

LAW OFFICE OF MEILMAN & COSTA, P.C.

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ESTATE PLANNING QUESTIONNAIRE

FIRST SPOUSE'S FULL NAME OR, IF SINGLE,
YOUR NAME

____/____/____

DATE OF BIRTH

ADDRESS:

Street Number

City State Zip

PERSONAL EMAIL ADDRESS:

WORK EMAIL ADDRESS:

TELEPHONE NUMBERS:

Home: _____

Office: _____

Cell: _____

1. OCCUPATION: _____

2. DATE & LOCATION OF YOUR MARRIAGE:

____/____/____

City

State

3. PREVIOUS MARRIAGE(S)? YES / NO

4. CITIZENSHIP: _____

5. SOCIAL SECURITY No:

____-____-____

SECOND SPOUSE'S FULL NAME

____/____/____

DATE OF BIRTH

ADDRESS:

Street Number

City State Zip

PERSONAL EMAIL ADDRESS:

WORK EMAIL ADDRESS:

TELEPHONE NUMBERS:

Home: _____

Office: _____

Cell: _____

1. OCCUPATION: _____

3. PREVIOUS MARRIAGE(S)? YES / NO

4. CITIZENSHIP: _____

5. SOCIAL SECURITY No:

____-____-____

6. PLEASE PROVIDE THE REQUESTED INFORMATION FOR YOUR CHILDREN AND THEIR SPOUSES, GRANDCHILDREN, PARENTS AND ANYONE ELSE FOR WHOM YOU WISH TO PROVIDE. USE THE REVERSE SIDE IF NEEDED. PLEASE INDICATE IF CHILDREN ARE FROM A PREVIOUS MARRIAGE OR ADOPTED.

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>RELATIONSHIP</u>	<u>HOME ADDRESS (CITY AND STATE)</u>
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____
_____	____/____/____	_____	_____

7. OTHER CONSIDERATIONS: PRIOR MARRIAGES, SUPPORT OR SETTLEMENT OBLIGATIONS, DISABLED CHILDREN OR BENEFICIARIES. DO ANY OF YOUR CHILDREN RECEIVE GOVERNMENTAL SUPPORT OR BENEFITS? IS ANY CHILD ESTRANGED FROM YOU?

8. IF MARRIED, HAVE EITHER OF YOU RESIDED DURING THIS MARRIAGE IN ANY OF THE FOLLOWING STATES: ARIZONA, CALIFORNIA, IDAHO, LOUISIANA, NEVADA, NEW MEXICO, TEXAS, WASHINGTON (STATE), AND/OR WISCONSIN? YES _____ / NO _____

9. DO YOU HAVE A WRITTEN PRE-NUPTIAL AGREEMENT? YES _____ / NO _____
IF YES, PLEASE SUPPLY A COPY.

10. LIST THE FOLLOWING INFORMATION FOR EACH PERSON (OR CORPORATION) YOU WOULD LIKE TO BE THE PERSONAL REPRESENTATIVE (F/K/A EXECUTOR/EXECUTRIX) OF YOUR WILL (NOTE: FOR MARRIED COUPLES, WE TYPICALLY RECOMMEND NAMING EACH OTHER IN THE FIRST INSTANCE.):

***PERSONAL REPRESENTATIVE
FOR FIRST SPOUSE:***

 First Name Middle Initial Last Name

 Street Address

 City State Zip

Phone: _____

 Approximate Age

 Relationship

 Occupation

***PERSONAL REPRESENTATIVE
FOR SECOND SPOUSE:***

 First Name Middle Initial Last Name

 Street Address

 City State Zip

Phone: _____

 Approximate Age

 Relationship

 Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

**SUCCESSOR PERSONAL REPRESENTATIVE
FOR FIRST SPOUSE:**

**SUCCESSOR PERSONAL REPRESENTATIVE
FOR SECOND SPOUSE:**

First Name Middle Initial Last Name

First Name Middle Initial Last Name

Street Address

Street Address

City State Zip

City State Zip

Phone: _____

Phone: _____

Approximate Age

Approximate Age

Relationship

Relationship

Occupation

Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

**11. LIST THE FOLLOWING INFORMATION FOR EACH PERSON YOU WOULD LIKE TO NAME AS THE
GUARDIAN OF YOUR MINOR CHILDREN, AFTER EACH OTHER:**

GUARDIAN:

SUCCESSOR GUARDIAN:

