

LAW OFFICES

ALBERT P. PETTORUTO, JR.

WILLOWS PROFESSIONAL PARK • 807 TURNPIKE STREET • NORTH ANDOVER •  
MASSACHUSETTS 01845

TELEPHONE (978) 685-0961 • FACSIMILE (978) 689-4297

ESTATE PLANNING QUESTIONNAIRE

**\*\* ALL INFORMATION PROVIDED IN THIS QUESTIONNAIRE  
WILL BE KEPT CONFIDENTIAL \*\***

DATE OF PREPARATION: \_\_\_\_\_

ESTATE PLANNING IS A COMPREHENSIVE PROCESS WHICH, INVOLVES MORE THAN THE DRAFTING OF DOCUMENTS. IT IS CRUCIAL THAT I UNDERSTAND HOW YOUR ASSETS ARE OWNED, WHOM YOU HAVE DESIGNATED AS BENEFICIARY OF ALL NON-PROBATE ASSETS AND WHAT ASSETS YOU OWN JOINTLY WITH OTHERS.

COMPLETE AND ACCURATE COMPLETION OF THIS QUESTIONNAIRE WILL ASSIST ME IN CREATING AN ESTATE PLAN TO EXPLICITLY SUIT YOUR NEEDS. AS YOU WILL NOTE, NOT ALL SECTIONS OF THE QUESTIONNAIRE WILL BE APPLICABLE TO YOU.

**1. PERSONAL AND FAMILY DATA:**

HUSBAND

WIFE

FULL NAME: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

SOCIAL SECURITY No.: \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_

\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

CITIZENSHIP: \_\_\_\_\_

CHILDREN: (INDICATE BY [ P-H ] OR [ P-W ] IF BY PREVIOUS MARRIAGE, BY [ W ] IF BORN OUT OF WEDLOCK OR BY [ A ] IF ADOPTED)

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC. SEC. NO.</u>	<u>IS CHILD MARRIED?</u>	<u>IS CHILD DEPENDENT?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GRANDCHILDREN:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC. SEC. NO.</u>	<u>CHILD/PARENT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER DEPENDENTS:

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>SOC. SEC. NO.</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. BACKGROUND INFORMATION:**

	<u>YOUR MOTHER</u>	<u>YOUR FATHER</u>	<u>SPOUSE'S MOTHER</u>	<u>SPOUSE'S FATHER</u>
NAME:	_____	_____	_____	_____
AGE:	_____	_____	_____	_____
HEALTH:	_____	_____	_____	_____
SOC. SEC. No.	_____	_____	_____	_____

IF [ H ] OR [ W ] HAS BEEN PREVIOUSLY MARRIED, DESCRIBE THE RESULTING OBLIGATIONS UNDER THE DIVORCE DECREE.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE ANY PRESENT OR POTENTIAL SUPPORT/HEALTH PROBLEMS FOR ANY FAMILY OR NON-FAMILY MEMBERS.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF [ H ] OR [ W ] MAINTAINS A RESIDENCE OR SPENDS MORE THAN A NOMINAL AMOUNT OF TIME IN ANY OTHER STATE OR COUNTRY, DESCRIBE THE DETAILS, INCLUDING PROPERTY OWNED OR AUTOMOBILE REGISTRATIONS, VOTER REGISTRATION, MEMBERSHIPS IN LOCAL RELIGIOUS, CIVIC, SOCIAL OR BUSINESS ORGANIZATIONS, ETC.

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**3. ADVISORS:(LIST NAME, FIRM, ADDRESS AND TELEPHONE NO.)**

ATTORNEY: (IF MORE THAN ONE, INDICATE AREA OF EXPERTISE)

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ACCOUNTANT:

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BANKING CONTACT:

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LIFE INSURANCE AGENT:

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GENERAL INSURANCE BROKER:

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ATTORNEY-IN-FACT (AGENT):

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SECRETARY/BOOKKEEPER/ASSISTANT:

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**4. LOCATION OF DOCUMENTS AND OTHER INFORMATION:**

<u>ITEM</u>	<u>LOCATION</u>
ANTENUPTIAL AGREEMENTS OR POSTNUPTIAL AGREEMENTS *	_____
HUSBAND'S LATEST WILL AND CODICILS *	_____
WIFE'S LATEST WILL AND CODICILS *	_____
WILLS OF OTHER FAMILY MEMBERS, IF PERTINENT *	_____
DIVORCE DECREES OR SEPARATION AGREEMENTS *	_____
POWERS OF ATTORNEY *	_____
ESTATE INVENTORY *	_____
GIFT TAX RETURNS, FEDERAL AND STATE *	_____
BALANCE SHEETS AND PROFIT/LOSS STATEMENTS FOR LAST 5 YEARS *	_____
BUSINESS AGREEMENTS *	_____

