



James C. Sullivan
Donna S. Madden
Elizabeth F. Sullivan

65 Boston Neck Rd.
North Kingstown, RI 02852
Telephone 401-294-9556
Fax 401-294-9561
www.sullivanlawri.com

Leo J. Sullivan (1931-2007)

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE FOR A MARRIED
COUPLE**

Please complete this questionnaire and return it to our office prior to your appointment. The more information you provide, the more productive our meeting will be.

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

Today's Date: _____

Your Name _____
(first) (middle) (last)

Address _____

Email _____

Telephone Cell# _____ Hm# _____

Date of Birth _____ Place of Birth _____

Are you a Veteran __yes __no

Occupation _____ Employer _____

If retired, from where did you retire _____

U.S. Citizen __yes __no Are you a RI resident __ yes If not, which state _____

Your Spouse's Name _____
(first) (middle) (last)

Address _____

Telephone Cell# _____ Hm# _____

Email _____

Date of Birth _____ Place of Birth _____

Veteran __yes __no

Occupation _____ Employer _____

If retired, from where? _____

U.S. Citizen __yes __no Are you a RI resident? __yes __no If not, which state _____

Date and Place of Marriage _____

If Divorced, Date of Divorce _____

If Widowed, Date of Spouse's Death _____ Was spouse a Veteran __ yes __no

CHILDREN:

Total number of children _____ Attach additional pages if needed.

1. Name _____ Date of Birth _____
(first) (middle) (last)

Child of: Both ____ Client ____ Spouse ____

Address _____ Tel: _____

Married __ yes __no Spouse _____
(first) (middle) (last)

_____ (name of grandchild) _____ (date of birth)

_____ (name of grandchild) _____ (date of birth)

_____ (name of grandchild) _____ (date of birth)

_____ (comments – please identify any child or grandchild with special needs)

2. Name _____ Date of Birth _____
(first) (middle) (last)

Child of: Both ____ Client ____ Spouse ____

Address _____ Tel: _____

Married __ yes __no Spouse _____
(first) (middle) (last)

(name of grandchild) (date of birth)

(name of grandchild) (date of birth)

(name of grandchild) (date of birth)

(comments – please identify any child or grandchild with special needs)

3. Name _____ Date of Birth _____
(first) (middle) (last)

Child of: Both ____ Client ____ Spouse ____

Address _____ Tel: _____

Married ___ yes ___ no Spouse _____
(first) (middle) (last)

(name of grandchild) (date of birth)

(name of grandchild) (date of birth)

(name of grandchild) (date of birth)

(comments – please identify any child or grandchild with special needs)

4. Name _____ Date of Birth _____
(first) (middle) (last)

Child of: Both ____ Client ____ Spouse ____

Address _____ Tel: _____

Married ___ yes ___ no Spouse _____
(first) (middle) (last)

(name of grandchild) (date of birth)

_____ (name of grandchild) _____ (date of birth)

_____ (name of grandchild) _____ (date of birth)

_____ (comments – please identify any child or grandchild with special needs)

YOUR PARENTS:

Father	Mother
Name _____	_____
Address _____	_____
Deceased _____ Living _____	Deceased _____ Living _____

YOUR SPOUSE'S PARENTS:

Father	Mother
Name _____	_____
Address _____	_____
Deceased _____ Living _____	Deceased _____ Living _____

YOUR SIBLINGS:

Name _____
Address _____ Tel: _____

Name _____
Address _____ Tel: _____

Name _____
Address _____ Tel: _____

Name _____
Address _____ Tel: _____

YOUR SPOUSE'S SIBLINGS:

Name _____
Address _____ Tel: _____

Name _____
Address _____ Tel: _____

Name _____
Address _____ Tel: _____

Name _____
Address _____ Tel: _____

	You	Spouse
Do you presently have a Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Living Will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a Health Care Power of Attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you expecting to receive an inheritance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your first marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have dependents with special needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would any of your heirs contest your wishes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have long-term care insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____

Any charities as immediate beneficiaries or contingent beneficiaries?