First Name Middle Initial Last Name

First Name Middle Initial Last Name

Street Address

Street Address

City State Zip

City State Zip

Phone: _____

Phone: _____

Approximate Age

Approximate Age

Relationship

Relationship

Occupation

Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

12. WOULD YOU LIKE TO ESTABLISH A HEALTH CARE PROXY TO APPOINT AN AGENT TO MAKE HEALTH CARE DECISIONS FOR YOU IN CASE YOU CANNOT MAKE THEM FOR YOURSELF? IF YES, PLEASE FILL OUT AS FOLLOWS (NOTE: FOR MARRIED COUPLES, WE TYPICALLY RECOMMEND NAMING EACH OTHER IN THE FIRST INSTANCE.):

AGENT FOR FIRST SPOUSE:

 First Name Middle Initial Last Name

 Street Address

 City State Zip

Phone: _____

 Approximate Age

 Relationship

 Occupation

AGENT FOR SECOND SPOUSE:

 First Name Middle Initial Last Name

 Street Address

 City State Zip

Phone: _____

 Approximate Age

 Relationship

 Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

ALTERNATE AGENT FOR FIRST SPOUSE:

 First Name Middle Initial Last Name

 Street Address

 City State Zip

Phone: _____

 Approximate Age

 Relationship

 Occupation

ALTERNATE AGENT FOR SECOND SPOUSE:

 First Name Middle Initial Last Name

 Street Address

 City State Zip

Phone: _____

 Approximate Age

 Relationship

 Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

13. SPECIAL INSTRUCTIONS:

FIRST SPOUSE SECOND SPOUSE

DO YOU WISH TO LEAVE INSTRUCTIONS REGARDING BURIAL OR CREMATION? _____

DO YOU WISH TO BE AN ORGAN AND TISSUE DONOR? _____

IF YES, WOULD IT BE YOUR WISH FOR THE ORGAN AND TISSUE DONATION TO BE FOR A SPECIFICALLY STATED PURPOSE (I.E. RESEARCH PURPOSES, TRANSPLANTATION PURPOSES, OR BOTH)? _____

IF YES, HAVE YOU SIGNED AN ORGAN DONOR CARD OR INDICATED ON YOUR DRIVER'S LICENSE THAT YOU INTEND TO BE AN ORGAN DONOR? _____

HAVE YOU TOLD YOUR FAMILY ABOUT YOUR INTENTION TO BE AN ORGAN DONOR? _____

14. WOULD YOU LIKE TO ESTABLISH A POWER OF ATTORNEY IN WHICH YOU NAME AN AGENT TO ACT ON YOUR BEHALF? IF YES, PLEASE FILL OUT AS FOLLOWS:

AGENT FOR FIRST SPOUSE:

AGENT FOR SECOND SPOUSE:

First Name Middle Initial Last Name

First Name Middle Initial Last Name

Street Address

Street Address

City State Zip

City State Zip

Phone: _____

Phone: _____

Approximate Age

Approximate Age

Relationship

Relationship

Occupation

Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

WOULD YOU LIKE THE POWER OF ATTORNEY TO BE EFFECTIVE IMMEDIATELY OR EFFECTIVE ONLY UPON DISABILITY? (*NOTE: FOR MARRIED COUPLES, WE TYPICALLY RECOMMEND THE POWER OF ATTORNEY TO BE "EFFECTIVE IMMEDIATELY" IF YOU ARE NAMING YOUR SPOUSE*):

FOR FIRST SPOUSE (CHOOSE ONE):

EFFECTIVE IMMEDIATELY _____ / ONLY UPON DISABILITY _____

FOR SECOND SPOUSE (CHOOSE ONE):

EFFECTIVE IMMEDIATELY _____ / ONLY UPON DISABILITY _____

IF UPON DISABILITY, WHAT IS THE CRITERIA THAT YOU WOULD WANT TO BE DECLARED DISABLED?

