The Law Offices of
Susan M. Mooney
A Professional Corporation

IMPORTANT INSTRUCTIONS

The information requested on the enclosed questionnaire is intended solely to assist the attorney in preparing your Estate Plan (Will, Trust, Power of Attorney, Health Care Proxy, or other documents). In preparing your Estate Plan documents we rely on the accuracy and completeness of the information provided by you. We do not conduct an independent investigation of the information you provide. Some of the requested information may not be applicable to your circumstances. However, your failure to fully disclose relevant information may result in an Estate Plan that does not adequately address your needs or in some cases may result in unintended negative consequences.

Identifying information about heirs does not mean you must include these individuals in your Estate Plan. However, the identity of these individuals may be critical to planning or notice requirements under Massachusetts law at the time of your death, regardless of whether or not these heirs are included in your plan.

A forty-five (45) minute consultation is included in the costs of the Estate Plan documents that will be prepared for you. If you fail to provide the most complete information possible on the questionnaire, most of your consultation time may be used simply to obtain the information requested on the form and extended consultation time may then be needed to obtain all information necessary to prepare your plan.

THE LAW OFFICES OF SUSAN M. MOONEY, P.C.
ESTATE PLANNING
PERSONAL AND FINANCIAL QUESTIONNAIRE

If Client (1) and Client (2) (spouse or couple) have different estate plans, then each must complete a separate questionnaire. If planning is for an individual, complete Client (1) information only.

DATE: _____

PERSONAL INFORMATION

(If applicable, if you have a spouse, significant other or are separated, please specify if planning is for Client (1) and Client (2) together OR only Client (1) and if only Client (1) I still need information for spouse, significant other even if they will not be a client)

1. Marital Status ☐ Engaged ☐ Married ☐ Significant Other ☐ Single ☐ Widowed ☐ Divorced ☐ Separated or about to divorce **DATE OF MARRIAGE:**				
2. Client (1) Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	Place of Birth	
3. Client (2) Name (First, Middle, Last)	Soc. Sec. No.	Date of Birth	Place of Birth	
4. Home Address (Number, Street)	City	State	Zip	
5. Mailing Address If Different From Above (Number, Street)	City	State	Zip	
6. Home Phone ( )	Cell Phone Client (1) ( )	Cell Phone Client (2) ( )		
7. Email address(es) Client (1)	Client (2)	Other		
8. Client (1) Employer and Business Address	Client (1) Occupation	Client (1) Work Phone		
9. Client (2) Employer and Business Address	Client (2) Occupation	Client (2) Work Phone		
10. If retired, former Occupation	Client (1) Occupation before retirement	Client (2) Occupation before retirement		

Circle or fill in your answers	Client (1)	Client (2)
1. Are you a U.S. citizen?	Yes No	Yes No
2. Do you have a Will or Trust now? Please provide/attach copies of all existing Wills and Trusts.	Yes No	Yes No
3. Are you expecting to receive property or money from (circle all that apply) If so, approximately how much?	Gift-Inheritance Lawsuit-Other $	Gift-Inheritance Lawsuit-Other $
4. How many children do you have? (living and deceased)		
5. Are all your children legally yours (natural or legally adopted)?	Yes No	Yes No
6. How many stepchildren do you have?		
7. Are any of your children disabled? Please specify if disabled and on SSI or SSDI benefits.	Yes No	Yes No

