



Flood, Sheehan & Tobin, PLLC

Ann Meissner Flood
Virginia Symmes Sheehan
Laura E. Tobin

Marcia Hennelly Moran, Of Counsel

2 Delta Drive, Suite 303
Concord, NH 03301
Telephone (603) 415-4200
Facsimile (603) 415-4201
www.fstlaw.com

ESTATE PLANNING QUESTIONNAIRE

DATE: _____

I. FAMILY AND OCCUPATIONAL DATA:

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

What is your marital status? Never Married _____ Currently Married _____ Widowed _____
Divorced _____ Please indicate name of spouse (current or former), date of marriage and date of
spouse's death or date of divorce.

Please attach a copy of the divorce decree.

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

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? _____

Did any deceased child leave children now living? _____ If yes, please indicate names.

Are any of your children adopted? _____ If yes, please indicate names.

Do you or will your estate have any outstanding obligations benefiting a former spouse or your children?
_____ If yes, please describe.



Are there any special issues or problems relating to any of your children?_____ If yes, please identify the child and briefly describe the child's special issue or problem.

Is anyone else dependent upon you for support?_____ If yes, please list such person's name, age, and relationship.

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

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

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

Do you have siblings?_____ If yes, siblings' names:_____

Generally, how is your health?_____ (Excellent, Good, Poor) Are there any major problems that should be taken into account?_____ If yes, please describe.

II. BUSINESS DATA:

Do you operate a business or have an ownership interest in a business?_____

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, sub-chapter S corporation, C corporation, Limited Liability Company).

Is there a buy-sell agreement in place? _____ If yes, please attach a copy.

Are there by-laws or a shareholder agreement governing or restricting the sale or transfer of the shares in this business?_____ If yes, please attach a copy.



III. FINANCIAL DATA:

Do you have an accountant who prepares your tax returns? _____ If yes, please indicate name, address and telephone number.

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

What is your major banking affiliation? _____

Do you have an investment advisor and/or a stockbroker? _____ If yes, please indicate name, address and telephone number of each.

Do you have a safe deposit box? _____ If yes, where is it located and who is authorized to access it?

Do you expect to receive any substantial inheritances? _____ If yes, please provide details.

Does anyone owe you money? _____ 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? _____ If yes, please specify.

Your Current Income:	<u>SALARY</u>	<u>INTEREST</u>	<u>DIVIDENDS</u>	<u>OTHER</u>
	\$ _____	\$ _____	\$ _____	\$ _____



IV. ASSET PROFILE:

<u>Item</u>	<u>Individually Owned</u>	<u>Jointly Owned</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 you own any tax-sheltered assets? _____ If yes, please identify nature of asset and value.

Do you own any property located in another state? _____ If yes, please indicate location and value.

Do you own any property located outside the United States? _____ If yes, please indicate location and value.

Does your residence or other real estate have an outstanding mortgage? _____ If yes, please indicate property, name of lender and outstanding balance.

Residence: _____

Other Real Estate: _____

Do you have any outstanding liabilities not listed above? _____ If yes, please indicate nature of liability and amount.

Do you participate in or benefit from any pension plans, annuities, deferred compensation plans or other employee benefit plans? _____ If yes, please describe (include type of plan, beneficiary and amount).



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. EXISTING ESTATE PLANNING:

Do you presently have a Will, Revocable Trust, Living Will, Durable Power of Attorney for Health Care or Durable Power of Attorney for financial matters? _____ If yes, please specify the type of document and the date of execution.

Please attach a copy of each document.

Have you made taxable gifts or filed a gift tax return in past years? _____ If yes, please attach a copy of each gift tax return filed.

Have you created or do you presently benefit from any Irrevocable Trusts? _____ If yes, please describe.

Please attach a copy of any such trust document(s).

Do you have a power of appointment under someone else's Will or Trust? _____ If yes, please describe.

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

VII. FIDUCIARIES:

Who 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 such person's address.

Primary: _____

Alternate: _____

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

Primary: _____

Alternate: _____

If applicable, who 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 such person's address.



Primary: _____

Alternate: _____

Who 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.

Primary: _____

Alternate: _____

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

Primary: _____

Alternate: _____

Who 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. Note: Your personal representative for purposes of HIPAA is different than a health care agent under the Durable Power of Attorney for Health Care.

VIII. DISTRIBUTION OF ASSETS AFTER DEATH:

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

Do you wish to benefit any charitable organization at death? _____ If yes, please give details, otherwise please ask about charitable giving at your estate planning meeting.



IX. OTHER CONSIDERATIONS:

Do you want to include provisions in your estate planning documents for organ donation?
Yes _____ No _____

If you answered yes to the preceding question, do you want to limit organ donation to transplantation and therapeutic uses?
Yes _____ No _____

Do you want to include provisions for cremation in your estate planning documents? If not, please indicate whether you want to include a direction that your body not be cremated.
Yes _____ No _____

Do you want copies of your Durable Power of Attorney for Health Care and Living Will Declaration sent to your primary care physician? _____ If yes, please provide your primary care physician's name and address.

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

IX. MISCELLANEOUS:

Other comments or suggestions you would like to discuss at our meeting:

Who referred you to our firm?

