

Law Office of Kalife & da Fonseca

345 Union Street, Suite 5
New Bedford, MA 02740
508-992-4200
Fax: 508-858-5464

Estate plan—Questionnaire

Please complete this questionnaire as completely as possible. If you have any questions, or would like assistance completing this document, please contact us.

Name: _____

What are your goals?

PRIOR WILLS

Spouse 1		Spouse 2	
Date of execution of prior wills/codicils		Date of execution of prior wills/codicils	
Location of prior wills/codicils		Location of prior wills/codicils	
Pre- or Ante-nuptual Agreement?			

I. FAMILY INFORMATION (please use full names)

Spouse 1's Full Name		Spouse 2's Full Name	
Spouse 1's Aliases		Spouse 2's Aliases	
Date of Birth		Date of Birth	
Place of Birth		Place of Birth	
U.S. Citizen?		U.S. Citizen?	
S.S.#		S.S.#	
Home Address (Residence)			
When residence established			
Home Telephone		Fax#	
Mailing Address (if different from Home Address)			
Spouse 1's Cell Phone		Spouse 2's Cell Phone	
Spouse 1's Email Address		Spouse 2's Email Address	
Work Address		Work Address	
Work Telephone		Work Telephone	
Date of Marriage		Place of Marriage	

Does the client or the client's spouse reside or spend more than a nominal amount of time in another state or country?

Children

Name			
S.S.#			
Date of Birth			
Address			
Dependent			
Marital Status			
Occupation			
Net Worth			
Parentage			
Child of Present Marriage?			
Adopted?			
Estranged from Client?			
Disability			

Deceased Children, if any

Name			
Date of Death			

Do you intend to benefit posthumously conceived children? _____

FAMILY CIRCUMSTANCES: Note any special family considerations (i.e. previous marriages, special health problems of any family members; if a spouse is deceased, please state date of death):

Former Spouses

	Name of Former Spouse	How Marriage was Terminated	Obligations under Prior Divorce Judgments
Spouse 1			
Spouse 2			

Grandchildren

Grandchild's Name	Parent	DOB

If you have any minor children please state whether any such child has separate assets (such as custodial accounts, including approximate amounts and in whose name they are held): _____

Parents & Step Parents

Name	Address	Age	Health	Related to Spouse 1 or Spouse 2?

Your Brothers/Sisters and Step Brothers/Sisters

Related to Husband		Related to Wife	
Name	Address	Name	Address

II. INCOME / EMPLOYMENT

	Spouse1	Spouse2
Occupation		
Salary		
Net Rental Income		
Dividends/Interest		
Pension		
Social Security		
Other Income (1)		
Other Income (2)		
Approximate Total Annual Income		

III. ASSETS

Real Property

Location (Indicate AR@ if rental) Please put complete address	Approximate Value	Tax Basis	Mortgage Balance (covered by credit life insurance?)	Form of Ownership: Joint, Individual, Trust, etc.
1. (Your residence)	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	
4.	\$	\$	\$	
5.	\$	\$	\$	
TOTAL	\$	\$	\$	

Please list additional properties on a separate schedule.

Other Property

	Owner	Tax Basis	Market Value
Furniture			
Motor Vehicles			
Jewelry			
Cemetery Lots			
Trusts/Prospective Inheritances			
Property Held for the Benefit of children or others			
Other Property			

B. BANK ACCOUNTS. CD=s. MONEY MARKET ACCOUNTS

(non-retirement):

Type of Asset Savings, Checking, CD. etc.	Approximate Balance	Names(s) on Account(s)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
TOTAL	\$	

C. STOCKS. BONDS & OTHER INVESTMENTS (non-retirement)

(It is not necessary to list the individual stocks, bonds, etc.)

Types of Assets Stocks, Bonds, Mutual Funds, Treasury Bills, Single Premium Annuities, etc.	Approximate Value	Name of Brokerage House or Fund	Names(s) on Securities or Brokerage Accounts
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
6.	\$		
TOTAL	\$		

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

Type of Plan (IRA, Keogh, Pension, TIAA, etc.)	Current Value	Participant/Beneficiary
1.	\$	
2.	\$	
3.	\$	
4.	\$	
TOTAL	\$	

Total Lump Sum Retirement Plan Value

Spouse 1	\$	Spouse 2	\$
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E. LIFE INSURANCE:

