

Law Offices of Nancy Weissman

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ESTATE PLANNING QUESTIONNAIRE

Today's date: _____

Please complete as much as possible. You may use "not applicable" or "?" as appropriate.

PERSONAL INFORMATION

Name _____

Home address _____

Home phone _____

Email address _____

Work address _____

Work phone _____

Work email _____

Date and place
of birth _____

How do you want your property divided?

YOUR FIDUCIARIES

The ***personal representative*** collects and preserves the estate's property, pays creditors' claims, prepares and files state and federal tax returns, collects information about the estate, and distributes estate property as directed in your will.

Your personal representative

Successor/alternate personal representative

The ***trustees*** invest and account for the principal and income of the trust, make distributions in accordance with the terms of the trust and file the necessary tax returns. The trustees are given broad powers to administer the trust efficiently and economically without first obtaining the order or approval of the probate court. You can be a trustee of your trust.

Your trustee

Successor/alternate trustee

The ***health care agent*** is authorized to make medical decisions for you if you are unable to make such decisions for yourself. The health care agent is expected to follow your directives, and to make decisions based on an assessment of your best interests.

Your health care agent

Successor/alternate health care agent

The ***attorney-in-fact*** is authorized to sign checks, open safe deposit boxes, make gifts, transfer property to a revocable trust, collect debts, engage in litigation, manage property, and borrow money for you. This person need not be a lawyer.

Your attorney-in-fact

A ***guardian*** for an adult is appointed by the court to make medical and personal decisions, tailored to areas where the adult is impaired. You may not need a guardian, but it is best for you to name one now.

Your guardian

Successor/alternate guardian

YOUR FAMILY

Your parents

Father

Mother

Name

Address

Telephone number

Email

Date of birth

Date of death

If widowed or divorced, has
your parent remarried?

Your parent's spouse's name

Does anyone listed above
have health issues?

Your siblings

Eldest sibling

Next eldest sibling

Name

Address

Telephone

Email

Date of birth

Date of death

If widowed or divorced, has
your sibling remarried?

Your sibling's spouse's name

Does anyone listed above have
health issues?

Do you have more siblings?

Yes ____

No ____

Your children

Child #1

Child #2

Name

Address *if different from yours*

Phone

Email

Date of birth

Adopted or stepchild?

If married, spouse's name

Does anyone listed above have
health issues?

Do you have more children? Yes ____ No ____

If you are unable to take care of your child(ren), who should be guardian?

	Guardian	Successor/Alternate Guardian
Name		
Address		
Phone		
Email		

Do you have grandchildren? Yes ____ No ____

Do you have any other dependents? Yes ____ No ____

Do you have pets? Yes ____ No ____

VERY IMPORTANT! Please upload your family tree

FINANCIAL INFORMATION

(This information helps me to determine the level of tax planning you need.)

Year	Salary or wages (estimates)	Other income Rental income, investments, etc. (estimates)
Current Year		
Previous Year		

Financial accounts	Bank's name	Approximate balance (estimates)	Co-owner's name
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Checking account

Savings account

Certificates of deposit

Brokerage accounts
(e.g. Fidelity, Schwab)
*NOT retirement
accounts*

Other liquid assets
(such as cash, Treasury
bonds)

Do you have other accounts? Yes___ No ___

Do you have automatic withdrawals from any account? Yes___ No ___

Illiquid assets	Approximate value if sold today
Real estate	value:

Car	mortgage: value:
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Car	loan: value:
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	loan:
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Special assets (*please circle*)
Antiques

Artwork

Illiquid assets**Approximate value if sold today**

Bitcoin

Boats

Firearms

Frequent flyer miles

Intellectual property (copyrights, patents)

Jewelry

Rewards points

Season tickets

Silver and crystal

Valuable collections

Family heirlooms not listed above

Do you have items listed on your homeowner's insurance policy rider?

Yes ___ No ___

Do you have any other property not listed here? Yes ___ No ___

Retirement assets**Institution** such
as Fidelity,
Schwab, or
Vanguard**Approximate
value****Beneficiary**

IRA

401k

Other retirement plan(s)

**Do you owe money? Exclude credit cards paid in full
each month.****Approximate
amount****Life insurance**

Insured

Policy #1**Policy #2**

Owner

Type of policy (e.g. whole, term)

Company/Policy #

Beneficiaries

Face value

ADVISORS

Please indicate if you do not wish us to contact any of the people listed below.

Name, address, telephone number, email

Accountant

Clergy/spiritual advisor

Dentist

Physician

Insurance agent

Investment advisor

SPECIAL PERSONAL CONSIDERATIONS

(Health, adoption, stepchildren, family members with special needs, former spouses, etc.)_

If there is any matter to discuss confidentially, please call me at (617) 680-1316.