

# CONFIDENTIAL

Thank you, in advance, for your time in completing this important questionnaire.

The personal information and financial data requested will enable Partridge Snow & Hahn LLP to better understand your personal goals and financial situation as we prepare your estate plan. Note that the questionnaire is designed for easy completion by an individual or a married couple or domestic partnership.

Please be assured that our clients' personal information is kept strictly confidential. Do not hesitate to telephone us or e-mail us with any questions which may arise. The contact information for our attorneys and paralegals can be found on the last page of this questionnaire.

## Personal Information

Date: \_\_\_\_\_

Individual Completing Form

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (            ) \_\_\_\_\_ Cell Phone (            ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Naturalization (if applicable) \_\_\_\_\_

Date and Place of Marriage (if applicable): \_\_\_\_\_

Year You Established Residence in the Above State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Telephone: (            ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

e-mail: \_\_\_\_\_

SPOUSE/DOMESTIC PARTNER (if applicable)

Name: \_\_\_\_\_

Cell Phone (            ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Naturalization (if applicable) \_\_\_\_\_

Year You Established Residence in the Above State: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Telephone: (            ) \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

e-mail: \_\_\_\_\_

**1. Tax and Financial Advisers**

Name and Address of Accountant:

\_\_\_\_\_  
Tel. No. \_\_\_\_\_ Street  
\_\_\_\_\_  
City State Zip

Name and Address of Financial Advisers:

\_\_\_\_\_  
Tel. No. \_\_\_\_\_ Street  
\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Tel. No. \_\_\_\_\_ Street  
\_\_\_\_\_  
City State Zip



**5. Deceased Children**

If you or your spouse have any deceased children, please indicate the names of those children and dates of death.

NAME OF DECEASED CHILD	DATE OF DEATH
_____	_____
_____	_____

**6. Grandchildren**

NAME (include address if different than parent)	PARENT'S NAME	BIRTH DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. Adoption**

Please identify any members of your family (including children or grandchildren) who are adopted.

NAME (include address if different than parent)	RELATIONSHIP	AGE AT ADOPTION
_____	_____	_____
_____	_____	_____

**8. Parents**

NAME	ADDRESS	AGE
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	

**9. Brothers and Sisters**

NAME	ADDRESS	AGE
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	

**10. Spouse's Parents**

NAME	ADDRESS	AGE
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City                  State                  Zip	

**11. Spouse's Brothers and Sisters**

NAME	ADDRESS	AGE
_____	_____	_____
Tel. No. _____	Street _____	
	City State Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City State Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City State Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City State Zip	
_____	_____	_____
Tel. No. _____	Street _____	
	City State Zip	

**12. Foreign Residence**

Have you or your spouse lived in any other state or foreign country? If so, please indicate where and for what periods of time.

**13. Safe Deposit Box**

If you or your spouse maintain a safe deposit box, please indicate the location of such box and the persons authorized to open the safe deposit box.

## 14. Family Burial Plot

If you or your spouse have a family burial plot, please indicate where the plot is located.

## 15. Military Service

Have either you or your spouse served in the military? If so, please indicate the dates of service, and the branch of the military in which such service took place.

## Current Estate Plan

This section is to be completed only by clients for whom we have not previously prepared an estate plan.

- A. Do you or your spouse currently have wills? 

You	Spouse
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
yes   no	yes   no
- B. Do you or your spouse currently have a funded or unfunded revocable living trust agreement? 

You	Spouse
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
yes   no	yes   no
- C. Have either you or your spouse ever executed an irrevocable insurance trust? 

You	Spouse
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
yes   no	yes   no
- D. Have either you or your spouse executed a durable financial power of attorney? 

You	Spouse
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
yes   no	yes   no
- E. Have either you or your spouse executed a durable health care power of attorney? 

You	Spouse
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
yes   no	yes   no
- F. If you or your spouse have executed any of the above documents (or other estate planning documents not mentioned above), please provide copies, if possible.

# Personal Objectives

This section of the questionnaire is designed to focus on personal matters which should be considered in the preparation of your estate plan. Do not feel obligated to answer each question before returning the questionnaire to us as some sections will require further elaboration.

## 1. General Plan

Leaving estate tax considerations aside, explain how you (and your spouse) wish your assets to be distributed upon your death:

## 2. Protection of Minor Children

If you have minor children, you should name a guardian in your will. In addition, it is helpful to name a successor guardian in the event that your first choice cannot serve. If you and your spouse have agreed as to who to nominate as guardian/successor guardian, please indicate the names, addresses and telephone numbers for such persons. Remember, you can nominate co-guardians if you desire.