8. Are you divorced? Date and Place of Divorce _____.	Yes No	Yes No
9. Number and Place(s) of previous marriages.		
10. Military Service?	Yes No	Yes No
11. Disabled Veteran?	Yes No	Yes No
12. Are you currently receiving any Social Security Benefits? If so, indicate benefits, SSDI, SSI, etc.	Yes No	Yes No
13. In which state(s) do you own real estate?		
14 In which state do you plan to retire/live permanently?		
15. Have you ever lived in a Community Property State? (AZ,CA,ID,LA,NV,NM,TX,WA,WI & PR)	Yes No	Yes No
16. Do you have a pre-nuptial or post-nuptial agreement? If yes, please provide/attach copies of Prenuptial Agreement or Postnuptial Agreement.	Yes No	Yes No
17. Do you have a divorce decree/agreement affecting your pension or other property rights? If yes, please provide/attach copy of Divorce Agreement/Decree.	Yes No	Yes No
18. Do you have a written contract regarding living arrangements? If yes, please provide/attach copy.	Yes No	Yes No
If "yes' to questions 2, 16, 17 or 18, you must bring these documents to your appointment or provide a copy to our office before any telephone consult.		

CHILDREN OF CLIENT (1) AND CLIENT (2) (INCLUDE ALL CHILDREN WHETHER LIVING OR DECEASED)	
Child #1 ☐ Biological ☐ Adopted	
☐ CHILD OF BOTH CLIENT (1) and CLIENT (2) ☐ CHILD OF CLIENT (1) ☐ CHILD OF CLIENT (2)	
Legal Name:	Date of Birth:
Address:	
Home Telephone No.:	Cell Phone No.
Child #1's Occupation:	
Is Child #1 financially dependent or independent?	If dependent, please explain
Does Child #1 have a disability or illness affecting parents' planning and if so what is state of health of Child #1	
Other relevant information related to parents' planning (i.e. financially unstable, alcohol, etc.)	
Child's Spouse's Name:	Age:
Names of children of Child #1:	Age:
1.	
2.	
3.	
4.	
5.	

CHILDREN OF CLIENT (1) AND CLIENT (2) (INCLUDE ALL CHILDREN WHETHER LIVING OR DECEASED)	
Child #2 ☐ Biological ☐ Adopted	
☐ CHILD OF BOTH CLIENT (1) and CLIENT (2) ☐ CHILD OF CLIENT (1) ☐ CHILD OF CLIENT (2)	
Legal Name:	Date of Birth:
Address:	
Home Telephone No.:	Cell Phone No.
Child #2's Occupation:	
Is Child #2 financially dependent or independent?	If dependent, please explain
Does Child #2 have a disability or illness affecting parents' planning and if so what is state of health of Child #2	
Other relevant information related to parents' planning (i.e. financially unstable, alcohol, etc.)	
Child's Spouse's Name:	Age:
Names of children of Child #2:	Age:
1.	
2.	
3.	
4.	
5.	

CHILDREN OF CLIENT (1) AND CLIENT (2) (INCLUDE ALL CHILDREN WHETHER LIVING OR DECEASED)	
Child #3 ☐ Biological ☐ Adopted	
☐ CHILD OF BOTH CLIENT (1) and CLIENT (2) ☐ CHILD OF CLIENT (1) ☐ CHILD OF CLIENT (2)	
Legal Name:	Date of Birth:
Address:	
Home Telephone No.:	Cell Phone No.
Child #3's Occupation:	
Is Child #3 financially dependent or independent?	If dependent, please explain
Does Child #3 have a disability or illness affecting parents' planning and if so what is state of health of Child #3	
Other relevant information related to parents' planning (i.e. financially unstable, alcohol, etc.)	
Child's Spouse's Name:	Age:
Names of children of Child #3:	Age:
1.	
2.	
3.	
4.	
5.	

CHILDREN OF CLIENT (1) AND CLIENT (2) (INCLUDE ALL CHILDREN WHETHER LIVING OR DECEASED)	
Child #4 ☐ Biological ☐ Adopted	
☐ CHILD OF BOTH CLIENT (1) and CLIENT (2) ☐ CHILD OF CLIENT (1) ☐ CHILD OF CLIENT (2)	
Legal Name:	Date of Birth:
Address:	
Home Telephone No.:	Cell Phone No.
Child #4's Occupation:	
Is Child #4 financially dependent or independent?	If dependent, please explain
Does Child #4 have a disability or illness affecting parents' planning and if so what is state of health of Child #4	
Other relevant information related to parents' planning (i.e. financially unstable, alcohol, etc.)	
Child's Spouse's Name:	Age:
Names of children of Child #4:	Age:
1.	
2.	
3.	
4.	
5.	