FOR FIRST SPOUSE:

1. ONE PHYSICIAN'S OPINION; _____
2. TWO PHYSICIANS' OPINIONS; OR _____
3. DISABILITY PANEL OF YOUR CHOICE. _____

FOR SECOND SPOUSE:

1. ONE PHYSICIAN'S OPINION; _____
2. TWO PHYSICIANS' OPINIONS; OR _____
3. DISABILITY PANEL OF YOUR CHOICE. _____

ALTERNATE AGENT FOR FIRST SPOUSE:

ALTERNATE AGENT FOR SECOND SPOUSE:

First Name Middle Initial Last Name

First Name Middle Initial Last Name

Street Address

Street Address

City State Zip

City State Zip

Phone: _____

Phone: _____

Approximate Age

Approximate Age

Relationship

Relationship

Occupation

Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

WOULD YOU LIKE THE POWER OF ATTORNEY TO BE EFFECTIVE IMMEDIATELY OR EFFECTIVE ONLY UPON DISABILITY? (CHOOSE ONE) (*NOTE: FOR YOUR ALTERNATE POWERS OF ATTORNEY, WE TYPICALLY RECOMMEND THEY BE EFFECTIVE ONLY UPON DISABILITY, SEE PRIOR NOTES REGARDING DISABILITY*):

FOR FIRST SPOUSE (CHOOSE ONE):

EFFECTIVE IMMEDIATELY _____ / ONLY UPON DISABILITY _____

FOR SECOND SPOUSE (CHOOSE ONE):

EFFECTIVE IMMEDIATELY _____ / ONLY UPON DISABILITY _____

15. SHOULD WE RECOMMEND AN ESTATE PLAN WHERE TRUSTS WOULD BE ESTABLISHED WHOM WOULD YOU LIKE TO BE TRUSTEE (*NOTE: FOR MARRIED COUPLES, WE TYPICALLY RECOMMEND YOU NAME EACH OTHER AS CO-TRUSTEES IN THE FIRST INSTANCE. FOR SUCCESSOR TRUSTEES, WE RECOMMEND THE SAME AS YOUR SUCCESSOR PERSONAL REPRESENTATIVE. ALTERNATIVELY, YOU COULD NAME A DIFFERENT SUCCESSOR TRUSTEE AS A "CHECK AND BALANCE" TO THE PERSONAL REPRESENTATIVE. IF UNSURE, PLEASE MAKE A NOTE HERE FOR FURTHER DISCUSSION*).

***TRUSTEE
FOR FIRST SPOUSE:***

First Name Middle Initial Last Name

Street Address

City State Zip

Phone: _____

Approximate Age

Relationship

Occupation

***TRUSTEE
FOR SECOND SPOUSE:***

First Name Middle Initial Last Name

Street Address

City State Zip

Phone: _____

Approximate Age

Relationship

Occupation

***SUCCESSOR TRUSTEE
FOR FIRST SPOUSE:***

First Name Middle Initial Last Name

Street Address

City State Zip

Phone: _____

Approximate Age

Relationship

Occupation

***SUCCESSOR TRUSTEE
FOR SECOND SPOUSE:***

First Name Middle Initial Last Name

Street Address

City State Zip

Phone: _____

Approximate Age

Relationship

Occupation

HAVE YOU DISCUSSED THIS WITH HIM OR HER?:

YES _____ / NO _____

YES _____ / NO _____

16. PLEASE IDENTIFY YOUR ADVISORS:

	<u><i>NAME</i></u>	<u><i>FIRM NAME AND ADDRESS</i></u>	<u><i>TELEPHONE</i></u>
<i>ACCOUNTANT:</i>			
<i>ATTORNEY:</i>			
<i>INVESTMENT ADVISOR:</i>			
<i>INSURANCE BROKER:</i>			
<i>OTHER CONFIDANTS:</i>			

17. DO YOU HAVE A SAFE DEPOSIT BOX? IF YES, LIST FOR EACH BOX:

Name and address of bank: _____
Name Street City State Zip

Name and relationship to you of each deputy / co-tenant / agent:

Name Relationship Name Relationship

General Description of Contents (e.g. current original estate planning documents, life insurance, collections):

18. ARE THERE IN EXISTENCE ANY TRUSTS NOT CREATED BY YOU UNDER WHICH YOU POSSESS ANY POWER, BENEFICIAL INTEREST, OR TRUSTEESHIP?

<u>TRUST NAME</u>	<u>DESCRIPTION OF THE POWER, BENEFICIAL INTEREST, TRUSTEESHIP, ETC.</u>	<u>ESTIMATED VALUE (\$)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. ARE YOU PRESENTLY SUPPORTING OR PROVIDING PARTIAL SUPPORT TO A PERSON WHO YOU ARE NOT LEGALLY REQUIRED TO SUPPORT? IF YES, WHO?

