

**CONFIDENTIAL**  
**ESTATE PLANNING QUESTIONNAIRE**

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

**Law Offices of  
Stephen D. Spang, P.C.**  
540 Main Street, Suite 11  
P.O. Box 575  
Winchester, MA 01890  
Tel 781 721-9292

**Part I. Family Information**

**Name** **Citizenship** **Date of Birth** **Social Security No.**

**Husband** \_\_\_\_\_

**Wife** \_\_\_\_\_

**Home Address** \_\_\_\_\_

Home Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Business - Husband** Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Business - Wife** Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

**Children:**

<b>Name</b>	<b>Address (City/State)</b>	<b>Date of Birth</b>	<b>Marital Status</b>	<b>No. of Children</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Family Circumstances:** Please note any special family considerations (i.e., previous marriages, stepchildren, special health problems of any family members; if a spouse is deceased, please state date of death):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any minor children, for each one, state whether he or she has separate assets, including approximate amounts and in whose name each asset is held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II. Income/Employment**

Husband's Occupation: \_\_\_\_\_ Wife's Occupation: \_\_\_\_\_

**Approximate Annual Income:**

<b>Husband:</b>	<b>Salary</b> _____	<b>Wife</b>	<b>Salary</b> _____
	<b>Other</b> _____		<b>Other</b> _____
	<b>Total</b> _____		<b>Total</b> _____

Sources of other income (state whether from social security, pension, rental, dividends & interest, annuities, etc.)

	<b>Amount</b>	<b>Source</b>		<b>Amount</b>	<b>Source</b>
<b>Husband:</b>	_____ Mo/Yr	_____	<b>Wife:</b>	_____ Mo/Yr	_____
	_____ Mo/Yr	_____		_____ Mo/Yr	_____
	_____ Mo/Yr	_____		_____ Mo/Yr	_____
	_____ Mo/Yr	_____		_____ Mo/Yr	_____

**Part III. Assets**

**A. REAL ESTATE**

<b>Location</b> (Indicate "R" if rental)	<b>Value.</b>	<b>Approx. Balance</b>	<b>Mortgage</b>	<b>Form of Ownership</b> (i.e., Joint, Indiv. Trust*, etc)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTALS \_\_\_\_\_

(List additional properties on last page or attach a schedule)

**IMPORTANT: SEND OR BRING IN A COPY OF ALL DEEDS.** \*If any real estate is held in trust, be sure to bring in a complete copy of the Trust.

**B. BANK ACCOUNTS, CD'S, MONEY MARKET ACCOUNTS, TREASURY BILLS, ETC.**

<b>Type of Asset</b> (Savings, Checking C.D., etc.)	<b>Approximate Balance</b>	<b>Name(s) on Account</b>
<b>Approximate Total</b>		

**C. STOCKS, BONDS & OTHER SECURITIES (PUBLICLY TRADED):**

<b>*Identify whether Stocks, Bonds, Mutual Funds, etc.</b>	<b>Approximate Balance</b> (or value of Securities)	<b>Name(s) on Account</b>
<b>Approximate Total</b>		

\*It is not necessary to list the individual stocks, bonds, etc. if held in a brokerage account.

**D. LIFE INSURANCE:**

<b>Name of Company and Type of Policy (e.g., term or permanent)</b>	<b>Owner</b>	<b>Beneficiary</b>	<b>Face Value</b>
<b>On Husband's Life</b>			
		<b>Total</b>	

Name of Company and Type of Policy (e.g., term or permanent)	Owner	Beneficiary	Face Value
<b>On Wife's Life</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Total</b>	_____

<b>On Lives of Third Parties</b>			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Total</b>	_____

(If possible, please bring policies; also, if you know whether any policies have cash values or loans, please list the amounts.)

**E. PENSION, PROFIT SHARING, IRA, KEOGH OR OTHER RETIREMENT PLANS:**

Type of Plan (IRA, Keogh, Pension, TIAA, etc.)	Participant/Owner	Beneficiary	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<b>Husband</b>	<b>Wife</b>
<b>Total Lump Sum Retirement Plan Value:</b>		_____	_____

**F. BUSINESS INTERESTS (OWNED BY HUSBAND AND/OR WIFE):**

Do you or your spouse own any interest in a closely-held business? Yes \_\_\_\_\_ No \_\_\_\_\_

IF THE ANSWER IS YES, please provide the following information for each business interest. If more space is needed, please list additional information on last page or attach a schedule. Also, please send or bring in the latest financial statement.

