

CONFIDENTIAL ESTATE FORMS DATA

INTRODUCTION

This form should be filled out as completely as possible. Although reasonable value approximations are acceptable, it is important to be certain of the identity of assets and how they are owned. The form provides for identification of assets as owned solely by husband, solely by wife, as community property, or in joint tenancy. However, please note where other conditions exist, such as tenancies in common or community property with rights of survival.

THROUGHOUT THIS FORM PLEASE USE FULL NAMES AND COMPLETE ADDRESSES.

PART I - GENERAL INFORMATION

	HUSBAND	WIFE
Full Name		
Name Prefix: Ex: Mr., Mrs., Miss, Ms., Dr., Pastor, Prof, Rev, The Honorable, Other		
Professional Suffix: Ex: M.D., C.P.A., D.D.D., D.D.S., D.V.M., Esq. Ph.D., Other		
Nickname / Alias (if any)		
Marital Status Are you Registered Domestic Partners?	___ Yes ___ No ___ Don't Know	___ Yes ___ No ___ Don't Know
Residence Address (street address and any post office box)		
City, County, State, Zip		
Citizenship*		
Residence Telephone Residence E-mail Address		
Marriage	Date:	Place:
Pre-marital agreement?	___ Yes ___ No	If yes, please supply copy.
Husband previously married?	Yes No	If yes, how many times? _____
Wife previously married?	Yes No	If yes, how many times? _____

List children in order of birth; indicate if any are deceased.

	CHILDREN	ADDRESS	BIRTH DATE	SOCIAL SECURITY NUMBER	SPOUSE
1					
2					
3					
4					
5					

Provide information for any adopted children or grandchildren, children of prior marriages, and other relatives or friends to be considered in estate plans.

Indicate grandchild's parent by placing the above number of such parent to the left of the grandchild's name. Include any deceased children and grandchildren.

	GRANDCHILDREN	ADDRESS	BIRTH DATE	SPOUSE

	HUSBAND	WIFE
Physician		
Address		
City, State, Zip		
Safe Deposit Box:		
Bank		
Address		
City, State, Zip		
Box number(s)		
Rented by (H, W, Joint)		
Other Storage:		
Company		
Address		
City, State, Zip		
Rented by (H, W, Joint)		

PART II - ESTATE PLANNING

1. Does either husband or wife expect to receive any inheritance?

Husband? Yes No if yes, from whom and when

Wife? Yes No If yes, from whom and when

2. Is either husband or wife the beneficiary of any trust or estate?

Husband? Yes No If yes, what

Wife? Yes No If yes, what

3. Is either husband or wife a trustee or guardian under a trust or will?

Husband? Yes No

Wife? Yes No

4. Distribution of your estate.

A. At the death of the first of you to die, then the assets should be distributed as follows:

All to surviving spouse's benefit? Yes No

Other:

B. At the death of the second to die, then the assets should be distributed as follows:

Equally to children? Yes No

Other:

Time and manner of distributions should be restricted as follows:

_____ % at age _____

_____ % at age _____

C. If a child dies before the parents, that child's share should be distributed:

Equally to his or her children? Yes No

5. If all members of your immediate family are deceased, to what individual or charities should your assets be given?_____Does either the husband or wife have any relatives who depend on them for support?

Yes No If yes, who:

6. Do you have any special instruction on distributing specific items?

Yes No If yes, explain

PART III - EXECUTORS, ETC.

HUSBAND

1. **PERSONAL REPRESENTATIVE/EXECUTOR.** This is the person or bank in charge of paying final debts and taxes and distributing your estate as directed in your will.

A. Original: Wife? Yes No Other:

B. First alternate:

C. Second alternate:

2. **TRUST AND TRUSTEES.** Trusts often are utilized for tax savings and asset management, either as part of a will, or in addition to a will. If trusts are appropriate for you (and trusts might be of long-term duration), who would you want to be the trust (or co-trustees): A bank? An individual such as your wife, brother or sister, child, or professional? A combination of a bank and an individual? Who would be the successor trustee if the initial trustee fails or ceases to act?