20. GIVE A BRIEF SKETCH OF YOUR BASIC OBJECTIVES CONCERNING THE DISTRIBUTION OF YOUR PROPERTY:

21. WOULD YOU FEEL MORE COMFORTABLE IF CERTAIN RESTRICTIONS (E.G., PRINCIPAL DISTRIBUTED AT 30 YEARS OF AGE, WITH ONLY INCOME DISTRIBUTIONS BEFORE 30) WERE PUT ON THE DISTRIBUTION OF YOUR ASSETS? IF YES, PLEASE SPECIFY HERE:

22. WOULD YOU CONSIDER A PRESENT TRANSFER OF ANY OF YOUR PROPERTY TO A PERSON NAMED IN THIS QUESTIONNAIRE (EITHER OUTRIGHT OR IN TRUST)?

23. DO YOU WISH TO MAKE ANY SPECIFIC BEQUESTS OF CASH, REAL ESTATE OR TANGIBLE PERSONAL PROPERTY UPON YOUR DEATH? IF YES, PLEASE SPECIFY HERE:

24. DO YOU WISH TO MAKE ANY BEQUESTS TO CHARITABLE INSTITUTIONS?

THE REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK.

PLEASE LIST ON THE FOLLOWING SCHEDULES (SCHEDULES A THROUGH H) **EVERY** ASSET YOU OWN, WHETHER YOU OWN THE ASSET IN YOUR OWN NAME, JOINTLY WITH OTHER(S), AS A REMAINDER OR FUTURE INTEREST, OR ANY OTHER WAY. THANK YOU.

SCHEDULE A

REAL ESTATE

DO YOU OWN ANY REAL ESTATE IN YOUR OWN NAME, JOINTLY WITH YOUR SPOUSE, OR IN ANY OTHER MANNER? IF YES, PLEASE LIST BELOW:

<u>Name of owners & Method of ownership</u>	<u>Description & Location</u>	<u>Approximate Cost</u>	<u>Current Mortgage and/or Home Equity Balance</u>	<u>Fair Market Value (w/o deduction for mortgage balance)</u>

SCHEDULE B

SECURITIES IN BROKERAGE ACCOUNT(S)

THIS INFORMATION MAY BE PROVIDED BY ATTACHING COPIES OF CURRENT MONTHLY STATEMENTS.

<u>Name of owners & Method of ownership</u>	<u>Institution</u>	<u>Account No.</u>	<u>Current Fair Market Value</u>	<u>Date of Valuation</u>

SCHEDULE C

STOCKS, BONDS AND MUTUAL FUNDS

DO YOU OWN ANY STOCKS OR BONDS IN YOUR OWN NAME, JOINTLY WITH YOUR SPOUSE OR IN ANY OTHER MANNER (HELD DIRECTLY AND NOT THROUGH BROKERAGE ACCOUNTS)? IF YES, PLEASE LIST BELOW:

<u>Name of owners & Method of ownership</u>	<u>Description (including face amount of bonds or # of shares)</u>	<u>Unit Value</u>	<u>Approximate Cost</u>	<u>Estimated Market Value</u>	<u>Stockbroker who assisted in purchase</u>

SCHEDULE D

CHECKING, SAVINGS, OR MONEY MARKET ACCOUNTS

DO YOU HAVE ANY ACCOUNT IN YOUR OWN NAME, JOINTLY WITH YOUR SPOUSE OR IN ANY OTHER MANNER? IF YES, LIST BELOW:

<u>Name of owners & Method of ownership</u>	<u>Description & Location</u>	<u>Estimated Value</u>	<u>Amount contributed to joint owner(s) other than yourself</u>

SCHEDULE E

RETIREMENT PLANS

THIS INFORMATION MAY BE PROVIDED BY ATTACHING COPIES OF CURRENT STATEMENTS.

<u>Names of Owners</u>	<u>Type of Plan [Pension, Profit Sharing, IRA, SEP, 401K]</u>	<u>Current Value</u>	<u>Beneficiaries</u>	<u>Is Account in Pay Or Status?</u>

SCHEDULE F

JOINTLY OWNED PROPERTY

DID YOU CONTRIBUTE LESS THAN 100% OF THE PURCHASE PRICE OF ANY PROPERTY YOU OWN JOINTLY WITH ANYONE? IF YES, PLEASE COMPLETE THIS SCHEDULE:

<u>Description</u>	<u>Asset appears on Schedule</u>	<u>% of purchase NOT paid by you</u>	<u>Estimate Current Value</u>

INSURANCE

LIST ALL LIFE INSURANCE POLICIES (INCLUDING TERM) ON THE LIFE OF YOURSELF OR YOUR SPOUSE, OR IN WHICH YOU OR YOUR SPOUSE HAVE AN INTEREST. PLEASE INDICATE WHEN THE POLICY EXPIRES, IF APPLICABLE.