EMPLOYMENT CONTRACTS *	_____
EMPLOYEE BENEFIT PLAN STATEMENTS *	_____
PENSION, PROFIT SHARING AND OTHER RETIREMENT PLANS *	_____
CLOSELY-HELD CORPORATION BUY-SELL AGREEMENTS *	_____
PARTNERSHIP AGREEMENTS *	_____
TRUST INSTRUMENTS *	_____
BIRTH CERTIFICATE	_____
MARRIAGE CERTIFICATE	_____
MILITARY SERVICE RECORD	_____
LIFE INSURANCE POLICIES	_____
GENERAL INSURANCE POLICIES	_____
STOCKS	_____
BONDS	_____
NOTES OR MORTGAGES RECEIVABLE	_____
DEEDS	_____
LEASES	_____
APPRAISALS	_____
BANK BOOKS	_____
FINANCIAL RECORDS	_____
INCOME TAX RETURNS, FEDERAL, STATE AND CITY FOR LAST 6 YEARS	_____
CEMETERY RECORDS	_____
DIRECTIONS REGARDING BURIAL	_____
MISCELLANEOUS DOCUMENTS AND PROPERTY	_____

*\* PLEASE ENCLOSE A COPY WITH THIS QUESTIONNAIRE*

**5. FAMILY OBJECTIVES:**

DESCRIBE YOUR OBJECTIVES: FOR THE DISPOSITION OF YOUR ESTATE, INCLUDING SPECIFIC CHARITABLE GIFTS OR BEQUESTS AND PECUNIARY LEGACIES

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FAMILY, INCLUDING LIFETIME GIFTS OR BEQUESTS TO OTHER THAN YOUR IMMEDIATE FAMILY

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GUARDIAN(S) OF THE PERSON OF MINOR CHILDREN

NAME \_\_\_\_\_

RELATIONSHIP (IF ANY) \_\_\_\_\_

ADDRESS \_\_\_\_\_

EXECUTOR(S) OF WILL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TRUSTEE(S) OF ANY TRUSTS \_\_\_\_\_

ADDRESS \_\_\_\_\_

ARE THERE ANY OTHER ITEMS YOU WOULD LIKE TO HAVE INCORPORATED IN YOUR ESTATE PLAN?

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6. ASSETS:

A. CASH AND CASH EQUIVALENTS:  
(INCLUDE SAVINGS ACCOUNTS, CHECKING ACCOUNTS, CD'S, AND MONEY MARKET FUNDS, TREASURY BILLS, ETC.)

<u>INSTITUTION</u>	<u>TYPE OF ACCOUNT</u>	<u>H, W, J OR C *</u>	<u>BALANCE</u>
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____
		TOTAL:	\$_____

\* OWNERSHIP

H = HUSBAND  
W = WIFE

J = JOINTLY OWNED  
C = COMMUNITY PROPERTY

B. REAL ESTATE:

<u>DESCRIPTION *</u>	<u>DATE &amp; METHOD OF ACQUISITION **</u>	<u>EST. VALUE</u>	<u>COST BASIS</u>	<u>BAL. OF MRTG.</u>	<u>H,W OR C</u>
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
_____	_____	\$_____	\$_____	\$_____	_____
	TOTALS:	\$_____	\$_____	\$_____	

\* ATTACH ESTIMATES OF ANNUAL INCOME LOSS

\*\* PURCHASE, GIFT, INHERITANCE, ETC.



C. STOCKS, BONDS, MUTUAL FUNDS AND OTHER SECURITIES:

<u>CERTIFICATES HELD OR INSTITUTION</u>	<u>TYPE OF SECURITY</u>	<u>H, W, J OR C*</u>	<u>CURRENT VALUE</u>	<u>COST BASIS</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
TOTAL:				\$ _____

\*OWNERSHIP

*H = HUSBAND*  
*W = WIFE*

*J = JOINTLY OWNED*  
*C = COMMUNITY PROPERTY*

7. LIFE INSURANCE:

ALL LIFE INSURANCE POLICIES IN WHICH YOU OR YOUR SPOUSE ARE THE INSURED OR HAVE ANY OWNERSHIP RIGHTS SHOULD BE LISTED HERE. OWNERSHIP RIGHTS INCLUDE THE RIGHT TO DESIGNATE THE BENEFICIARY, TO BORROW AGAINST THE POLICY, ETC.

