



Flood, Sheehan & Tobin, PLLC

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ESTATE PLANNING QUESTIONNAIRE

DATE: _____

I. FAMILY AND OCCUPATIONAL DATA:

Husband: _____ Date of Birth: _____
Address: _____
Citizenship: _____ SS#: _____
Telephone # Home: _____ Work: _____ Cell: _____
Email: _____ Occupation: _____
Name of Employer: _____
Business Address: _____

Wife: _____ Date of Birth: _____
Address: _____
Citizenship: _____ SS#: _____
Telephone # Home: _____ Work: _____ Cell: _____
Email: _____ Occupation: _____
Name of Employer: _____
Business Address: _____

Table with 5 columns: Legal Name of Child, Address, Date of Birth, SS#, # of Children. Includes three rows of blank lines for data entry.

Please attach additional sheet if needed.

| <u>Legal Name of Grandchild</u> | <u>Address</u> | <u>Date of Birth</u> | <u>SS#:</u> | <u>Child of</u> |
|---------------------------------|----------------|----------------------|-------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please attach an additional sheet if needed.

Do you have any deceased children? Yes_____No_____

Did any deceased child leave children now living? Yes_____No_____

If yes, please indicate names: _____

Are any of your children adopted? Yes_____No_____

If yes, please indicate names: _____

Were either of you married before? Yes_____No_____

If yes, please indicate which spouse was married before, when and to whom such spouse was married:

Please attach a copy of the divorce decree.

Were any children born of the prior marriage?_____ If yes, have such children been listed above? _____ If no, please provide the following information:

| <u>Legal Name of Child</u> | <u>Address</u> | <u>Date of Birth</u> | <u>SS#:</u> | <u># of Children</u> |
|----------------------------|----------------|----------------------|-------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please attach an additional sheet if needed.

Do either of you (or will either of your estates) have any outstanding obligations benefiting a former spouse or children born of a prior marriage? _____ If yes, please describe:

Do either of you have any children by other persons (other than those children listed above)? _____ If yes, please provide the following information:

| <u>Legal Name of Child</u> | <u>Address</u> | <u>Date of Birth</u> | <u>SS#:</u> | <u># of Children</u> |
|----------------------------|----------------|----------------------|-------------|----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Please attach an additional sheet if needed.

Are there any special issues or problems relating to any of your children? Yes _____ No _____
If yes, please identify the child and briefly describe the child's special issue or problem.

Have the two of you entered into a Prenuptial Agreement? _____ If yes, please attach a copy.

Have the two of you ever resided in a community property state? Yes _____ No _____
(AZ, CA, ID, LA, NV, NM, TX, WA and WI)

Is anyone else dependent upon either of you for support? Yes _____ No _____
If yes, please list such person's name, age, and relationship:

If living, husband's mother's name, address and age: _____

If living, husband's father's name, address and age: _____

If living, wife's mother's name, address and age: _____

Does husband have siblings? _____ If yes, siblings' names: _____

Does wife have siblings? _____ If yes, siblings' names: _____

Generally, how is husband's health? _____ (Excellent, Good, Poor)
Are there any major problems that should be taken into account? Yes _____ No _____
If yes, please describe: _____

Generally, how is wife's health? _____ (Excellent, Good, Poor)
Are there any major problems that should be taken into account? Yes _____ No _____
If yes, please describe: _____

II. BUSINESS DATA:

Do either of you operate a business or have an ownership interest in a business? Yes _____ No _____
If yes, please provide the name of the owner, the name of the business, the ownership interest and the type of business (sole proprietorship, partnership, subchapter S corporation, subchapter C corporation, limited liability company).

Is there a Buy-Sell Agreement in place? Yes _____ No _____ If yes, please attach a copy.

Is there any by-law or stock agreement governing or restricting the sale or transfer of the shares in this business?
Yes _____ No _____ If yes, please attach a copy.

III. FINANCIAL DATA:

Do you have an accountant who prepares your tax returns? Yes _____ No _____
If yes, please indicate name and address.

Please attach a copy of your latest federal income tax return.

What is your major banking affiliation? _____

Do you have an investment counselor and/or a stockbroker? Yes _____ No _____
If yes, please indicate name, address and telephone number of each.

Do you have a safe deposit box? Yes _____ No _____
If yes, where is it located and who is authorized to access it?

Do either of you expect to receive any substantial inheritances? Yes _____ No _____
If yes, please provide details.

Does anyone owe either of you money? Yes _____ No _____ If yes, please provide details.

Please attach a copy of such indebtedness (e.g. promissory note, mortgage).

Do you anticipate any future events that would affect your estate planning goals? Yes _____ No _____
If yes, please specify.

| Current Income | Salary | Interest | Dividends | Other |
|----------------|----------|----------|-----------|----------|
| Husband | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Wife | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

IV. ASSET PROFILE:

| <u>Item</u> | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> | <u>Mortgages/ Indebtedness</u> |
|-------------------------|-----------------|-----------------|-----------------|------------------------------------|
| Home Residence | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Second Home | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Land Holdings | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Time Share Property | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Checking Accounts | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Savings Accounts | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Certificates of Deposit | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Securities | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Mutual Funds | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Bonds | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Promissory Notes, etc. | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Personal Property | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Antiques | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Automobiles | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Collections | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| I.R.A. | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other Retirement Benef. | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Closely Held Business | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Insurance | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTALS | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Further Explanations _____

If you own real estate jointly, please indicate the year each such property was acquired.

