

Bean & O'Connor, LLC
118 Waterhouse Road, Suite E
BOURNE, MA02532
508-759-4070 FAX: 508-759-4169

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Full Name: _____

Also Known as: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Are you a Citizen of the United States? Y / N

Date of Marriage: _____

SPOUSE

Full Name: _____

Also Known as: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____

Are you a Citizen of the United States? Y / N

CHILDREN

Name

Date of Birth

Address

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note adopted children or step-children.

Should children born to or adopted by you after the date of the will be included? _____

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BENEFICIARIES NOT NAMED PRIOR

<u>Name</u>	<u>Date of Birth</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL CIRCUMSTANCES

Identify any divorces, special attributes, special needs or disabilities of yours or your intended beneficiaries:

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

ASSETS

	YOU	SPOUSE	JOINT TENANCY
Home Mortgage	_____	_____	_____
Other Real Estate	_____	_____	_____
Bank Accounts & CD's	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Retirement Benefits, IRA's, 401Ks, etc.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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Stocks, Bonds,
Mutual Funds

_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance

_____	_____	_____
_____	_____	_____
_____	_____	_____

Business Interests

_____	_____	_____
-------	-------	-------

Tangible
Personal Property

_____	_____	_____
-------	-------	-------

Other Assets

_____	_____	_____
-------	-------	-------

TOTAL ASSETS

\$ _____	\$ _____	\$ _____
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LIABILITIES

Real Estate Mortgages (Not listed previously) _____

Loans & Other Liabilities _____

TOTAL LIABILITIES _____

NET WORTH _____

Names of your financial advisors:

ACCOUNTANT: _____

INSURANCE: _____

BANKER/BROKER/TRUSTEE(S) OR INVESTMENT ADVISOR:

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FIDUCIARIES Names, addresses & phone numbers

YOU

SPOUSE

PERSONAL REPRESENTATIVE (FORMERLY KNOWN AS EXECUTOR):

Primary _____

Alternate _____

GUARDIANS:

Primary _____

Alternate _____

AGENT under POA:

Primary _____

Alternate _____

Health Care Agent:

Primary _____

Alternate _____

GIFTS & LEGACIES

Do you wish to provide primarily for your spouse and secondarily for your children after you are both gone?

YES

NO

Do you wish to treat all of your children equally?

YES

NO

After your spouse's death, at what age do you want distribution to be made to your children?

{e.g. 1/3 @ 25yrs, 1/3 @ 30yrs, 1/3 @ 35yrs.}

Specific Gifts of Property or Money

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

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

PRIOR GIFTS (Not including gifts to charity of gifts of less than \$10,000)

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

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

OTHER INFORMATION

Is there any other information you feel would be important or helpful to enable us to understand your situation or wishes?

Are your wishes for a ground Burial or Cremation?

DOCUMENTS

Please supply copies of any prior estate planning documents, including wills, trusts, powers of attorney, health care proxies etc.

Also please supply copies or bring to the next meeting any insurance policies, retirement plan summaries and gift tax returns.

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Who referred you to us? _____

How did you hear of us? _____