

HENEY & ASSOCIATES, LLC
ATTORNEYS AT LAW

86 DODGE STREET
BEVERLY, MA 01915
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The following document is the Estate Planning Questionnaire used by our firm. All information you provide in this questionnaire will remain confidential. The following questions are designed to help you think about your goals and objectives with regard to planning your estate. The questions will help us identify the areas you wish to concentrate on, as well as serve for the backbone from which your plan will be developed.

If there are any questions on the pages that follow which you are uncomfortable answering, please leave them blank. However, the more information we have from you, the better able we will be to serve you, and determine which concepts are most appropriate. Some questions may not be applicable to you. Please mark those questions "N/A".

Once you have completed this questionnaire please return it for review.

If you have any questions when completing this document, please do not hesitate to contact us.

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Estate Planning Questionnaire

Client(s) _____

Date _____

ARAG Members

Claim Number: _____

MetLife/Hyatt Members

Claim Number: _____ / Member # _____

Basic Fees

Individual Plan (Will/HCP/POA) _____

Married Couple Plan (Will/HCP/POA) _____

Trust _____

***PERSONAL INFORMATION**

I. **PERSONAL:**

Primary: _____
(First) (Middle) (Last)

Social Security #: _____

Date of Birth: _____

Address: _____

Telephone: Home: () _____ Cell: () _____

Email Address: _____

Marital Status: _____ Spouse's Name: _____

Secondary: _____
(First) (Middle) (Last)

Social Security #: _____

Date of Birth: _____

Address: _____

Telephone: Home: () _____ Cell: () _____

Marital Status: _____ Spouse's Name: _____

*** Please make sure all names listed are individuals LEGAL NAME ***

Children: names, addresses and dates of birth and names of spouses (if any)

| | Name | Address | DOB | Spouse, if any |
|---|------|---------|-----|----------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Grandchildren: names, addresses and dates of birth and names of parents

| | Name | Address | DOB | Parents |
|---|------|---------|-----|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

Other Family Members:

Please state your parents' and siblings' names and indicate whether alive or deceased; indicate general health of living parent(s).

| | NAME | RELATIONSHIP | ALIVE / DECEASED |
|---|------|--------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Beneficiaries: names, addresses and relationship of other proposed beneficiaries

| | Name | Address | Relationship |
|---|------|---------|--------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

***Questions for Client and Spouse:**

Do you pay alimony, separate support or child support _____

Have you ever entered into a prenuptial or postnuptial agreement? _____

If so, please provide a copy of this/these document(s) to us.

Have you ever executed a will or trust? _____

If so, please provide a copy of this/these document(s) to us.

Have you ever executed a Durable Power of Attorney? _____

If so, please provide a copy of this/these document(s) to us.

Have you ever executed a Health Care Proxy or Health Care Directive? _____

If so, please provide a copy of this/these document(s) to us.

Do you have any inheritances from other known or expected? _____

If so, please describe.

Do you have any interests in trusts or estates? _____

If so, please describe.

Do you have any special burial wishes or family burial plot? _____

If so, please describe.

Do you wish to be cremated? _____

Do you have a Safe deposit box?

Please identify location, number and the individuals with access and location of key.

State if you are currently or have ever been treated for a mental disease or disorder. Please indicate the dates and the psychiatrist/psychologist/counselor's name and address.

Please succinctly state any military history or federal civilian service if applicable, including branch of service, disabilities and any benefits currently due or anticipated.

Please state your marital history if applicable. Include age of current, former or deceased spouse, date and place of marriage, spouse's employment status and health. Give information for each marriage if more than one. When previous marriage was terminated, give the date and place of the termination describe the nature of the termination: death, divorce, annulment.

