

KAILY HEPBURN LAW

Estate Planning Questionnaire

Thank you for contacting me about estate planning. This data sheet can be helpful for organizing your thoughts and for providing information to me about your family and estate. Please fill it out as well as you can, either skipping or placing question marks on those items that seem inapplicable or about which you have questions. Send me the completed form or bring it with you to our first meeting.

Personal Information	
Full Name	
Nickname or Preferred Name	
Birth Date	
Social Security Number	
Occupation	
Citizenship	
Estimated Annual Income from Salary, Bonuses, Etc.	
Estimated Annual Investment Income (Dividends, Interest, Etc.)	
Work Telephone	
Work Fax	
Mobile/Pager	
Email Address	
Home Address	
Home Telephone	

Home Fax	
Any Previous Marriages?	
Describe any real estate owned outside of Massachusetts	
Location of Safe Deposit Box	
Name and Telephone of Your Insurance Agent	
Name and Telephone of Your Accountant	
Name and Telephone of Your Broker or Financial Planner	
Other Information	

Assets

Description	Current Fair Market Value
Bank Accounts <i>(not IRAs and Retirement Plans)</i>	
Stocks, Bonds and Mutual Funds <i>(not IRAs and Retirement Plans)</i>	

Closely Held Businesses, Partnerships, Etc.	
Real Estate	
Automobiles, Boats, Etc.	
Other Property	
Total	
Liabilities	
Description	Amount
Mortgages	
Other Liabilities	

Life Insurance and Annuities				
Company	Insured	Beneficiary(s)	Face Amount	Cash Value
Total				

IRAs, 401(k)s, and Other Retirement Plans				
Company/Custodian	Participant	Type of Plan	Vested Amount	Death Benefit

Dispositive Plan:

Describe in general terms how you wish to leave your property at death

List any Charitable Organizations you would like to benefit

Please state your burial wishes

Beneficiaries			
Full Name	Age	Address	Relationship to You

Fiduciaries	
List name, address, home telephone and relationship to you for each person	
Personal Representative: (The person responsible for probating the will, filing the estate tax return, and distributing assets to beneficiaries.)	
First Alternate Personal Representative:	
Second Alternate Representative:	
Power of Attorney: (The property agent is the person who will handle your financial affairs.)	
First Alternate Power of Attorney:	
Second Alternate Power of Attorney:	
Health Care Agent: (The health care agent is the person who will make medical decisions for you if you become incapacitated.)	
First Alternate Health Care Agent:	
Second Alternate Health Care Agent:	