GUARDIAN(S) NAME(S)	ADDRESS
_____	_____
	Street
Tel. No. _____	_____
	City State Zip
SUCCESSOR GUARDIAN(S) NAME(S)	
_____	_____
	Street
Tel. No. _____	_____
	City State Zip

## 3. Special Needs

Describe any special educational or medical needs of any persons (for example, your parents, spouse, children and grandchildren) for whom you or your spouse may wish to provide continuing support after your death.

#### 4. Executor Nomination

The selection of an executor or co-executor is an important decision. Based upon your present situation, if you are not thinking of nominating your spouse, please provide the name, address and telephone number for the person(s) or institution whom you and/or your spouse would like to serve as executor or successor executor in the event that your first choice cannot serve.

Remember, you can also nominate co-executors.

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

#### 5. Trustee Nomination

If your personal plan is likely to include a trust because of issues such as minor children, special circumstances, probate avoidance or tax issues, you should consider nominating a person and/or institution to serve in that capacity. Because of tax and other considerations, we would be happy to advise you with regard to this important decision. However, it would be helpful if you would consider who might act in that capacity as a basis of discussion.

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

## **6. Distribution Age**

Through the use of a trust, you can determine if your children would receive their entire share of the estate upon reaching a certain age, or at various times, so they only receive a portion of the property at a time. For instance, you could provide that a child may receive 1/3 of his or her share at age 25, 1/3 at age 30, and the remainder at age 35. Please indicate your preferences.

## **7. Trust for Adult Children**

Is there any reason why you might wish to establish a trust for any of your adult children? For example, do you or your spouse have any concerns that one of your children handles money unwisely or is having marital difficulties?

## **8. Contingent Distribution**

It is possible that the persons to whom you or your spouse want your assets left may not be living at the time those assets are to be distributed. To address such a possibility, your plan should provide for a contingent distribution. In this regard, you might consider the following: bequests to specific family members, division of property between your family and your spouse's family, bequests to charities, bequests to friends, or gifts to other persons or institutions.

## **9. Past Gifts**

In any year, have you or your spouse made gifts (cash or personal property) to any one person over the federal annual gift tax exclusion amount? (The federal annual gift tax exclusion was \$10,000 for years prior to 2002, \$11,000 in 2002 through 2005, \$12,000 in 2006 through 2008, and \$13,000 in 2009, and is adjusted for inflation thereafter.) If so, please indicate the amount of such gifts, the year, and if gift tax returns were filed.

## **10. Gift Planning**

Do you or your spouse have any plans to make gifts in any year having a value over the applicable federal annual gift tax exclusion? If so, please indicate generally the extent of such gifts and to whom and how such gifts would be made.

## **11. Special Bequests**

Are there any special bequests which you or your spouse wish to make to your family, friends, or charity in your estate plan? If so, please describe such bequests below.

## **12. Burial/Cremation**

If you or your spouse have specific wishes as to your burial or cremation, please indicate those wishes below.

## **13. Other**

Are there any other non-financial matters relating to your personal planning which are of concern to you or your spouse which have not been addressed by previous questions? If so, please provide us with information on such matters below.

## **14. Organ Donation**

Have you and your spouse considered the possibility of an organ donation, if so, kindly comment on the issue below.

# Financial Information

Please do not be concerned with providing precise values; an estimate of property worth is sufficient. If you are married, be sure to include complete financial data for both you and your spouse, and indicate whether the property is owned jointly or separately.

## 1. Real Estate

LOCATION	ESTIMATED VALUE	OWNER(S)
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

## 2. Life Insurance

(Please include life insurance provided through your employer or spouse’s employer. If your life insurance policy is part of a “split dollar” arrangement, please provide a copy of such agreement.)

Insurance Company \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Type of Policy \_\_\_\_\_ Cash Surrender Value \$ \_\_\_\_\_ (if applicable)

Insurance Company \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Type of Policy \_\_\_\_\_ Cash Surrender Value \$ \_\_\_\_\_ (if applicable)

Insurance Company \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Type of Policy \_\_\_\_\_ Cash Surrender Value \$ \_\_\_\_\_ (if applicable)

Insurance Company \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Type of Policy \_\_\_\_\_ Cash Surrender Value \$ \_\_\_\_\_ (if applicable)

**3. Checking Accounts, Savings Accounts, Certificates of Deposit**

Financial Institution \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

**4. Securities Accounts (not retirement accounts like IRA's)**

Financial Institution/  
Brokerage/Financial Advisor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution/  
Brokerage/Financial Advisor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution/  
Brokerage/Financial Advisor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution/  
Brokerage/Financial Advisor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Financial Institution/  
Brokerage/Financial Advisor \_\_\_\_\_

Balance \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

If possible, please provide a copy of a current statement for each account.