Do either of you own any tax-sheltered assets? Yes _____ No _____

If yes, please identify nature of asset and value. _____

Do either of you own any property located in another State? Yes _____ No _____

If yes, please indicate location and value. _____

Do either of you own any property located outside the United States? Yes _____ No _____

If yes, please indicate location and value. _____

Does your home or other real estate have an outstanding mortgage? Yes _____ No _____

If yes, please indicate property, name of lender and outstanding balance. _____

Do either of you have any outstanding liabilities not listed above? Yes _____ No _____

If yes, please indicate nature of liability and amount. _____

Do either of you participate in or benefit from any pension plans, annuities, deferred compensation plans or other employee benefit plans? Yes _____ No _____

If yes, please describe (include type of plan, beneficiary and amount).

Husband: _____

Wife: _____

V. LIFE INSURANCE:

Company _____
Insured _____ Owner _____
Beneficiary _____ Alternate _____
Face Amount _____ Loan Amount _____
Cash Surrender Value _____
Type (Term, Whole Life, Group, etc.) _____

Company _____
Insured _____ Owner _____
Beneficiary _____ Alternate _____
Face Amount _____ Loan Amount _____
Cash Surrender Value _____
Type (Term, Whole Life, Group, etc.) _____

Company _____
Insured _____ Owner _____
Beneficiary _____ Alternate _____
Face Amount _____ Loan Amount _____
Cash Surrender Value _____
Type (Term, Whole Life, Group, etc.) _____

Company _____
Insured _____ Owner _____
Beneficiary _____ Alternate _____
Face Amount _____ Loan Amount _____
Cash Surrender Value _____
Type (Term, Whole Life, Group, etc.) _____

Company _____
Insured _____ Owner _____
Beneficiary _____ Alternate _____
Face Amount _____ Loan Amount _____
Cash Surrender Value _____
Type (Term, Whole Life, Group, etc.) _____

Company _____
Insured _____ Owner _____
Beneficiary _____ Alternate _____
Face Amount _____ Loan Amount _____
Cash Surrender Value _____
Type (Term, Whole Life, Group, etc.) _____

VI. PRESENT ESTATE PLANNING POSITION:

Do you presently have a Will, Revocable Trust, Living Will, Power of Attorney for Health Care or Durable Power of Attorney for financial matters? Yes _____ No _____

If yes, please specify the type of document and the date of execution.

Husband: _____

Wife: _____

Please attach a copy of each document.

Have either of you made taxable gifts or filed a gift tax return in past years? Yes _____ No _____

If yes, please attach a copy of each gift tax return filed.

Have either of you created or do either of you presently benefit from any Irrevocable Trusts? _____

If yes, describe.

Husband: _____

Wife: _____

Please attach a copy of any such Trust.

Do either of you have a power of appointment under someone else's will or trust? Yes _____ No _____

If yes, please describe.

Husband: _____

Wife: _____

Please attach a copy of the document granting the power of appointment.

VII. FIDUCIARIES:

Whom do you think should be named as executor and alternate executor of your estate? Please include the person's relationship to you, if any, and their address.

Husband: Primary: _____

Alternate: _____

Wife: Primary: _____

Alternate: _____

Whom do the two of you think should be named as guardian of any minor children? Please include the person's relationship to you, if any, and their address.

Primary: _____

Alternate: _____

If applicable, whom do you think should be named as the trustee of your revocable trust following your death or incompetence? Please include the person's relationship to you, if any, and their address.

Husband: Primary: _____

Alternate: _____

Wife: Primary: _____

Alternate: _____

Whom do you think should be named to hold your Durable Power of Attorney for financial affairs? Please include the person's relationship to you, if any, and such person's address.

Husband: Primary: _____

Alternate: _____

Wife: Primary: _____

Alternate: _____

Whom do you think should be named to hold your Power of Attorney for Health Care? Please include the person's relationship to you, if any, and such person's address.

Husband: Primary: _____

Alternate: _____

Wife: Primary: _____

Alternate: _____

Whom do you think should be named as your personal representative(s) to access your medical information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA")? Please include the address for each person you want to name.

Husband: _____

Wife: _____

OTHER CONSIDERATIONS:

How do you want your assets to be distributed upon your death?

Husband: _____

Wife: _____

Do you wish to benefit any charitable organization at death? Yes_____No_____

If yes, please give details:

Husband: _____

Wife: _____

Do you want to include provisions in your estate planning documents for organ donation?

Husband: Yes_____ No_____

Wife: Yes_____ No_____

If you answered yes in the preceding question, do you want to limit organ donation to transplantation and therapeutic uses?

Husband: Yes_____ No_____

Wife: Yes_____ No_____

Do you want to include provisions for cremation in your estate planning documents?

Husband: Yes_____ No_____

Wife: Yes_____ No_____

Do you want a copy of your Power of Attorney for Health Care and Living Will Declaration sent to your primary care physician? Yes_____No_____

If yes, please provide your primary care physician's name and address.

Husband: _____

Wife: _____

Are there any other considerations that may affect your estate planning goals?

Husband: _____

Wife: _____

IX. MISCELLANEOUS:

Other concerns or issues you would like to discuss at our meeting:

Who referred you to our firm?
