

**CONFIDENTIAL**

# **Personal Planning Questionnaire**

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PARTRIDGE SNOW & HAHN LLP

**Thank you, in advance, for your time in completing this important questionnaire.**

The personal information and financial data requested will enable Partridge Snow & Hahn LLP to better understand your personal goals and financial situation as we prepare your estate plan. The questionnaire is designed for easy completion by an individual or a couple and will take you less than twenty minutes to complete. It is designed to assist you and us to be efficient in our discussions.

Do not hesitate to telephone us or e-mail us with any questions which may arise. The contact information for our attorneys and legal assistants can be found on the last page of this questionnaire. If you need additional space to answer questions, please check the box that relates to the item and we will obtain the same from you either through a telephone call or at our initial meeting.

Be assured that our clients' personal information is kept strictly confidential. Please complete the questions as best as you can. Your answers can be further discussed with our legal assistant prior to our initial meeting or at the initial meeting.

Lastly, please answer the very last question fully to let us know the days and times most convenient for an in-person meeting. We will do our best to accommodate your schedule.

*\*In the event you choose to utilize this questionnaire prior to contacting us, please be advised that submission via this website does not create an attorney-client relationship. As you would expect, in the event that you wish to seek our services, we would need to do a review of our records to determine whether representing you would create a conflict with an existing client, and otherwise determine whether your matter is one we wish to undertake. Accordingly, no communication via this questionnaire shall be considered to create an attorney-client relationship. Furthermore, it is not recommended that you send any confidential information to us unless and until an attorney-client relationship is established between us. Information sent before an attorney-client relationship is established may be determined not to be confidential.*

# Personal Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Individual Completing Form

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_)\_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen: ☐ Yes ☐ No Date of Naturalization (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Current relationship status:

☐ Single ☐ Married - Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ State: \_\_\_\_\_

☐ Domestic partnership ☐ Divorced ☐ Widowed

Occupation/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone: (\_\_\_\_)\_\_\_\_\_

Spouse/Domestic Partner (if applicable):

Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_)\_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

U.S. Citizen: ☐ Yes ☐ No Date of Naturalization (if applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Telephone: (\_\_\_\_)\_\_\_\_\_

## 1. Tax and Financial Advisers

Please complete the information below if you currently work with an accountant.

Name of Accountant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Please complete the information below if you currently work with a financial adviser(s).

Name of Financial Adviser: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

## 2. Premarital (Prenuptial) Agreements

Do you and your spouse/domestic partner have a premarital (prenuptial) agreement?

☐ Yes   ☐ No   If yes, please provide us with a copy.

## 3. Prior Marriage(s)

Have you or your spouse/domestic partner ever been previously married?

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, I have       | <input type="checkbox"/> Yes, my spouse/domestic partner has |
| <input type="checkbox"/> Yes, we both have | <input type="checkbox"/> No, neither of us have              |

#### 4. Children

Do you or your spouse/domestic partner have children? ☐ Yes ☐ No

If yes, indicate if any of your children or that of your spouse/domestic partner are from a previous relationship.

Name of Child: \_\_\_\_\_ ☐ Previous Relationship

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child: \_\_\_\_\_ ☐ Previous Relationship

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Child: \_\_\_\_\_ ☐ Previous Relationship

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ More to be added

Do any of the children have special needs? ☐ Yes ☐ No

#### 5. Deceased Children

Do you or your spouse/domestic partner have any deceased children? ☐ Yes ☐ No

#### 6. Grandchildren

If you have any grandchildren, please fill out the information below for each.

Name

Parent's Name

_____	_____
_____	_____
_____	_____
_____	_____

☐ More to be added

Do any of your grandchildren have special needs? ☐ Yes ☐ No

## 7. Adoption

Are any of your children adopted? ☐ Yes ☐ No

Are any of your grandchildren adopted? ☐ Yes ☐ No

## 8. Parents

Complete the information below regarding you and your spouse's/domestic partner's parents.

Name of Parent: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

## 9. Brothers and Sisters

Do you or your spouse/domestic partner have any brothers or sisters? ☐ Yes ☐ No

If yes, complete the information below.

Name of Sibling: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Sibling: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Sibling: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Sibling: \_\_\_\_\_ ☐ Deceased

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ More to be added

## 10. Foreign Residence

Have you or your spouse/domestic partner ever resided in any other state? ☐ Yes ☐ No

Have you or your spouse/domestic partner ever resided in a foreign country? ☐ Yes ☐ No

Please complete the following if you had a period(s) of foreign residency.

Location: \_\_\_\_\_ Period of residence: \_\_\_\_\_

## Current Estate Plan

This section is to be completed only by clients for whom WE have NOT previously prepared an estate plan.

Do you or your spouse/domestic partner currently have an estate plan?