**5. Bonds, Stocks, Annuities (Held by You and Not in a Securities Account)**  
(Include U.S. Savings Bonds.)

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_

Value \$ \_\_\_\_\_ Owner(s) \_\_\_\_\_

**6. Pension or Retirement Funds**  
(Include 401K and 403b Plans, IRA's, etc.)

Description \_\_\_\_\_ Value \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Financial Institution/Brokerage/Financial Advisor \_\_\_\_\_

Description \_\_\_\_\_ Value \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Financial Institution/Brokerage/Financial Advisor \_\_\_\_\_

Description \_\_\_\_\_ Value \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Financial Institution/Brokerage/Financial Advisor \_\_\_\_\_

Description \_\_\_\_\_ Value \$ \_\_\_\_\_

Owner \_\_\_\_\_ Beneficiary \_\_\_\_\_

Financial Institution/Brokerage/Financial Advisor \_\_\_\_\_

If possible, please provide a copy of a current statement for each account.

**7. Interests in Closely or Privately Held Corporations,  
Partnerships or Limited Liability Companies**

Name \_\_\_\_\_ Value \$ \_\_\_\_\_

Percent Interest \_\_\_\_\_ Owner(s) \_\_\_\_\_

Name \_\_\_\_\_ Value \$ \_\_\_\_\_

Percent Interest \_\_\_\_\_ Owner(s) \_\_\_\_\_

Name \_\_\_\_\_ Value \$ \_\_\_\_\_

Percent Interest \_\_\_\_\_ Owner(s) \_\_\_\_\_

Is there a buy/sell agreement in place which addresses the disposition of stock, partnership, or membership interests in the event of the disability or death of a stockholder, partner, or member?

Yes  No  If so, please provide us with a copy.

Is there insurance in place to fund the purchase of stock in such an event?

Yes  No

### 8. Promissory Notes or Other Debt Owed to You or Your Spouse

Debt \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Debtor(s) \_\_\_\_\_

Debt \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Debtor(s) \_\_\_\_\_

### 9. Education Funds or Trusts for Children/Grandchildren (including 529 Plans)

Description \_\_\_\_\_ Value \$ \_\_\_\_\_

Maturity \_\_\_\_\_ Owner(s) \_\_\_\_\_

Description \_\_\_\_\_ Value \$ \_\_\_\_\_

Maturity \_\_\_\_\_ Owner(s) \_\_\_\_\_

### 10. Beneficial Interests

Are you or your spouse the beneficiary of any trusts? If so, please describe your interest in such trust(s) and the estimated value of that interest. If possible, please provide us with a copy of the trust.

### 11. Possible Inheritances

Do you or your spouse expect to receive any inheritances at any time in the future? If so, please describe the nature of any such inheritances.

### 12. Powers of Appointment

Do you or your spouse have a power of appointment under the will or trust of another person? If so, please describe the nature of such power of appointment.

### 13. Personal Property

In responding to this section, please include estimated values of the following items: vehicles, boats or other recreational equipment, jewelry, antiques, and art, coin, stamp, or book, collections. In addition, please include any other items of personal property having significant value.

DESCRIPTION	APPROXIMATE VALUE
a. You	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
b. Spouse	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**14. Debts and Liabilities Owed by You or Your Spouse**

(Include mortgages, notes, and other significant debts you or your spouse owe.)

DESCRIPTION	AMOUNT	TO WHOM DO YOU OWE THE DEBT OR MORTGAGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# PROBATE, TRUST & PERSONAL PLANNING TEAM

## CHAIRS

Deborah DiNardo, *Partner*  
dd@psh.com

Kathleen A. Ryan, *Partner*  
kar@psh.com

## PARTNERS

Melissa E. Darigan  
med@psh.com

Lawrence D. Hunt  
ldh@psh.com

Michael A. Kehoe  
mak@psh.com

## SENIOR COUNSEL

John J. Partridge  
jjp@psh.com

## OF COUNSEL

David C. Morganelli  
dcm@psh.com

## PARALEGALS

Melissa Camille  
mc@psh.com

Elizabeth A. Pierce  
eap@psh.com

Linda G. Sears  
lgs@psh.com

## PROVIDENCE

180 South Main Street • Providence RI 02903  
401 861-8200 • Fax 401 861-8210

## WARWICK

2364 Post Road, Suite 100 • Warwick RI 02886  
401 681-1900 • Fax 401 681-1910

## SOUTHCOAST

128 Union Street, Suite 500 • New Bedford MA 02740  
774 206-8200 • Fax 774 206-8210

[www.psh.com](http://www.psh.com)