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LIFE/ESTATE PLANNING QUESTIONNAIRE

I. PERSONAL DATA

Client #1's Name: _____ Date of Birth: _____

Any Prior Legal Name: _____

Address: _____

Phone Numbers:

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Employer: _____ Occupation: _____

Client #2's Name(if any): _____

Any Prior Legal Name: _____ Date of Birth: _____

Phone Numbers:

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Employer: _____ Occupation: _____

If deceased, Date of Death: _____

Date of Marriage: _____

If you would like to provide an e-mail address or addresses for future mailings of our firm's newsletter, please list it/them here:

Client #1 Name

Print e-mail address

Client #2 Name

Print e-mail address

Have either of you been married prior to the marriage listed on page 1? yes_____ no_____

If yes, please list the name of your former spouse(s), the date(s) that the prior marriage ended and how it ended:

Client #1's former spouse

Client #2's former spouse

Name: _____

Date Ended: _____

___ by death ___ by divorce

___ by death ___ by divorce

II. CHILDREN OF BOTH CLIENTS (IF ANY) (Include biological, adopted, deceased children and children of prior marriages for both spouses, if any.)

1. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: c. () _____ - _____ other: () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

2. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: c. () _____ - _____ other: () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

3. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: c. () _____ - _____ other: () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

4. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: c. () _____ - _____ other: () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

5. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: c. () _____ - _____ other: () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's Children, if any, and their ages:

Heirs: If you do not have any living children, grandchildren, parents or siblings we need to determine who your closest living relatives are, even if you do not intend to name them as a beneficiary of your estate. If you do not have any living children, grandchildren, parents or siblings please provide the names and addresses for:

1. Any nieces and nephews of deceased siblings, or if none living then
3. Your living aunts and uncles, or if none living then
4. Your closest living blood relatives.

III. FINANCIAL DATA

Real Estate:

<u>Location</u>	<u>Tax Assessed Value</u>	<u>In Whose Name(s)</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
TOTALS:	\$ _____	

Life Insurance:

<u>Insured</u>	<u>Company</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
TOTALS:		\$ _____	\$ _____	

Balance or Vested Amounts of IRAs, 401(k)s, 403(b)s, etc. (not monthly income received):

<u>Type of Account</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

_____ \$ _____ \$ _____
 TOTALS: \$ _____ \$ _____

Bank Accounts/CDs/Investment Accounts/Money Market Funds:

<u>Type of Account</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

<u>Individual Stocks/Bonds:</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

Annuities:

<u>Name of Company</u>	<u>Client #1</u>	<u>Client #2</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
TOTALS:	\$ _____	\$ _____	

Valuable Tangible Property:
 (Autos, Furniture, Jewelry, Artwork, Coin and Stamp Collections)

	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

Expected Inheritances:

	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Loans Payable to You:
 (Is there a promissory note and/or mortgage which evidences the loan? If yes, please furnish a copy)
To Whom Loan Given

	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Monthly Payments Received:

	<u>Client #1</u>	<u>Client #2</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Long Term Care Insurance

<u>Insured</u>	<u>Company</u>	<u>Daily Benefit</u>	<u>Premiums</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Liabilities: (mortgages, home equity, notes to banks/others, loans on insurance, other)

<u>Description</u>	<u>Balance Due</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

Monthly Income:

	<u>Client #1</u>	<u>Client #2</u>
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Veterans' Benefits	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

Gifts

List any gifts (over \$1500 in value to any one person) you have made within the last 5 years. Also list if you have transferred any interest in real estate in the last 5 years by putting other name(s) on your Deed without being paid fair-market value.

<u>Gift type</u> (Stock, cash, real estate, insurance policy ownership, etc.)	<u>To Whom</u>	<u>Date</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

IV. CONSULTANTS

Name of Accountant: _____

Address: _____

Telephone: _____

Name of Financial Planner: _____

Address _____

Telephone: _____

VI. MISCELLANEOUS DATA

1. Please list health problems or disabilities experienced by you, your spouse, domestic partner, children, or other relatives:
2. Please list any special concerns you have about yourself, your spouse or domestic partner, your children, or other relatives:
3. Please indicate the reason for seeking legal advice at this time:

4. Are any of your children or grandchildren disabled and receiving government benefits such as SSDI, SSI or Medicaid?
5. Do any of your adult children live with you? If so, for how long have they lived with you?
6. Is there anyone, other than your spouse or minor children, who is financially dependent upon you?
7. Are you a Veteran? Provide years of service, whether combat, whether service connected disability.
8. Are you a trustee or a beneficiary of a trust? If yes, provide a copy.

Please bring copies of the following documents with you to the meeting:

1. If your documents were not prepared by this firm: Wills, codicils, trust agreements, Durable powers of attorney, health care proxies, living wills
2. Real estate deeds for out of state real estate
3. Admission agreements to nursing home, health facilities, assisted living, rest home, continuing care community, if applicable
4. Divorce decrees, prenuptial agreements (only if you are paying or receiving alimony or child support or have other ongoing obligations under the agreement)
5. Guardianship/conservatorship documents
6. Funeral contracts or plans; burial/disposition instructions
7. Long term care insurance policies
8. Most recent mortgage and home equity line of credit bill or statement showing the address of the lender, balance and account number

Client #1 signature

Date

Client #2 signature

Date