

Estate Planning Questionnaire-MassHealth

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet.

CONFIDENTIALITY: As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

A. FAMILY INFORMATION

	You	Spouse
Full Name	_____	_____
Other Names Used	_____	_____
Home Address	_____	_____
Street	_____	_____
City, State	_____	_____
Zip	_____	_____
Social Security No.	_____	_____
Home Phone	_____	_____
Occupation/Business	_____	_____
Business Address	_____	_____
Street	_____	_____
City, State	_____	_____
Zip	_____	_____
Business Phone	_____	_____
Date of Birth	_____	_____
Health	_____	_____
Sent Mail To	Home []	Business []

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>	<u>Address (if not home)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Should children born to or adopted by you after the date of the will be included? _____
Please note any adopted children or stepchildren.

OTHER BENEFICIARIES: (Include parents, grandchildren, spouses of children, relatives or others you or your spouse might desire to benefit.)

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u> (if a minor)	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER CONSIDERATIONS: (Prior marriages, support or settlement objections, marital agreement, disabled children or beneficiaries.)

Are you or your spouse beneficiaries or trustees of any trust? _____
Do you or your spouse anticipate receiving a substantial inheritance? _____

IMPORTANT:

Prior wills—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. 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.

B. FINANCIAL INFORMATION

ESTIMATED PERSONAL BALANCE SHEET

Directions: Complete this form by supplying your estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with the checklist and complete only those two items below marked with an asterisk. With respect to real property, attach a copy of the deed by which you took title, if it is convenient.

ASSETS

	You	Spouse	Joint Ownership
Residence	_____	_____	_____
Other real property	_____	_____	_____

	You	Spouse	Joint Tenancy
Bank Account and Certificates of Deposit	_____	_____	_____
Subchapter S and Other Closely Held Stock and Partnership Interests	_____	_____	_____
Accounts Receivable, Mortgages Receivable, and Other Notes	_____	_____	_____
*Retirement Benefits, including IRA's (Please attach a copy of your summary, if available)	_____	_____	_____
Stocks, Bonds Mutual Funds	_____	_____	_____
Other Assets:			
(a) Automobiles	_____	_____	_____
(b) Art, Stamp, or Other Collections	_____	_____	_____
(c) Estimated Cash Value of Life Ins.	_____	_____	_____
(d) Miscellaneous Household Property	_____	_____	_____
(e) Other (Antiques, etc.)	_____	_____	_____
TOTAL ASSETS (Other than Insurance)	\$ _____	\$ _____	\$ _____

INSURANCE

Face Amount and Type	Company	Insured	Beneficiary	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITIES

Real Estate Mortgages _____

Loans and Other Liabilities _____

TOTAL LIABILITES _____

NET WORTH _____

Have you ever lived in or owned real estate in Arizona [], California [], Idaho [], Louisiana [], Nevada [], New Mexico [], Texas [], or Washington []?

Names of your financial advisors:

Accountant _____

Insurance _____

Broker/Trustee(s)
or Investment Advisor(s) _____

C. ESTATE PLANNING PROVISIONS

FIDUCIARIES: Please consider which persons you would like to administer your estate and care for your minor or disabled children.

	<u>You</u>	<u>Spouse</u>
Personal Representative:		
Primary	_____	_____
Successor	_____	_____

	<u>Name</u>	<u>Address</u>
Guardians:		
Primary	_____	_____
Successor	_____	_____

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the person named: _____

DISPOSITION OF ESTATE: What are your general desires as to the disposition of your estate. Indicate any specific gifts of cash or items you wish to make.

Specific Gifts

Amount of Gift	Description	Name of Recipient	Relationship or Address
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than \$10,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Location of Gift Tax Returns: _____

CHARITABLE INTERESTS: (Identify charities in which you are currently interested, or which may benefit your estate.)

POWER OF ATTORNEY:

Have you ever given a power of attorney to another? _____

If so, to whom and when? _____

Is it still in effect? _____

SPECIAL INSTRUCTIONS:

Do you wish to leave instructions regarding burial or cremation?

	You	Spouse
Do you wish to be an organ and tissue donor?	_____	_____

If yes, have you signed an organ donor card or indicated on your driver's license you intend to be an organ donor?	_____	_____
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HEALTH CARE PROXY: Do you feel strongly about so-called "Right to Die" Issues? _____

Yes No

If you do, we can work out with you the wording of a health care proxy designed to address such issues.

WHAT ARE YOUR GENERAL ESTATE PLANNING CONCERNS/GOALS? (estate tax avoidance, preservation of assets, long-term care planning)

D. MONTHLY INCOME

	You	Spouse
Social Security	_____	_____
Employment	_____	_____
Pension from	_____	_____
IRAs, Annuities, etc.	_____	_____
Rents	_____	_____
Business Interest	_____	_____
Other	_____	_____
TOTALS	_____	_____

E. MASSHEALTH ELIGIBILITY RELATED QUESTIONS

1. Are you a U.S. Citizen? You _____ Spouse _____ If no, Citizen of _____
2. Are you a Veteran? You _____ Spouse _____
3. Name of Employer You _____ Spouse _____
4. Date of Retirement You _____ Spouse _____
5. Is anyone in your family disabled? _____
Please explain: _____
6. Date of Marriage _____
7. Have you or your spouse made any transfers or gifts during the past five years? _____