

SULLIVAN & SULLIVAN, P.C.

ATTORNEYS AT LAW

James C. Sullivan

The Meadows, 1130 Ten Rod Road, Suite B-206

Robert H. Breslin, Jr.
Of Counsel

Donna S. Madden
Elizabeth F. Sullivan

North Kingstown, Rhode Island 02852
Telephone 401 294-9556

Albert D. Saunders, Jr.
(1933-2012)

Leo J. Sullivan (1931 – 2007)

Fax 401 294-9561

www.SullivanLawRI.com

ESTATE PLANNING QUESTIONNAIRE FOR A MARRIED COUPLE

Family History:

Date: _____

Your Name _____

Address _____

Telephone # _____ Fax # _____

Date of Birth _____ Place of Birth _____

Social Security # _____ - _____ - _____

Occupation _____ Employer _____

Business Address _____

Telephone # _____ Cell# _____ Fax _____

Email _____

U.S. Citizen ___yes ___no Veteran ___yes ___no

Your Spouse's Name _____

Address _____

Date of Birth _____ Place of Birth _____

Social Security # _____ - _____ - _____

Occupation _____ Employer _____

Business Address _____

Telephone # _____ Cell # _____ Fax # _____

Email _____

U.S. Citizen ___yes ___no Veteran ___yes ___no

Date and Place of Marriage _____

Were you or your spouse married before? _____

CHILDREN:

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

Marital Status _____

Child's Children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Comments: _____

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

Marital Status _____

Child's Children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Comments: _____

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

Marital Status _____

Child's Children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Comments: _____

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

Marital Status _____

Child's Children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Comments: _____

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

Marital Status _____

Child's Children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Comments: _____

Are any of your children adopted? _____

Do any children have any special educational, medical, or financial needs? _____

YOUR PARENTS:

Father	Mother
Name _____	_____
Address _____	_____
Age _____	_____
Tel: _____	_____

YOUR SPOUSE'S PARENTS:

Father	Mother
Name _____	_____
Address _____	_____
Age _____	_____
Tel: _____	_____

YOUR SIBLINGS:

Name _____
Address _____ Tel: _____
Children _____
Comments _____

Name _____
Address _____ Tel: _____
Children _____
Comments _____

Name _____
Address _____ Tel: _____
Children _____
Comments _____

Name _____
Address _____ Tel: _____
Children _____
Comments _____

YOUR SPOUSE'S SIBLINGS:

Name _____
Address _____ Tel: _____
Children _____
Comments _____

Name _____
Address _____ Tel: _____
Children _____
Comments _____

Name _____
Address _____ Tel: _____
Children _____
Comments _____

Name _____
Address _____ Tel: _____
Children _____
Comments _____

EXPECTED INHERITANCES:

	You	Your Spouse
From Whom?	_____	_____
Approximate Value	_____	_____

Are you or your spouse the beneficiary of any trust? Provide general details _____

Do you or your spouse have a "power of appointment" (power to designate beneficiaries at your death) under a trust created by another person? Provide general details _____

Other relatives or friends who would be immediate beneficiaries or contingent beneficiaries if you, your spouse, and any children are deceased:

Name _____	Name _____
Address _____	Address _____
Age _____	Age _____
Relation _____	Relation _____

Name _____	Name _____
Address _____	Address _____
Age _____	Age _____
Relation _____	Relation _____

Charities as immediate beneficiaries or contingent beneficiaries if all individual beneficiaries are deceased:

Corporate Name _____
Address _____
Special Purpose _____

Trustees, Executors, Agents, Personal Representatives (persons who you will name to serve as Fiduciaries in your estate plan:

Name _____	Name _____
Address _____	Address _____
Age _____ Tel. _____	Age _____ Tel. _____
Relation _____	Relation _____

Name _____ Name _____
Address _____ Address _____
Age _____ Tel. _____ Age _____ Tel. _____
Relation _____ Relation _____

Advisors:

Financial _____
Accountant _____
Life Insurance Agent _____
Primary Physician _____

Assets: (Please bring the most recent statement to your consultation.)

BANKING:

1. Name of Bank: _____
Average Balance _____ Type Account _____
Owner/Title: _____

2. Name of Bank: _____
Average Balance _____ Type Account _____
Owner/Title: _____

3. Name of Bank: _____
Average Balance _____ Type Account _____
Owner/Title: _____

4. Name of Bank: _____
Average Balance _____ Type Account _____
Owner/Title: _____

SECURITIES:

Are securities in certificate form or are securities held in a brokerage account? _____

Name of financial institution holding securities: _____

Value of investments: _____

Name of owner(s) of the investment account: _____

Do you have Payable on Death or POD arrangements in place: _____

REAL ESTATE :

1. Residence Address _____
Brief Description _____
Legal Title in Whose Name _____
Fair Market Value _____ Assessed Value _____
Mortgage: Amount _____ Mortgagee _____

Basis Information (cost, date of acquisition, cost of capital improvements)

2. Other Real Estate

Address _____

Brief Description _____

Legal Title in Whose Name _____

Fair Market Value _____ Assessed Value _____

Mortgage: Amount _____ Mortgagee _____

Basis Information (cost, date of acquisition, cost and date of improvements)

LIFE INSURANCE:

Face Value	Type	Policy#	Company	Beneficiary	Loan	Cash Value
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

LONG TERM CARE INSURANCE: ___yes ___no

If yes:

Company: _____

Policy # _____

Annual Premium: _____

Coverage: _____

BUSINESS INTERESTS :

Entity Name _____

Type: Use dropdown:

other _____

Describe type of business/profession _____

Does a buy-sell agreement exist providing for purchase of your interest at death or disability _____

Fair market value of business and/or your interest _____

PENSIONS, RETIREMENT FUNDS IRA'S ANNUITIES

Type: _____

Owner: _____

Administrator: _____

Beneficiary: _____

Value: _____

Type: _____
Owner: _____
Administrator: _____
Beneficiary: _____
Value: _____

SAFE DEPOSIT BOX: __yes __no

Location _____

Owner(s)/Signatory _____

OTHER ASSETS :

Automobiles (model, make, fair market value, owner and lien holder)

Boats, Trailers, etc. _____

Mortgages Owned, Land Contracts or Other Receivables _____

Collections (Antiques, Art, Guns, Family Heirlooms) _____

GIFTS: Have you made any large gifts (over \$14,000.00) to any person in one year? If yes, please provide general details. (recipient, amount of gift, date)

INCOME: (if retired)

You:

Social Security: _____

Pension: _____

Pension: _____

Other: _____

Your Spouse:

Social Security: _____

Pension: _____

Pension: _____

Other: _____

Would you please tell us how you heard about Sullivan & Sullivan: _____

Please bring your existing Will, Trust, Power of Attorney, Living Will, Health Care Proxy and Deed to your consultation.

We recognize that this information is of a personal nature. All information provided to this office will be treated with confidentiality and will not be revealed to anyone outside this office without your permission.