

**O'CONNOR & RIVARD ATTORNEYS PC
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LIFE/ESTATE PLANNING QUESTIONNAIRE

I. PERSONAL DATA

Your Name: _____ Date of Birth: _____

Any Prior Legal Name: _____

Address: _____

Phone Numbers:

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Employer: _____ Occupation: _____

Spouse's Name or Domestic Partner's Name* (if any): _____

Any Prior Legal Name: _____ Date of Birth: _____

Phone Numbers:

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Employer: _____ Occupation: _____

If deceased, Date of Death: _____

***Please note if you have a domestic partner and he or she will be attending the consultation appointment and seeking this firm's representation, he or she should fill out a separate questionnaire.**

If you would like to provide an e-mail address or addresses for future mailings of our firm's newsletter, please list it/them here:

Print Name

Print e-mail address

Print Name

Print e-mail address

Have you or your spouse been married prior to the marriage listed on page 1? yes_____ no_____

If yes, please list the name of your former spouse(s), the date(s) that the prior marriage ended and how it ended:

Your former spouse

Spouse's former spouse

Name: _____

Date Ended: _____

____ by death ____ by divorce

____ by death ____ by divorce

II. FAMILY DATA

Your Children: (Include biological, adopted, deceased children and children of prior marriages for both you and your spouse, if any.)

1. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: () _____ - _____ () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

2. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: () _____ - _____ () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

3. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: () _____ - _____ () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

4. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: () _____ - _____ () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's children, if any, and their ages:

5. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: () _____ - _____ () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's Children, if any, and their ages:

6. Child's Name: _____ Date of Birth: _____

Adopted From Prior Marriage Deceased _____
Date of Death

Address: _____

Telephone: () _____ - _____ () _____ - _____

Is Child Married? Yes _____ No _____

List names of this Child's Children, if any, and their ages:

Your Parents: Living Deceased

Father: _____

Mother: _____

Spouse's Parents:

Father: _____

Mother: _____

Your Siblings:

Name: _____

Spouse's Siblings: Living Deceased

Name: _____

Heirs: If you do not have any living children or grandchildren, we need to determine who your closest living relatives are, even if you do not intend to name them as a beneficiary of your estate. If you do not have any living children or grandchildren, please provide the names and addresses for:

1. Your parents, if living, or if none living then
2. Your siblings that are living, and any nieces and nephews of deceased siblings, or if none living then
3. Your living aunts and uncles, or if none living then
4. Your closest living blood relatives.

III. FINANCIAL DATA

Assets:

Real Estate:

<u>Location</u>	<u>Purchase Date</u>	<u>Assessed Value</u>	<u>In Whose Name(s)</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTALS:		\$ _____	

Life Insurance:

<u>Insured</u>	<u>Company</u>	<u>Face Value</u>	<u>Cash Value</u>	<u>Beneficiary</u>
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
TOTALS:		\$ _____	\$ _____	

Balance or Vested Amounts of IRAs/Pension or Profit Sharing Accounts (not monthly income received):

<u>Description</u>	<u>You</u>	<u>Spouse</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
TOTALS:	\$ _____	\$ _____	

<u>Stocks/Bonds:</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

<u>Bank Accounts/Certificates of Deposit/Money Funds:</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

<u>Annuities:</u>	<u>You</u>	<u>Spouse</u>	<u>Beneficiary</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
TOTALS:	\$ _____	\$ _____	

<u>Other Employee Death Benefits:</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

Tangible Property:
(Autos, Furniture, Jewelry, Artwork, Coin and Stamp Collections)

	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

<u>Expected Inheritances:</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Loans Payable to You:
(Is there a promissory note and/or mortgage which evidences the loan? If yes, please furnish a copy)

	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

<u>Monthly Payments Received:</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

<u>Other Significant Property:</u>	<u>You</u>	<u>Spouse</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Liabilities: (mortgages, home equity, notes to banks/others, loans on insurance, other)

<u>Description</u>	<u>Balance Due</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

Monthly Income:

	<u>You</u>	<u>Spouse</u>
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Pension	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____
Annuities	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____
Rents	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Veterans' Benefits	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____

Gifts

List any gifts (over \$1500 in value to any one person) you have made within the last 5 years. Also list if you have transferred any interest in real estate in the last 5 years by putting other name(s) on your Deed without being paid fair-market value.

<u>Gift type</u> (Stock, cash, real estate, insurance policy ownership, etc.)	<u>To Whom</u>	<u>Date</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

IV. CONSULTANTS

Name of Accountant: _____

Address: _____

Telephone: _____

Name of Financial Planner: _____

Address _____

Telephone: _____

Long Term Care Insurance

<u>Insured</u>	<u>Company</u>	<u>Daily Benefit</u>	<u>Premiums</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

VI. MISCELLANEOUS DATA

1. Please list health problems or disabilities experienced by you, your spouse, domestic partner, children, or other relatives:

2. Please list any special concerns you have about yourself, your spouse or domestic partner, your children, or other relatives:

3. Please indicate the reason for seeking legal advice at this time:

4. Are any of your children or grandchildren disabled and receiving government benefits such as SSDI, SSI or Medicaid?

5. Do any of your adult children live with you? If so, for how long have they lived with you?

6. Is there anyone, other than your spouse or minor children, who is financially dependent upon you?

7. Are you a Veteran? Provide years of service, whether combat, whether service connected disability.

8. Are you a trustee or a beneficiary of a trust? If yes, provide a copy.

Please bring copies of the following documents with you to the meeting:

1. Wills, codicils, trust agreements
2. Durable powers of attorney, health care proxies, living wills
3. Real estate deeds, appraisals, tax bills
4. Admission agreements to nursing home, health facilities, assisted living, rest home, continuing care community
5. Divorce decrees, prenuptial agreements
6. Guardianship/conservatorship documents
7. Funeral contracts or plans; burial/disposition instructions
8. Long term care insurance policies
9. Most recent mortgage and home equity line of credit bill or statement showing the address of the lender, balance and account number

Client signature

Date

Client signature

Date