

**ESTATE PLANNING QUESTIONNAIRE
FOR SINGLE PERSONS**

Personal & Confidential

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ESTATE PLANNING QUESTIONNAIRE FOR: _____

REFERRED BY: _____ DATE OF 1ST MEETING: _____

Please provide the following information and bring this questionnaire to our initial meeting. This information will be treated confidentially. If you decide not to hire us as your attorney, or if we decline to accept you as a client, this questionnaire will be destroyed. Thank you.

1. Please print your *full* name: _____

Print any "also known as" names: _____

2. Please print your home address (**including county**):

Address, City, State, Zip Code, County

3. **Preferred contact information:**

Home Phone: _____

E-mail: _____

Work Phone: _____

Can we email invoices to you: Yes No

Cell Phone: _____

4. Social Security #: _____

5. Date of birth & age: _____

6. Employer/Business: _____

7. Position/Title: _____

8. Are you a U.S. citizen? Yes No

9. Were you previously married? Yes No Ex-Spouse Name: _____

10. If so, do you have a *Settlement Agreement* or *Child Support Order* from your divorce?
Yes No **If yes**, please bring copies to our initial meeting, if possible.

11. Have you ever made gifts exceeding \$10,000 to any one person in any year? Yes No
If yes, to whom: _____

12. Do you anticipate receiving an inheritance in the future? Yes No
If yes, expected Inheritance(s): \$ _____
From: _____

13. Parents Living? Yes No Names/Ages: _____

14. Siblings: _____

15. Significant Other: _____

16. List the exact **legal name**, **state of residence** and **date of birth of each child**, if any:

Name, State of Residence, Date of Birth

Name, State of Residence, Date of Birth

Name, State of Residence, Date of Birth

Name, State of Residence, Date of Birth

17. List **any other persons or institutions** who might receive a gift from you at your death:

Name: _____ Relationship: _____ Gift: _____

Name: _____ Relationship: _____ Gift: _____

Name: _____ Relationship: _____ Gift: _____

18. Do any of the persons named above (including children, if any) have special needs or disabilities? **Yes** **No** If yes, name of persons and type of disability: _____

19. Have you previously planned your estate? **Yes** **No**

If yes, do you already have any of the following documents?

- Beneficiary Deed**, recorded: _____
- Simple Will**, dated: _____
- Will with testamentary trust**, dated: _____
- Revocable trust**, dated: _____
- Irrevocable trust**, dated: _____
- Financial Power of Attorney**, dated: _____
- Medical Power of Attorney**, dated: _____
- Living Will**, dated: _____

If yes, when were any of the above documents last reviewed? _____

If yes, please bring **photocopies** (not originals!) of your documents to our initial meeting.

20. Digital / IP assets or online account access concerns/goals after death?

If yes, explain: _____

21. Other issues: _____

FOR YOUR PLAN:

Personal Representative (aka Executor). This person will collect all of your assets, pay your creditors, and make distributions to the beneficiaries of your estate. List the persons in the order in which they should serve, including their name, relationship to you, address, and phone number.

1. _____
2. _____

Guardians. This person will take care of your minor child(ren). The *primary* guardian, by *default*, is almost always the child(ren)'s other parent. The person(s) you name as guardians below would be the backups in the event you both died. List in the order in which these guardians should serve, including their name, relationship to you, address, and phone number.

1. _____
2. _____

Trustees. This person will manage your assets and make distributions to the beneficiaries (including you) of any trusts you establish (**e.g., for minor children, or adult children who need creditor protection, or have disabilities**). List the names of those persons who should serve as trustees, including their name, relationship to you, address, and phone number.

1. _____
2. _____

Financial Agent. List the persons who should manage and access your non-trust assets via a Power of Attorney in the event you become incapacitated, including their relationship to you, address, and phone number.

1. _____
2. _____

Medical Agent. List the persons who should make decisions concerning your medical care in the event you become incapacitated, including their relationship to you, address, and phone number.

1. _____
2. _____

Do you wish to have a Living Will prepared for you? (Your Living Will expresses your wishes with regard to artificial life-sustaining procedures when you have a terminal condition or are in a persistent vegetative state.) **Yes** **No**

FINANCIAL STATEMENT FOR _____

Please print your name above

ASSETS	VALUE
Personal Residence	
Other Real Estate: * County: _____ State: _____	
Timeshares: County: _____ State: _____	
Mineral Interests: County: _____ State: _____	
Personal & Household (cars, jewelry, furniture, guns, etc.)	
Checking and Savings Accounts	
CDs	
Investment Accts & Mutual Funds (non-retirement)	
529 College Savings/UTMA Accounts	
Stock Certificates or Options held in own name	
Business Interests (FMV estimate)	
Limited or Family Partnerships (FMV estimate)	
Other Non-marketable Assets (e.g., promissory note)	
Life Insurance (death benefit amount) *	
Retirement Plans (e.g., IRAs, 401Ks, 403bs) *	
Annuities (non-retirement) *	
Do you have pensions (i.e., guaranteed income at retirement)? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Long Term Care Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a "General Power of Appointment" to direct property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Assets:	\$ _____
LIABILITIES	
Credit Card Debt	
Home Mortgage	
Other Real Estate Mortgage	
Other Debt (school, business, past due taxes, etc.)	
Total Liabilities:	-\$ _____
NET WORTH (Total Assets less Total Liabilities):	\$ _____

* Please provide additional detail about these assets on the next page.