FIDUCIARIES

*** Please make sure all names listed are the individuals LEGAL NAME

| | <u>Designations for Primary Party</u> | <u>Designations for Secondary Party</u> |
|----|---|---|
| A. | <u>Personal Representative of Will:</u> | |
| 1. | Primary Name: _____ | _____ |
| | Address: _____ | _____ |
| | _____ | _____ |
| 2. | Alternate Name: _____ | _____ |
| | Address: _____ | _____ |
| | _____ | _____ |
| B. | <u>Durable Power of Attorney:</u> | |
| 1. | Primary Name: _____ | _____ |
| | Address: _____ | _____ |
| | _____ | _____ |
| 2. | Alternate Name: _____ | _____ |
| | Address: _____ | _____ |
| | _____ | _____ |
| C. | <u>Health Care Proxy:</u> | |
| 1. | Primary Name: _____ | _____ |
| | Address: _____ | _____ |
| | _____ | _____ |
| | Phone: _____ | _____ |
| | _____ | _____ |
| 2. | Alternate Name: _____ | _____ |
| | Address: _____ | _____ |
| | _____ | _____ |
| | Phone: _____ | _____ |
| | _____ | _____ |

TRUST INFORMATION: (for minor children)

Please provide a name for the Trust: _____ Family Trust
(for example: J&J Family Trust, for John and Jane)

Please provide the beneficiaries for the Trust: _____

Please provide a Successor Trustee(s) for the Trust: _____

WILL INFORMATION:

All personal property, including but not limited to, household furniture and furnishings, automobiles, boats, clothing and jewelry, but excluding currency, securities, investment metals, shall be given to:

Alternative: _____

All real property to: _____

Alternative: _____

Caregiver/Guardian for minor children: _____

Alternative: _____

PERSONAL PROPERTY: Please list any personal property of extraordinary value or property for which you plan to make specific designations upon your death.

ASSETS

Real Property:

Please use this section to fill out any real estate owned by either client, spouse, or both.

| Address | Owner (Type of Ownership) | Fair Market Value | Mortgage/Debt |
|----------------|-------------------------------------|--------------------------|----------------------|
|----------------|-------------------------------------|--------------------------|----------------------|

Have you made any transfers within the past five (5) years? If so

| Description | Donee | Fair Market Value |
|--------------------|--------------|--------------------------|
|--------------------|--------------|--------------------------|

Investments:

Please use this section and complete for any **NON RETIREMENT** investment accounts. Do not enter information about 401k, IRAs, Annuities, or life insurance in this section. Do list such accounts as non retirement investment accounts, money market accounts, checking or savings accounts.

| Name | Owner | Value |
|-------------|--------------|--------------|
|-------------|--------------|--------------|

Retirement Benefits:

Please use this section to list any retirement plans such as 401k, 403b, IRAs, pension plans, profit sharing, annuity, stock options.

| Name | Owner | Primary Beneficiary | Value |
|-------------|--------------|----------------------------|--------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Please state whether you now receive Social Security Benefits and, if so, the basis for the benefits.

Are you currently withdrawing funds from any of the above retirement accounts and, if so, the basis for the benefits: _____

Life Insurance:

Please use this section to list all life insurance contracts currently in force.

Insurance on Client's Life

| Type of Coverage | Owner | Beneficiary | Face Value |
|-------------------------|--------------|--------------------|-------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Insurance on Spouse's Life

| Type of Coverage | Owner | Beneficiary | Face Value |
|-------------------------|--------------|--------------------|-------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |

Miscellaneous Assets:

Use the space provided to provide information for miscellaneous assets or assets not yet identified in this questionnaire. Examples of such assets would be, literary rights, patent rights, etc.

Business Interests:

Use the space provided to provide information for business assets or assets not yet identified in this questionnaire. Examples of such assets would be partnership, LLC, LLP, etc.

Liabilities:

Please indicate any liabilities, other than those disclosed previously in the real property section.

DISCLAIMER:

Be sure that any investment accounts, retirement accounts and/or benefits, life insurance policies, or any other monetary or bank account which allows for a beneficiary designation has both a primary and secondary beneficiary listed. These assets will go directly to the beneficiary at the time of your death and will not pass through your Probate.