Person Insured				
Face Value	\$	\$	\$	\$
Cash Value/Loan	\$	\$	\$	\$
Beneficiary				
Owner of Policy				
Premium				
Policy #				
Policy Furnished by Employer?				
Type of Policy (Term or Permanent) and Name of Company				

Total Life Insurance (Face Value):

Spouse 1	\$	Spouse 2	\$
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F. LONG TERM CARE INSURANCE:

Person Insured		
Daily Benefit Amount		
Elimination Term		
Elimination Period		

G. BUSINESS INTERESTS (OWNED BY SPOUSE 1 OR SPOUSE 2)

If either of you owns any interest in a closely-held business, attach a statement indicating: (1) type of business; (2) form of business (e.g., corporation, partnership, or sole proprietorship); (3) your share of the business; (4) your position in the business; (5) other owners, their shares and relationship to you; (6) whether there is a buy/sell agreement; and (7) desired disposition of your share.

Your Estimated Value of the Business

Spouse 1	\$	Spouse 2	\$
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H. MISCELLANEOUS:

Indicate expected inheritances; valuable personal property; promissory notes payable to you; or any other special factors which may affect your situation.

I. PRIOR GIFTS:

Itemize past gifts over \$12,000/year you made to any one individual (or irrevocable trust); indicate whether you filed gift tax returns.

J. LIABILITIES

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

Total Liabilities

Spouse 1	\$	Spouse 2	\$	Joint	\$
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IV. FINANCIAL RECAP Please list the total values from Items

III A to J:

	Spouse 1	Spouse 2	Joint/Trust
Real Estate	\$	\$	\$
Bank Assets	\$	\$	\$
Stocks, etc.	\$	\$	\$
Retirement	\$	\$	\$
Life Insurance	\$	\$	\$
Long Term Ins.	\$	\$	\$
Business	\$	\$	\$
Miscellaneous	\$	\$	\$
Prior Gifts	\$	\$	\$
TOTALS	\$	\$	\$
Liabilities (including Mortgages)	\$()	\$0	\$()
NET ASSETS	\$	S	\$

Are you a present or future beneficiary under another person's will or trust? If so, please provide a copy of the instrument and an estimate of the value of your interest.

Do you have power to appoint assets under another person's will or trust? If so, please provide a copy of the instrument and an estimate of the value of your interest.

V. DISPOSITION OF ASSETS:

It is important for us to know your wishes in a general way with regard to the disposition of your property; e.g., the desired shares for your children, or other relatives, friends, charity, etc.

VI. FIDUCIARIES

You should be thinking about whom you would choose to serve as your Executor or Trustee, and Guardian of your minor children, if any. NOTE: In many instances, either or both of you can be the initial trustee(s) of your respective trusts; even if this is your choice, you should still think about the selection of one or more successor trustees and executors.

	Name & Relationship	Address	Telephone
Executor (Spouse 1)			
Executor (Spouse 2)			
Successor Executor (1)			
Successor Executor (2)			
Guardian(s)			
Successor Guardian(s)			
Successor Trustees(s)			
Power of Attorney			

Successor Power of Attorney			
Health Care Agent			
Successor Health Care Agent			
OTHER			

VII. YOUR PROFESSIONAL ADVISORS

	Name	Firm	Telephone
Accountant			
Attorney			
Insurance advisor			
Financial planner			
Stockbroker			
Mortgage planner			
OTHER			

VIII. SAFE DEPOSIT - Location and persons having access: _____

Location of records

1. Antenuptial or postnuptial agreements
2. Wills of other family members if pertinent
3. Divorce judgments or separation agreements
4. Powers of attorney
5. Income tax returns (federal and state) for the last six years
6. Gift tax returns (federal and state)
7. Balance sheets and profit/loss statements for last five years
8. Business agreements
9. Employment contracts
10. Employee benefit plan statements
11. Other pension, profit sharing or retirement plans
12. Closely held corporation buy-sell agreements
13. Partnership agreements
14. Trust instruments
15. Birth certificates
16. Marriage certificates
17. Military service record
18. Life insurance policies
19. Stocks
20. Bonds
21. Notes or Mortgages Receivable
22. Deeds
23. Leases
24. Appraisals
25. Bank books
26. Financial records
27. Cemetery records
28. Directions regarding burial

29. Miscellaneous documents and property

30. Location of safe deposit box

IX. PLEASE INDICATE HOW YOU WERE REFERRED TO OUR FIRM: _____

Please note on a separate sheet any additional comments, information, or specific questions you wish to have answered.