	#1	#2	#3
A. COMPANY AND POLICY NUMBER	_____	_____	_____
	_____	_____	_____
B. DATE OF ISSUE	_____	_____	_____
C. TYPE OF POLICY (WHOLE LIFE OR TERM)*	_____	_____	_____
D. NAME OF INSURED	_____	_____	_____

E.	OWNER	_____	_____	_____
F.	ANNUAL PREMIUM	_____	_____	_____
G.	CURRENT FACE AMOUNT	_____	_____	_____
H.	APPROXIMATE CASH VALUE	_____	_____	_____
I.	POLICY LOAN (INDICATE IF MINIMUM DEPOSIT)	_____	_____	_____
J.	BENEFICIARY DESIGNATION	_____	_____	_____
K.	DIVIDEND OPTION	_____	_____	_____
L.	SETTLEMENT OPTION(S)	_____	_____	_____
M.	POLICY FURNISHED BY EMPLOYER	_____	_____	_____
N.	IF YES, INDICATE YOUR OWN CONTRIBUTIONS	_____	_____	_____

\* IF A TERM POLICY, INDICATE LENGTH OF TERM AND WHETHER RENEWABLE AND/OR CONVERTIBLE.

**8. BUSINESS INTERESTS:**

(UNDER DESCRIPTION, INCLUDE FORM OF ORGANIZATION, SUCH AS CORPORATION, SUBCHAPTER S CORPORATION, PARTNERSHIP INTEREST, PROPRIETORSHIP. FOR EXAMPLE, STOCK OF CLOSELY-HELD COMPANY, PARTNERSHIP INTEREST, REAL ESTATE OR OIL INVESTMENT JOINT VENTURE, SOLE PROPRIETORSHIP, ETC.)

<u>DESCRIPTION</u>	<u>OWNER -SHIP</u>	<u>H, W OR C</u>	<u>ESTIMATED VALUE</u>	<u>COST OR TAX BASIS</u>	<u>ESTIMATED INCOME LOSS</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
	TOTAL:	\$_____	\$_____		\$_____

9. DEFERRED COMPENSATION ARRANGEMENTS:

<u>EMPLOYER</u>	<u>DESCRIPTION DEFERRED COMPENSATION ARRANGEMENT</u>	<u>DATE PAYMENTS BEGIN</u>	<u>AMOUNT OF PAYMENTS MTH/YR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. STOCK OPTIONS:

<u>EMPLOYER</u>	<u>NO. SHS.*</u>	<u>ISSUE DATE</u>	<u>EX- PIRE DATE</u>	<u>OPTION PRICE</u>	<u>CUR- RENT PRICE</u>	<u>FMV@ DT OF EXER**</u>	<u>MANNER SPECIFIED FOR OPTION PRICE</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

\* *INDICATE QUALIFIED (Q) OR NONQUALIFIED (NQ) OPTIONS OR DESCRIBE NATURE THEREOF.*

\*\* *INCLUDE OPTIONS EXERCISED TO ACQUIRE STOCK CURRENTLY HELD.*

**11. EMPLOYEE RETIREMENT PLANS:**

<u>NAME OF PLAN AND EMPLOYER*</u>	<u>YOUR ANNUAL CONTRIBUTION TO PLAN</u>	<u>PRESENT VALUE IMMEDIATELY OBTAINABLE</u>	<u>YEARLY RETIREMENT BENEFITS NOW RECEIVABLE</u>	<u>EXPECTED FUTURE RETIREMENT BENEFITS</u>	<u>DEATH BENEFIT</u>
PENSION #1	_____	_____	_____	_____	_____
PENSION #2	_____	_____	_____	_____	_____
PENSION #3	_____	_____	_____	_____	_____
PENSION #4	_____	_____	_____	_____	_____

\* *INCLUDE BENEFITS FROM PREVIOUS EMPLOYER OR MILITARY SERVICE.*

**12. OTHER ASSETS:**

A. PERSONAL EFFECTS (FURNITURE, STAMPS OR COINS, AUTOMOBILES, JEWELRY, ART COLLECTIONS, ETC.). IF SEPARATELY INSURED, INDICATE ITEM AND INSURED VALUE. \*

<u>ITEM</u>	<u>DATE &amp; METHOD OF ACQUISITION</u>	<u>MARKET VALUE</u>	<u>COST BASIS</u>	<u>OWNER HWJ OR C</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* *PROPERTY SHOULD BE SHOWN BELONGING TO THE SPOUSE WHO PAID FOR IT, INHERITED IT, ETC.*

COMMENTS \_\_\_\_\_

\_\_\_\_\_

B. NOTES ACCOUNTS RECEIVABLE, MORTGAGES, ETC. \*

<u>ITEM</u>	<u>DATE &amp; METHOD OF ACQUISITION</u>	<u>MARKET VALUE</u>	<u>COST BASIS</u>	<u>OWNER HWJ OR C</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* *EXPLAIN ORIGIN, DEBTOR AND INDICATE ANY PROBABLY UNCOLLECTIBLE ITEMS.*