Policies on First Spouse’s life:

<u>Company</u>	<u>Owner of Policy</u>	<u>Policy Number</u>	<u>Primary/Secondary Beneficiary</u>	<u>Face Amount</u>	<u>Current Cash Surrender Value</u>	<u>Loans Outstanding</u>

Policies on Second Spouse’s life:

<u>Company</u>	<u>Owner of Policy</u>	<u>Policy Number</u>	<u>Primary/Secondary Beneficiary</u>	<u>Face Amount</u>	<u>Current Cash Surrender Value</u>	<u>Loans Outstanding</u>

Policies on life of another owned by you and/or your spouse:

<u>Company</u>	<u>Owner of Policy</u>	<u>Policy Number</u>	<u>Primary/Secondary Beneficiary</u>	<u>Face Amount</u>	<u>Current Cash Surrender Value</u>	<u>Loans Outstanding</u>

SCHEDULE H

TANGIBLE PERSONAL PROPERTY

DO YOU OWN ANY OF THE TYPES OF PROPERTY LISTED BELOW IN YOUR NAME, JOINTLY WITH YOUR SPOUSE OR IN ANY OTHER MANNER? IF YES, PLEASE LIST BELOW:

	<u>Owner</u>	<u>Description & Location</u>	<u>Approximate Cost</u>	<u>Current Loan Balance</u>	<u>Current Fair Market Value</u>
<u>Autos/Boats</u>					
<u>Household Furnishings</u>					
<u>Jewelry/Furs</u>					
<u>Other (e.g.:Stamp/ Coin Collections)</u>					

SCHEDULE I

OTHER MISCELLANEOUS ASSETS OR LIABILITIES

EXPLAIN ALL “YES” ANSWERS BELOW

- DO YOU OR YOUR SPOUSE ANTICIPATE ANY SIGNIFICANT FUTURE GIFTS OR INHERITANCES? IF SO, PLEASE IDENTIFY THE SOURCE AND APPROXIMATE ANTICIPATED AMOUNT(S).
- DO YOU OWN ANY INTEREST IN A CO-PARTNERSHIP OR UNINCORPORATED BUSINESS?

- 3. WILL YOUR ESTATE, SPOUSE OR ANY OTHER PERSON RECEIVE ANY COMPENSATION FROM YOUR EMPLOYER AS A RESULT OF YOUR DEATH?

- 4. DOES ANYBODY OWE YOU MONEY? (MORTGAGES, PROMISSORY NOTES OR OTHER MONEY OWED TO YOU? IF SO, PLEASE DESCRIBE.

- 5. HAVE YOU SET UP OR ARE YOU OR ANY OF THE PERSONS LISTED IN QUESTION 6 (PAGE 2) A BENEFICIARY OF ANY TRUST FUNDS?

- 6. ARE YOU THE OWNER OF ONE OR MORE 529 COLLEGE SAVINGS ACCOUNTS? IF YES, PLEASE PROVIDE INFORMATION REGARDING PLAN SPONSOR, BENEFICIARY, AND AMOUNT OF ACCOUNT.

- 7. ARE THERE ANY OTHER LIABILITIES THAT YOU MAY HAVE THAT HAVE NOT BEEN RECORDED IN THIS QUESTIONNAIRE? (E.G. PENDING OR THREATENED LITIGATION, TAXES, OBLIGATIONS UNDER DIVORCE/SEPARATION AGREEMENTS, SUPPORT OBLIGATIONS, PLEDGES TO CHARITIES, ETC.)

<u>Item Number</u>	<u>Description</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMPORTANT

DOCUMENTS WE NEED TO COMPLETE YOUR ESTATE PLAN:

Prior Estate Planning Documents – Please attach copies, if convenient, of any previously completed will, trust or other estate planning documents by you or your spouse. Otherwise, bring them to your conference.

Insurance – Please bring all life insurance policies (or copies) and any insurance study prepared for you to the conference.

Gift Tax Returns – If you have filed any federal or state gift tax returns, please either attach them to this form or bring them with you to the conference.

Deeds – For each piece of real estate in which you have an ownership interest, please provide a copy of the deed.

Retirement Plans – Please provide a copy of the summary description of all retirement plans.