeds to real estate

You may also need:

4. Copies of real estate tax bills (reflecting value as of date of death)
5. Copies of stock certificates (if any)
6. Copies of bank account statements (reflecting balance on or near date of death)
7. Original Form 712s from life insurance companies (if any)
8. Copy of automobile registration(s)
9. Copies of verification of value of any other estate assets

Continued from page 3, if needed:

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

Address: _____

Telephone: (_____) _____

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

Address: _____

Telephone: (_____) _____

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

Address: _____

Telephone: (_____) _____

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

Address: _____

Telephone: (_____) _____

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

Address: _____

Telephone: (_____) _____

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

Address: _____

Telephone: (_____) _____