CHILDREN OF CLIENT (1) AND CLIENT (2) (INCLUDE ALL CHILDREN WHETHER LIVING OR DECEASED)	
Child #5 ☐ Biological ☐ Adopted	
☐ CHILD OF BOTH CLIENT (1) and CLIENT (2) ☐ CHILD OF CLIENT (1) ☐ CHILD OF CLIENT (2)	
Legal Name:	Date of Birth:
Address:	
Home Telephone No.:	Cell Phone No.
Child #5's Occupation:	
Is Child #5 financially dependent or independent?	If dependent, please explain
Does Child #5 have a disability or illness affecting parents' planning and if so what is state of health of Child #5	
Other relevant information related to parents' planning (i.e. financially unstable, alcohol, etc.)	
Child's Spouse's Name:	Age:
Names of children of Child #5	Age:
1.	
2.	
3.	
4.	
5.	

(Use separate sheet for additional children)

CLIENT (1)'S PARENTS

	Father	Mother
Name		
Address		
Age		
State of Health		
Financially Dependent?		
Living Arrangement (Independent, etc.)		
Living or Deceased?		

CLIENT (2)'S PARENTS

	Father	Mother
Name		
Address		
Age		
State of Health		
Financially Dependent?		
Living Arrangement (Independent, etc.)		
Living or Deceased?		

CLIENT (1)'S BROTHERS AND SISTERS (include all whether living or deceased)
PLEASE DO NOT OMIT SIBLINGS OR OTHER RELATIVES

Name	Town, State	Age	Married? Y/N	Living? Y/N	Children? Y/N How many?
1.					
Comments:					
2.					
Comments:					
3.					
Comments:					
4.					
Comments:					

CLIENT (2)'S BROTHERS AND SISTERS (include all whether living or deceased)
PLEASE DO NOT OMIT SIBLINGS OR OTHER RELATIVES

Name	Town, State	Age	Married? Y/N	Living? Y/N	Children? Y/N How many?
1.					
Comments:					
2.					
Comments:					
3.					
Comments:					
4.					
Comments:					

CLIENT (1) - Other personal information or special circumstances:

Health status:

Diagnosis or deteriorating health concerns:

Estranged family members:

Heirs/others to be excluded:

Disabled or Special Needs heirs:

Special relationships:

CLIENT (2) - Other Personal Information or special circumstances:

Health status:

Diagnosis or deteriorating health concerns:

Estranged family members:

Heirs/others to be excluded:

Disabled or Special Needs heirs:

Special relationships:

FINANCIAL INFORMATION (Use your best estimate of value to the nearest $1,000)

1. Do you own a home, vacation home or any other real estate? Indicate which is your residence and provide Deeds at our meeting.

Description and Location	Titled in whose name (See Deed) Indicate if Joint or Beneficiary and name	How acquired? Gift? Inherit? Purchase?	Fair Market Value (estimate or if assessed value please note)	Purchase Price	Mortgage	Fair Market Value less Mortgage = Equity
					Total Net Value	

2. Do you own any other titled property such as a car, boat, etc.?

Description	Titled in whose name Indicate if Joint or Beneficiary and name	Market Value	Less Loan	Equity
			Total Net Value	

3. Do you have any checking accounts?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
	Total Value	

4. Do you have any interest bearing accounts (savings, money market) and/or CDs?

Name of Bank	Titled in whose name Indicate if Joint or Beneficiary and name	Approx. Balance
	Total Value	

5. Do you own any stocks, bonds or mutual funds (including company stock)?

Number Shares	Name of Security	Titled in whose name Indicate if Joint or Beneficiary and name	Purchase Price	Current Value
			Total Value	

