

# 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](http://www.SullivanLawRI.com)

## ESTATE PLANNING QUESTIONNAIRE FOR AN INDIVIDUAL

**Family History:**

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

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

U.S. Citizen \_\_\_yes \_\_\_no Veteran \_\_\_ yes \_\_\_ no

Were you ever married? Yes \_\_\_ No \_\_\_

Divorced \_\_\_\_\_ Date of Divorce \_\_\_\_\_

Widowed \_\_\_ Date of Spouse's Death \_\_\_\_\_ Was spouse a Veteran \_\_\_ yes \_\_\_ no

### 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: \_\_\_\_\_

Are any of your children adopted? \_\_\_\_\_  
Do any children have any special educational, medical, or financial needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTS:**

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

**SIBLINGS:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel: \_\_\_\_\_  
Children \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel: \_\_\_\_\_  
Children \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel: \_\_\_\_\_  
Children \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel: \_\_\_\_\_  
Children \_\_\_\_\_

**EXPECTED INHERITANCES:**

From Whom? \_\_\_\_\_  
Approximate Value \_\_\_\_\_

Are you a beneficiary of any trust? Provide general details \_\_\_\_\_  
\_\_\_\_\_

Do you 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 and any children are deceased:**

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

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

**Do you want to name 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 of capital 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)

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.**