

Surprenant & Beneski, P.C.

SINGLE PERSON'S ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

1. *We must have this Worksheet returned to us at least one week prior to our meeting.* This will ensure we have enough time to understand the specifics of your situation before our meeting.
2. If you need assistance completing the information, call our office and we will help you.
3. We don't need account numbers at this time but we will need them if you decide to move forward with planning.
4. Don't worry about total accuracy – just do the best you can.
5. Please remember that anyone you believe you need at the meeting in order to make decisions about planning should be at the meeting.

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PERSONAL INFORMATION

Surprenant & Beneski, P.C.
35 Arnold Street, New Bedford, MA 02740 – Phone: 508-994-5200 – Fax: 508-994-2227
336 South Street, Hyannis, MA 02601* – Phone: 508-477-1102
1265 Belmont Street, Suite 2, Brockton, MA 02301* – Phone: 508-427-5400
myfamilyestateplanning.com

*Direct All Correspondence to the New Bedford Office

Client's Signature Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ Age _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ Cell Phone Number _____

How were you referred to our office? _____

Occupation _____

E-mail Address _____ It is okay to communicate with me via E-mail.

Are you a Veteran? _____ Spouse of a Veteran? _____

Widow of a Veteran? _____ Dates of Service _____

Married: Date of Marriage _____ Divorced Widowed Single

Have you attended any of our seminars? _____ If yes, where and when? _____

Current Physical And Mental Conditions of Client:

Insurances for Client:

Health Insurance:

Client

Company _____

Policy # _____

Individual or Family _____

Premium _____

Long Term Care Ins. _____

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Children and Family

Full Name *Sex* *DOB* *Age* *Number of children
your child has*

1. _____ M F ___/___/___ _____

Address _____

Home Phone (____) _____ E-mail: _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

2. _____ M F ___/___/___ _____

Address _____

Home Phone (____) _____ E-mail: _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

3. _____ M F ___/___/___ _____

Address _____

Home Phone (____) _____ E-mail: _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

4. _____ M F ___/___/___ _____

Address _____

Home Phone (____) _____ E-mail: _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

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Do you have any deceased children? Y or N If yes, did they leave surviving children? Y or N

Do any of your children have step-children? Y or N _____

Do you want to exclude anyone from receiving any portion of your estate? Y or N If yes, who?

ADVISORS

	Name	Telephone
Accountant	_____	_____
Financial Advisor	_____	_____
Life Insurance Agent	_____	_____

WHO (if anyone) do you need to be at a meeting in order for you to make decisions about your planning? could be child, advisor, friend....

YOUR PLANNING OBJECTIVES

In your own words, briefly outline your objectives for our meeting:

Are you Concerned About:

Potential Medicaid Lien on Your Home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Protecting your children's inheritance from creditors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoiding Probate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Losing your life savings to pay for long term care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Being able to stay in your home for as long as possible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estate Taxes (Massachusetts and/or Federal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Do you have a:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Will | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trust | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Durable Power of Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Massachusetts Health Care Proxy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIPAA Release | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Living Will/Advance Directive | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please bring copies of these documents or if possible, send them to us prior to your meeting.

Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy* Yes No

If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy* Yes No

Do you own a business? Yes No

Have you (or your spouse) ever filed federal or state gift tax returns? *Please furnish copies of these returns.* Yes No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.* Yes No

Are you (or your spouse) currently the beneficiary of anyone else's trust? *If so, please explain below.* Yes No

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:

Earned Monthly Income from Labor: _____

Monthly Social Security Income: _____

Monthly Pension Income: _____

Other Monthly Income: _____

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list manner in which title held -- Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

Do you receive a tax abatement for any property that you own? _____

If yes, how much is the abatement? _____

BANK & SAVINGS ACCOUNTS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS
TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below).
Do not include IRA's or 401(k)'s here

Name of Institution and account number	Type	Owner	Approximate Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

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STOCKS AND BONDS

IF YOU PREFER, YOU CAN WAIT UNTIL AFTER OUR MEETING TO SUPPLY ACCOUNT NUMBERS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below)

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Approximate amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** (CASH VALUE?) Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

<u>Owner:</u>	<u>Insured:</u>	<u>Type:</u>	<u>Beneficiary:</u>	<u>Cash Value:</u>	<u>Death Benefit:</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<i>Total</i>					_____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

<i>Total</i>	_____

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BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

MONEY OWED TO YOU

Total _____

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			Total	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total	_____

GIFTS

Have you made any gifts or transfer of property to an individual or trust within the past five years? _____

If yes, please list the amount, when and to whom were the assets transferred? _____

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SUMMARY OF VALUES

ASSETS	AMOUNT
Real Property	_____
Furniture and Personal Effects	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money owed to you	_____
Anticipated Inheritance, Etc.	_____
Other Assets	_____
Total Assets:	_____

FINANCIAL DECISION MAKERS

If you get sick (but alive) and cannot make your own legal and financial decisions: Who do you want to pay your bills and manage your assets?

Name, Address, and Phone Number	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

After your death: Who do you want to manage the distribution of your assets to your beneficiaries?

Name, Address, and Phone Number	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

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HEALTH CARE DECISION MAKERS

HEALTH CARE: If you are unable to make decisions for yourself: Who do you want to make medical decisions for you?

Name, Address, and Phone Number	Relationship
1. _____	_____
2. _____	_____
3. _____	_____

Do you want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? _____

Do you want to provide that your organs and tissues should be made available for transplant purposes?

Please confirm that anyone you believe needs to be at the meeting in order for you to make a decision about moving forward with planning will be at the meeting.

Please bring your checkbook or credit card as if you decide to move forward you will want to get started right away.

GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

GUARDIAN FOR PETS:

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