You: ☐ Yes ☐ No      Spouse/Domestic Partner: ☐ Yes ☐ No

If yes, please bring all such documents to our initial meeting if available to you.

### 1. Distribution Age

Through the use of a trust, you can determine in what increments and at which ages your children would receive their share of the estate. For instance, you could provide that a child may receive 1/3 of his or her share at age 25, 1/3 at age 30, and the remainder at age 35. Please indicate your preferences, if any, to be discussed at our initial meeting.

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### 2. Trust for Adult Children

Is there any reason why you might wish to establish a trust for any of your adult children? For example, do you or your spouse/domestic partner have any concerns that one of your children handles money unwisely or is having marital difficulties?

☐ Yes ☐ No      If yes, please describe:

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### 3. Special Bequests

Are there any special bequests which you or your spouse/domestic partner wish to make to family, friends, or charity in your estate plan?

☐ Yes   ☐ No   If yes, please describe such bequests.

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☐ More to be added.

Please think about any non-financial matters relating to your personal planning that are of concern to you or your spouse/domestic partner and have not been addressed by previous questions, such as burial wishes and desires concerning organ donation. We will discuss the same at our initial meeting.

## Financial Information

When completing the information below, please do not be concerned with providing precise values; an estimate of property worth is sufficient. Be sure to include complete financial data for both you and your spouse/domestic partner and indicate whether the property is owned jointly or separately.

### 1. Safe Deposit Box

Do you or your spouse/domestic partner maintain a safe deposit box?   ☐ Yes   ☐ No

If you answered yes, please indicate the location and authorized users.

Location

Authorized Users

<hr/>	<hr/>
<hr/>	<hr/>

## 2. Past Gifts

In any year, have you or your spouse/domestic partner made gifts (cash or personal property) to any one person over the federal annual gift tax exclusion amount (currently \$14,000)?

☐ Yes ☐ No

## 3. Future Gifts

Do you or your spouse/domestic partner have plans to make gifts in any year having a value over the applicable federal annual gift tax exclusion?

☐ Yes ☐ No

If yes, indicate generally the extent of such gifts and to whom and how such gifts would be made.

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## 4. Real Estate

Do you or your spouse/domestic partner currently own any real estate? ☐ Yes ☐ No  
If yes, please complete the information below.

Location	Estimated Value	Owner(s)
<hr/>	\$ <hr/>	<hr/>
<hr/>	\$ <hr/>	<hr/>

☐ More to be added.

## 5. Life Insurance

Do you or your spouse/domestic partner currently own any life insurance policies?

☐ Yes ☐ No

If yes, complete the information below. (Include life insurance provided through your employer or spouse's/domestic partner's employer. If your life insurance policy is part of a "split dollar" arrangement, provide a copy of such agreement.)

Insurance Company: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_ (if applicable)

Is this insurance through your employer? ☐ Yes ☐ No

Insurance Company: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_  
Owner: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Type of Policy: \_\_\_\_\_ Cash Surrender Value: \$ \_\_\_\_\_ (if applicable)

Is this insurance through your employer? ☐ Yes ☐ No

☐ More to be added.

## 6. Checking Accounts, Savings Accounts, Certificates of Deposit

List any checking accounts, savings accounts or certificates of deposit that you or your spouse/domestic partner own.

Financial Institution: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Owner(s): \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Balance: \$ \_\_\_\_\_ Owner(s): \_\_\_\_\_

☐ More to be added.

## 7. Securities Accounts

Do you or your spouse/domestic partner have a securities account? ☐ Yes ☐ No  
(This does not include retirement accounts such as IRA's.) Please bring in a statement/  
statements for such accounts at our initial meeting.

## 8. Bonds, Stocks, or Annuities (Held by You and Not in a Securities Account)

Do you or your spouse/domestic partner have bonds, stocks, annuities or U.S. Savings Bonds?

☐ Yes ☐ No If yes, please bring a list of the same to our initial meeting.

## 9. Pension or Retirement Funds

Do you or your spouse/domestic partner currently have any pension or retirement funds?  
(Include 401K and 403b Plans, IRA's, etc.)

☐ Yes ☐ No If yes, please bring information on such accounts to our initial meeting  
including any beneficiary designations.

## 10. Interests in Closely or Privately Held Corporations, Partnerships or Limited Liability Companies

Do you or your spouse/domestic partner currently have any interests in closely or privately held corporations, partnerships or limited liability companies?

☐ Yes ☐ No If yes, please complete the information below.

Name of Entity: \_\_\_\_\_ Percent Interest: \_\_\_\_\_

Name of Entity: \_\_\_\_\_ Percent Interest: \_\_\_\_\_

☐ More to be added.

Is there a buy/sell agreement in place which addresses the disposition of stock, partnership, or membership interests in the event of the disability or death of a stockholder, partner, or member?

☐ Yes ☐ No If yes, please provide us with a copy in advance of our meeting.