A. Trustee of family and spousal trusts:

i. Original(s):
Address (city, state):

ii. First alternate:
Address (city, state):

iii. Second alternate:
Address (city, state):

B. Trustee of irrevocable life insurance trust

i. Original(s):
Address (city, state):

- ii. First alternate:
Address (city, state):
- iii. Second alternate:
Address (city, state):

3. **GUARDIAN FOR MINOR CHILDREN.** If you have children under age 18, who would you want to serve as guardian to take care of them and see to their upbringing and education in the event of your death? What about a successor guardian if the first does not act? Would you want the same individuals to manage their property?

- A. Original: Wife? Yes No Other:
Address (city, state):
- B. First alternate:
Address (city, state):
- C. Second alternate:
Address (city, state):

4. **SPECIFIC GIFTS.** Do you wish to provide in your estate plan for cash gifts, or gifts of other specific property, to individuals or charity? If so, you should make a list of such individuals and organizations, paying careful attention to exact given names, spellings, and addresses.

Name	Address	Amount/Property

5. **POWERS OF ATTORNEY.** By appointing someone to hold a power of attorney for you, you make him or her able to act on your behalf even if you are suffering under a mental or physical disability. Powers of Attorney avoid the necessity of guardianships or conservatorships but can be misused in the wrong hands, so you should only give such powers to people who are very trustworthy.

- A. Original: Wife? Yes No Other:
Address (city, state):
- B. First alternate:
Address (city, state):
- C. Second alternate:
Address (city, state):

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A. Original: Husband? Yes No Other:
Address (city, state):

B. First alternate:
Address (city, state):

C. Second alternate:
Address (city, state):

4. **SPECIFIC GIFTS.** Do you wish to provide in your estate plan for cash gifts, or gifts of other specific property, to individuals or charity? If so, you should make a list of such individuals and organizations, paying careful attention to exact given names, spellings, and addresses.

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- A. Original: Husband? Yes No Other:
Address (city, state):
- B. First alternate:
Address (city, state):
- C. Second alternate:
Address (city, state):

6. **HEALTH CARE PROXIES.** In Massachusetts, living wills are not valid, but you can appoint others to make medical decisions if you are unable to communicate your desires to your physician. If you wish to restrict the level of heroic medical measures used to keep you alive you can include that in the proxy, but the ultimate decision rests with whomever you pick. Usually, we suggest your spouse and family members.

Proxy name: _____

Residential Address: _____
(not a P.O. Box) _____

Home Phone No. (____) _____

Work Phone No. (____) _____

Cell Phone No. (____) _____

1st Alternate name: _____

Residential Address: _____
(not a P.O. Box) _____

Home Phone No. (____) _____

Work Phone No. (____) _____

Cell Phone No. (____) _____

2nd Alternate name:

Residential Address: _____
(not a P.O. Box) _____

Home Phone No. (_____) _____

Work Phone No. (_____) _____

Cell Phone No. (_____) _____

7. Other comments:

PART IV - CHARITABLE GIVING

1. **CHARITABLE GIVING.** If you and your family have supported charitable causes over the years, this interest can be used to significantly reduce, or eliminate, the income tax due on a major transaction or the estate and gift tax due on a major transfer. This takes the form not only of outright gifts, but also of income and gifts of remainder interests in property.

A. We do have an interest: Yes No

List charities and address for each:

B. Comments:

SCHEDULE A - REAL ESTATE

For valuation purposes, use your best estimate of current total values, without regard to any mortgages that may be outstanding. Mortgage information should be described in Schedule I. Please indicate if any property is a condominium, co-op, or other restricted ownership.

	ADDRESS/LOCATION	HUSBAND	JOINT TENANCY	WIFE
1.				
2.				
3.				
4.				
5.				
6.				
7.				