6. Do you have any profit sharing, 401ks, 403bs, IRAs or pension plans?

Description/Location	Owner	(Upon death of Owner) Primary Beneficiary	(Upon death of Owner) Secondary Beneficiary	Current Value
			Total Value	

7. Do you have any life insurance policies and/or annuities?

Name of Company	Insured	Policy Owner	(Upon death of Insured) Primary Beneficiary	(Upon death of Insured) Secondary Beneficiary	Death Benefit/ Cash Surrender Value
					/
					/
					/
					/
					/
			Total Value (Use "Death Benefit" value for line 12)		/

8. Does anyone owe you money? If so, indicate whether there is a written promissory note or agreement and provide copy.

Description	Approx. Value due to you
Total Value due to you	

9. Do you have any special items of value such as coin collections, antiques, jewelry, artwork, etc.?

Description	Approx. Value
Total Value	

10. Are you the grantor/beneficiary of a Trust? If so, bring Trust documents to your meeting.

Description	Approx. Value
Total Value	

11. Do you have an ownership interest in any business?

Description	Approx. Value
Total Value	

12. What is the approximate total value of all your remaining personal property--whatever you own that has not been included above? (clothes, furniture, etc.) Just estimate ..... $ _____

13. Do you have any debts other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?

Description (Creditor, due date, etc.)	Amount Owed
Total Debt	

14. Do you have a safe deposit box(es)?

Location	Titled in whose name	Contents

15 Are there any other assets or special instructions regarding assets?

INCOME

1. Client (1) - Monthly Income

Description of Income Source (i.e. Wages, Salary/bonus, Social Security, Pension, etc.)	Monthly Income
Total Monthly Income	

1. Client (2) - Monthly Income

Description of Income Source (i.e. Wages, Salary/bonus, Social Security, Pension, etc.)	Monthly Income
Total Monthly Income	

MANAGEMENT DECISIONS: YOUR ESTATE MANAGEMENT TEAM

1. Personal Representative/Executor: Manages the probate and settlement of your estate after death. Can be your spouse, adult children, trusted friends, and/or a professional fiduciary.

For Client (1)

Name:_____

Address: _____

_____

Successor 2nd:

Name:_____

Address: _____

_____

Successor 3rd:

Name:_____

Address: _____

_____

For Client (2)

Name:_____

Address:_____

_____

Name:_____

Address:_____

_____

Name:_____

Address:_____

_____

2. Trustee (If applicable, applies to persons with Trust for minor children or for a disabled spouse or children): Manages the administration and investments in your Trust. Should be someone with financial responsibility and experience.

For Client (1)

Name:_____

Address: _____

_____

Successor 2nd:

Name:_____

Address: _____

_____

Successor 3rd:

Name:_____

Address: _____

_____

For Client (2)

Name:_____

Address:_____

_____

Name:_____

Address:_____

_____

Name:_____

Address:_____

_____

You may provide that the Personal Representatives and/or Trustees be insured, or bonded, to protect the beneficiaries. However, it is common to waive bonding for relatives or friends who may serve as a fiduciary:

The Personal Representative should be bonded ☐ Yes ☐ No The Trustee should be bonded ☐ Yes ☐ No

3. Guardians For Minor Children: Responsible adult who will raise your children if something happens to both parents.

For Client (1)	For Client (2)
#1 Choice:	
Name:_____	Name:_____
Address: _____	Address:_____
_____	_____
#2 Choice:	
Name:_____	Name:_____
Address: _____	Address:_____
_____	_____

BENEFICIARIES

1. Special Gifts To Organizations
Do you want to make a gift (cash or a specific item) to a charity, foundation, religious or fraternal organization?

Name and Address of Organization	Description of Gift or Amount	Alternate Beneficiary (If charity is no longer in existence)

2. Special Gifts To Individuals
Do you want to give any specific items or cash gifts to a family member or other individual? (For example: wedding ring/jewelry to your daughter, coin collection to a son or nephew, etc.)