Corporate Name _____
Address _____

Trustees, Executors, Agents, Personal Representatives, Guardians for minor children. These are the persons who you are inclined to name as Agents or Fiduciaries in your estate plan to make financial and health care decisions in the event of your death or incapacity.

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 _____

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

FINANCIAL INFORMATION

A. CASH AND BANK ACCOUNTS (CD'S, CHECKING, SAVINGS, ETC.)

Name of Bank	Type Account	Balance/Value	Title/Beneficiaries
ABC Bank (sample)	Savings/Checking	\$XXXXX	Joint w/Spouse
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

B. INVESTMENTS & BROKERAGE ACCOUNTS (Stocks, Bonds, Marketable Securities, etc.)

Name of Broker	Type Account	Balance/Value	Title/Beneficiaries
ABC Bank (sample)	Investment/Brokerage	\$XXXX	Client & TOD to Kids
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

C. RETIREMENT ACCOUNTS (IRA, 401K, 403B, etc.)

Name of Institution	Type Account	Balance/Value	Owner	Title/Beneficiaries
ABC (sample)	IRA/401K	\$XXXX	Client	Spouse
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

D. INDIVIDUAL SECURITIES (Not part of Brokerage or Retirement Account)

Name of Institution	# of Shares	Owner	Transfer Agent
AT&T	100	Client & Spouse	Computershare
(sample)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. PENSIONS (Defined Benefit Plans)

Name of Company	Plan Participant	Single Life or Survivor Benefits
Acme Employer	Spouse	Single Life Only
(sample)		
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. LIFE INSURANCE

Name of Insurer	Owner of Policy	Type of Policy	Beneficiary	Death Benefit
ABC Insurance	Client	Whole Life/Term	Spouse	\$XXXX
(sample)				
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

G. LONG TERM CARE INSURANCE

Name of Insurer	Owner of Policy	Policy Coverage	Max Coverage
ABC Insurance	Client	\$XXX/DAY	\$XXXX
(sample)			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

H. ANNUITIES

Name of Institution	Contract #	Type	Monthly Payout	Owner/Owners
Acme Company	12345	Qualified/Non-Q	\$1000	Client & Spouse

(sample)

_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

I. REAL ESTATE

Address	Current Value	Year Purchased	Mortgage Lender	How Title Held
1 Water St	\$XXX,XXX	1980	ABC Bank	Joint w/Spouse

(sample)

_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

J. BUSINESS INTERESTS

Please provide a short description of any business interest, including the name, location, percentage owned, names and relationships of co-owners, and the form of ownership (i.e., LLC, sole proprietorship, corporation, partnership, etc.).

K. MONIES OWED TO YOU

Please describe any debts or obligations owed to you including mortgages, rents or other payments. Please specify the name of the person that owes you money and the amount that is owed. If the debt is documented by a lease, mortgage, promissory note, etc., please bring copies of the documentation.

L. MONIES YOU OWE TO OTHERS

Please describe any debts or obligations you owe to others including mortgages, rents or other payments. Please specify the name of the person that you owe and the amount that is owed. If the debt is documented by a lease, mortgage, promissory note, etc., please bring copies of the documentation.

M. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES

Briefly describe or give the name of the Trust in which the client or spouse has an interest and identify the name of the person who is the source of the inheritance. Please bring a copy of the instrument which creates the interest, if available.

N. PERSONAL PROPERTY

	<u>Make/Model & Year</u>	<u>How Title Held (Owners)</u>
Cars, RV's, Boats, etc	_____	_____
	_____	_____
	_____	_____

O. MISCELLANEOUS

Please list any property interests not described above, please explain the nature of the interests and the estimated value of each.

P. LIFETIME TRANSFERS/ GIFTS

Have you or your spouse made any lifetime transfers of real estate, cash or property? Please describe transfers OVER the annual exemption amount (currently \$16, 000). Include transfers of trust such as a life insurance policy or real estate. Please provide copies of gift tax returns, if available

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 Estate Law _____

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