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. KEOGH PLAN OR IRA

<u>ITEM</u>	<u>DATE &amp; METHOD OF ACQUISITION</u>	<u>MARKET VALUE</u>	<u>COST BASIS</u>	<u>OWNER HWJ OR C</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* *INDICATE THE INVESTMENT MEDIUM, AMOUNT IN THE FUND AND DESIGNATED BENEFICIARY.*

COMMENTS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. MISCELLANEOUS \*

<u>ITEM</u>	<u>OF ACQUISITION</u>	<u>MARKET VALUE</u>	<u>COST BASIS</u>	<u>HWJ OR C</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* *INCLUDE INTANGIBLES SUCH AS PATENTS OR COPYRIGHTS, OIL AND GAS RIGHTS, MINERAL RIGHTS, ETC. FOR ANY ITEM GENERATING INCOME, LIST SEPARATELY AND SHOW YOUR GROSS OR NET INCOME AND CURRENT VALUE.*

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU OR YOUR SPOUSE HAVE AN INTEREST IN ANY TRUSTS PRESENTLY ESTABLISHED? IF SO, DESCRIBE BRIEFLY, PARTICULARLY ANY REMAINDER, REVISIONARY, OR INCOME INTERESTS OF ANY POWERS OF APPOINTMENT OR OTHER CONTROLLING INTERESTS YOU POSSESS.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THERE ARE ANY PROSPECTIVE GIFTS OR INHERITANCES, GIVE SOURCE AND APPROXIMATE AMOUNTS.

\_\_\_\_\_  
\_\_\_\_\_

**13. LIABILITIES:**

**A. REAL ESTATE MORTGAGES:**

<u>CREDITOR</u>	<u>LOAN NO.</u>	<u>BALANCE DUE</u>	<u>PAYMENT</u>	<u>INT. RATE</u>	<u>DATE LOAN MAKER WILL BE PD OFF*</u>	<u>H., W. J OR C</u>
_____	_____	\$_____	\$_____	___%	_____	_____
_____	_____	\$_____	\$_____	___%	_____	_____
_____	_____	\$_____	\$_____	___%	_____	_____
_____	_____	\$_____	\$_____	___%	_____	_____

\* PLEASE MARK WITH CL IF LOAN IS COVERED BY CREDIT LIFE INSURANCE.  
**B. BANK LOANS AND INSTALLMENT DEBT:**

<u>CREDITOR</u>	<u>LOAN NO.</u>	<u>BALANCE DUE</u>	<u>PAYMENT</u>	<u>INT. RATE</u>	<u>DATE LOAN MAKER WILL BE PD OFF*</u>	<u>H., W. J OR C</u>
_____	_____	\$_____	\$_____	___%	_____	_____
_____	_____	\$_____	\$_____	___%	_____	_____
_____	_____	\$_____	\$_____	___%	_____	_____
_____	_____	\$_____	\$_____	___%	_____	_____

\* PLEASE MARK WITH CL IF LOAN IS COVERED BY CREDIT LIFE INSURANCE.

C. LIFE INSURANCE LOANS:

<u>CREDITOR</u>	<u>LOAN NO.</u>	<u>BALANCE DUE</u>	<u>PAYMENT</u>	<u>INT. RATE</u>	<u>DATE LOAN MAKER WILL BE PD OFF*</u>	<u>H., W. J OR C</u>
_____	_____	\$_____	\$_____	____%	_____	_____
_____	_____	\$_____	\$_____	____%	_____	_____
_____	_____	\$_____	\$_____	____%	_____	_____
_____	_____	\$_____	\$_____	____%	_____	_____

\* PLEASE MARK WITH CL IF LOAN IS COVERED BY CREDIT LIFE INSURANCE.

D. OTHER LIABILITIES:

<u>CREDITOR</u>	<u>LOAN NO.</u>	<u>BALANCE DUE</u>	<u>PAYMENT</u>	<u>INT. RATE</u>	<u>DATE LOAN MAKER WILL BE PD OFF*</u>	<u>H., W. J OR C</u>
_____	_____	\$_____	\$_____	____%	_____	_____
_____	_____	\$_____	\$_____	____%	_____	_____
_____	_____	\$_____	\$_____	____%	_____	_____
_____	_____	\$_____	\$_____	____%	_____	_____

\* PLEASE MARK WITH CL IF LOAN IS COVERED BY CREDIT LIFE INSURANCE