Name of Person	Description of Gift or Amount	Alternate Beneficiary

3. Beneficiaries
Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or percentage, however the percentages are advisable, since they take into account fluctuations in the size of your estate, and must total 100%.

Name of Person/Organization	Amount or Percentage	Alternate Beneficiary

4. Do you want your children or others to receive their inheritance in installments, at certain ages, or all at once? In what amounts and at what age(s)? Your children's inheritance can be held in trust and managed for them until they are at any age you choose (21, 25, 30, etc.) and used for their education and other needs until that time. This method waits until the children are mature enough to handle money. The youngest age a child can receive property is 18.

_____

_____

_____

_____

5. SELECT ONE: If a child dies before you, do you want that child's share to then go to that child's children ☐ OR do you want that child's share to be divided among *only* your other living children (leaving nothing to a grandchild whose parent died) ☐

6. Do you want to ensure that your children from a previous marriage receive a share of your estate?

Client (1)	Client (2)
Yes ☐ No ☐	Yes ☐ No ☐

7. List Dependents or others you want to include in your plan who require special care.

_____

_____

_____

_____

8. Alternative Beneficiaries

Who do you want to receive your estate if you (and your spouse) outlive the beneficiaries you've named above?

Name of Person/Organization	Amount or Percentage

9. Any relatives or friends to be included as beneficiaries of your estate not previously noted?

Name of Person	Amount or Percentage

10. Disinheriting

Are there any relatives that you specifically do NOT want to receive anything from your estate?

Name of Person	Relationship

APPOINTING AGENTS
FINANCIAL AND MEDICAL

NOTICE: PLEASE DO NOT SELECT AGENTS WHO MAY BE IMPAIRED OR HAVE DETERIORATING HEALTH CONCERNS: PHYSICAL OR MENTAL

1. FINANCIAL AND BUSINESS DECISIONS

A ***Durable Power of Attorney*** appoints an agent that can make financial or business decisions in your place and do any act that you can, and it will continue to be in force even after you become incapacitated. It is a very powerful document and should only be granted with great care, and then only to a person that you have the utmost trust in. If you wish a Durable General Power of Attorney provide the following:

For Client (1)	For Client (2)
1st Choice:	
Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Email Address:_____	Email Address:_____
2nd Choice:	
Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Email Address:_____	Email Address:_____
3rd Choice: (optional)	
Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Email Address:_____	Email Address:_____

2. MEDICAL CARE DECISIONS

a) A *Health Care Proxy* appoints someone to make medical decisions for you if you are unable to make those decisions yourself. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to? If so, provide the following:

For Client (1)	For Client (2)
1st Choice:	
Name:_____	Name:_____
Address:_____	Address:_____
_____	_____
Phone #s: _____	Phone #s:_____
Email Address:_____	Email Address:_____

2nd Choice:

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone #s: _____ Phone #s:_____

Email Address:_____ Email Address:_____

3rd Choice: (optional)

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone #s: _____ Phone #s:_____

Email Address:_____ Email Address:_____

b) ***HIPAA:*** Do you want medical information shared with any individuals with your permission (will not be a decision maker but will only be able to access information)? If so, list here persons authorized to receive your confidential personal medical information at any time:

For Client (1) **For Client (2)**

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone #s: _____ Phone #s:_____

Email Address:_____ Email Address:_____

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone #s: _____ Phone #s:_____

Email Address:_____ Email Address:_____

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone #s: _____ Phone #s:_____

Email Address:_____ Email Address:_____

SPECIAL INSTRUCTIONS FOR FUNERAL/BURIAL

We recommend pre-planning directly with the funeral director of your choice as the best way to insure your wishes are followed.

Complete only if you wish to have a written Burial Instruction as a separate legal document.

1. What type of service do you want, how elaborate, and where? Any special people to contact? Do you want cremation?

_____

_____

_____

_____

2. If you have a cemetery lot, where is it located?

Cemetery Name City State

_____

3. Organ Donation: Please complete through the Registry of Motor Vehicles as best option to insure organ donation wishes.