Type of Business \_\_\_\_\_ Form of Business \_\_\_\_\_  
(sole proprietorship, partnership, corporation, LLC, etc.)

Your Position \_\_\_\_\_ Your Share of Business \_\_\_\_\_

**Other Owners:**

Name	Share	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

Estimated Business Value \_\_\_\_\_ Buy/Sell Agreement? Yes \_\_\_\_\_ No \_\_\_\_\_

Desired Disposition of Your Share \_\_\_\_\_

Total Value All Business Interests: Husband \_\_\_\_\_ Wife \_\_\_\_\_

**G. MISCELLANEOUS:**

(i.e., expected inheritances; valuable personal property; promissory notes; annuities; any other special factors which may affect your situation - use last page for additional comments, if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. PRIOR GIFTS:**

(Itemize significant past gifts (over \$11,000/year to any one individual made by you or your spouse; indicate whether you filed gift tax returns, and if so, please bring a copy of each).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part IV. LIABILITIES**

(Indicate significant debts and debts guaranteed by you (excluding mortgages listed earlier), as well as lawsuits, present or anticipated.)

Creditor	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE BRING IN COPIES OF PERTINENT DOCUMENTS.

	Husband	Wife	Joint
<b>Total Liabilities:</b>	_____	_____	_____

**Part V. Asset Recap**

Please list the total values from Part III, Sections A to G and liabilities from Part IV on the following lines:

	Husband	Wife	Joint
<b>Real Estate</b>	_____	_____	_____
<b>Bank Assets</b>	_____	_____	_____
<b>Stocks, etc.</b>	_____	_____	_____
<b>Retirement Accounts</b>	_____	_____	_____
<b>Insurance</b>	_____	_____	_____
<b>Business Interests</b>	_____	_____	_____
<b>Miscellaneous</b>	_____	_____	_____
<b>Totals:</b>	_____	_____	_____
<b>Liabilities</b> (including mortgages)	( _____ )	( _____ )	( _____ )
<b>Net Assets:</b>	_____	_____	_____

**Part VI. DISPOSITION OF ASSETS**

If this is an estate planning conference, please indicate your general wishes with regard to the disposition of your property, e.g., the desired shares for your children, charity, etc. (continue on additional sheet if necessary):

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**PLEASE BRING IN YOUR PRESENT WILLS AND/OR TRUSTS, POWERS OF ATTORNEY AND MARITAL AGREEMENTS**, if any, and any other estate-related documents you would like to discuss. In addition, you should be thinking about the people you would choose to carry out the terms of your estate planning documents. If you have made those decisions, for each person please indicate below his or her name, address, and relationship to you.

	Name	Address	Relationship
<b>Executor</b>	_____	_____	_____
<b>Successor Executor</b>	_____	_____	_____
<b>Guardian of Minor Children</b>	_____	_____	_____
<b>Successor Guardian</b>	_____	_____	_____
<b>Trustee*</b>	_____	_____	_____
<b>Successor Trustee</b>	_____	_____	_____
<b>Health Care Agent</b>	_____	_____	_____
<b>Alternate Health Care Agent</b>	_____	_____	_____
<b>Attorney in Fact Under Durable Power of Attorney</b>	_____	_____	_____
<b>Successor Attorney in Fact</b>	_____	_____	_____

\*NOTE: In many instances, you and/or your spouse can be the primary trustee of your respective trusts; whether or not this is your choice, you should still think about selection of a successor.

**Part VII. Your Professional Advisors**

<b>CPA</b>	_____	Telephone _____
<b>Attorney</b>	_____	Telephone _____
<b>Insurance Advisor</b>	_____	Telephone _____
<b>Stockbroker</b>	_____	Telephone _____
<b>Financial Advisor</b>	_____	Telephone _____



**Part VIII. Safe Deposit Box**

Safe deposit box location and persons having access:

<u>Box Location</u>	<u>Name and Address of Person with Access</u>
_____	_____
_____	_____
_____	_____

**Part IX. ADDITIONAL COMMENTS/QUESTIONS**

Include below any additional comments, concerns, information, or specific questions you wish to have answered. Use back of this page if necessary.

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Please indicate how you were referred to our offices.

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