## 11. Promissory Notes or Other Amounts Owed to You or Your Spouse/Domestic Partner

Are there any promissory notes or other amounts owed to you or your spouse/domestic partner?

☐ Yes ☐ No

If yes, please bring copies of such promissory notes or other evidence of amounts owed to you to our initial meeting.

## 12. Education Funds or Trusts for Children/Grandchildren (including 529 Plans)

Have you or your spouse/domestic partner established any education funds or trusts for children/grandchildren?

☐ Yes ☐ No

## 13. Beneficial Interests

Are you or your spouse/domestic partner the beneficiary of any trusts?

☐ Yes ☐ No ☐ I don't know

If possible, please provide us with a copy of the trust in advance of our meeting.

## 14. Possible Inheritances

Do you or your spouse/domestic partner expect to receive any inheritances at any time in the future?

☐ Yes   ☐ No   ☐ I don't know

If yes, describe the nature of such inheritances.

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## 15. Powers of Appointment

Do you or your spouse/domestic partner have a power of appointment under the will or trust of another person?

☐ Yes   ☐ No   ☐ I don't know

If yes, describe the nature of such power of appointment.

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## 16. Personal Property

In responding to this section, include estimated values of the following items: vehicles, boats or other recreational equipment, jewelry, antiques, art, coin, stamp, or book collections. In addition, please include any other items of personal property having significant value.

Description: \_\_\_\_\_

Approximate Value: \$\_\_\_\_\_ Owner: \_\_\_\_\_

Description: \_\_\_\_\_

Approximate Value: \$\_\_\_\_\_ Owner: \_\_\_\_\_

Description: \_\_\_\_\_

Approximate Value: \$\_\_\_\_\_ Owner: \_\_\_\_\_

☐ More to be added.

## 17. Debts and Liabilities Owed by You or Your Spouse/Domestic Partner

Do you or your spouse/domestic partner have any debts/liabilities such as mortgages and notes? (Include mortgages, notes, and other significant debts you or your spouse/domestic partner owe.)

☐ Yes ☐ No

If yes, please complete the information below.

Description: \_\_\_\_\_ Amount: \$\_\_\_\_\_

To whom do you owe the debt? \_\_\_\_\_

Description: \_\_\_\_\_ Amount: \$\_\_\_\_\_

To whom do you owe the debt? \_\_\_\_\_

Description: \_\_\_\_\_ Amount: \$\_\_\_\_\_

To whom do you owe the debt? \_\_\_\_\_

☐ More to be added.

*Please indicate in the space below the days of the week and times that are most convenient for your in-person meeting. Our staff will contact you by telephone to schedule your appointment.*

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

# Glossary of Personal Planning Terms

## Will

A document that provides for the distribution of assets you own at death and the administration of your estate.

## Conservator

A person appointed by the probate court to manage the assets of a minor child or incapacitated adult.

## Durable Health Care Power of Attorney (or Health Care Proxy)

A document which: (i) grants another individual the power to make health care decisions on your behalf in the event that you are physically or mentally unable to do so, and (ii) may include a living will declaration indicating your desires regarding the use of life-prolonging care and medical treatment.

## Durable Financial Power of Attorney

A document which grants another individual the right to exercise specified powers over your financial affairs. The power may be drafted to become effective immediately, or effective only upon subsequent disability or incapacity.

## Executor/Personal Representative

A person nominated in your will and appointed as fiduciary by the probate court to carry out the provisions of your will. The fiduciary is responsible for the management, preservation, and distribution of the assets in your estate, and for filing federal and state income and estate tax returns, if any.

## Guardian

A person appointed by the probate court who is charged with the duty of providing for the physical well-being and/or management of the assets of a minor child or incapacitated adult.

## Irrevocable Insurance Trust

A trust you create to own insurance policies on your life which may not be amended or revoked by you. Under appropriate circumstances, insurance proceeds will not be taxed in your estate.

## Power of Appointment

The right you give to another to decide who is to receive an asset. As an example, "A" may establish a trust giving "B" the right to income for life, along with a power of appointment to select those persons who will receive remaining trust property on "B's" death.

## Revocable Living Trust (*Inter Vivos* Trust)

A trust you create which may be amended or revoked during your lifetime. You may act as trustee of a Revocable Living Trust. Any or all of your assets may be placed in the Revocable Living Trust during your lifetime; these assets will not be subject to public notice in probate court, thereby providing privacy with respect to the distribution of your estate.

## Trustee

Any person who under the terms of a trust holds legal title to trust assets and invests and manages assets for the benefit and use of another person or group of persons.

*Your Partridge Snow & Hahn LLP personal planning counsel will be happy to further explain these commonly used personal planning terms.*

Disclosure Under IRS Circular 230: Any U.S. federal tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing, or recommending to another party any tax-related transaction or matter.

# Trusts & Estates

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