Summary of Other Real Estate

Property Street Address	City, County & State	Owner(s) according to the deed	Type of ownership (pls mark)	FMV (estimate)	Debt (estimate)	Net Value (estimate)
			<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> T in C	\$	\$	\$
			<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> T in C	\$	\$	\$
			<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> T in C	\$	\$	\$

Summary of Life Insurance

Company & Policy Number	Insured	Current Beneficiaries (primary & secondary)	Current Owner	Death Benefit	Policy Loans?
		1. 2.		\$	
		1. 2.		\$	
		1. 2.		\$	

Summary of Retirement Accounts (403b, 401k, IRA)

Owner/Participant	Type of Plan & Company	Account Value	Current Beneficiaries (primary & secondary)
		\$	1. 2.
		\$	1. 2.
		\$	1. 2.

Summary of Annuities (non-retirement)

Owner	Company	Account Value or Death Benefit	Annuitized yet? (income stream?)	Current Beneficiaries (primary & secondary) of the at death balance
		\$		1. 2.
		\$		1. 2.

Summary of Pension Plans (guaranteed income at retirement)

Participant	Name of Plan	Account Value or Monthly Benefit	Any benefit at death?	Current Beneficiaries (only if any benefit exists at death)
		\$		1. 2.
		\$		1. 2.

The financial information above may be extremely important for proper tax planning. Without the information listed above, no estate tax planning will be included in your estate planning documents. Without accurate information, improper planning may be included in your estate planning documents.

OTHER FINANCIAL INFORMATION:

1. Are you a beneficiary or Trustee under a trust? Yes No

If yes, please explain & bring a copy of the Trust Agreement to our initial meeting, if possible:

2. Do you own any real estate, business entities or trust property in a state other than your residence?

Yes No

If yes, please explain below & bring copies of all deeds and any business entity or trust documents to our initial meeting, if possible:

3. Do you live in another state any part of the year? Yes No

If yes, where and for how long? _____

4. Do you file taxes in another state other than RI? Yes No

If yes, where (also indicate reason for filing if not clear from answers above)? _____

5. Do you own an interest in any "S" Corporations? Yes No

6. Have you made any loans to anyone that have not been repaid or forgiven? Yes No

If yes, explain: _____

(OPTIONAL) ASSET PROTECTION QUESTIONS:

Asset protection planning may involve permanent transfers, which you can control, but not change. You may lose flexibility and access to any assets that are placed in an asset protection device. To be effective, you must not yet be facing lawsuits or creditor actions against you.

1. Identify assets for asset protection planning. Examples of suitable assets might include: cash, securities portfolio, business, residence or other real property, etc. Please describe in detail and include information about values, such as three (3) years of balance sheets & financial statements for a business: _____

2. Are there any existing judgments against you, your business or family members? (Describe)

3. Are there any known or expected creditor actions (civil or criminal) against you, your business or family members? Describe: _____

4. Describe expectations / objectives for asset protection planning:

- a. Do you accept having these assets distributed to your family members or other persons now (i.e., children) outright or in trust, and not needing to have access to these assets yourself? Yes No
- b. Can you accept the idea of a non-related person, or perhaps a corporation, controlling assets which you select for special protection for your beneficiaries? Yes No

**CONSIDER BRINGING THESE DOCUMENTS TO
THE INITIAL ESTATE PLANNING MEETING**

Many of these documents may be optional. If you have questions, please call the attorney in advance to discuss them, or wait until after the meeting to determine if you need to collect these documents for us.

1. Copies of the Grant Deed or Warranty Deed to your residence and all other real properties you own.
2. Copies of your existing Wills, Trusts, Powers of Attorney or any other estate planning documents.
3. Copies of any Separation Agreements, Child Support Orders or other Marital Agreements.
4. Copies of any and all Gift Tax Returns filed (IRS form 709), or year of prior filings and purpose.
5. Copies of pension, annuity or other retirement fund benefits description statements, or the financial institution name, current balance, terms for payment, and beneficiaries named presently.
6. Copies of any life insurance policies which you own or are a beneficiary of, or the name of the insurance company, the death benefit, approximate cash value, and beneficiaries named presently.
7. (*For business owners*) Copies of the most recent federal income tax returns for you and your business. (e.g., IRS form 1120s, 1065, and 1040).

Thank you!