

ESTATE PLANNING WORKSHEET

DESCHENE LAW OFFICE

Estate Planning, Elder Law, and Asset Protection for Massachusetts and Rhode Island

Thank you for choosing DLO to assist you with developing a comprehensive estate plan that will protect you and your family's future.

Please complete the information in this brochure, and mail it back to our office at least one week before your scheduled consultation. This will enable us to review the information and prepare prior to our meeting.

All of the information you provide is protected by the attorney-client privilege and is strictly confidential.

Thank you.



PART ONE: CONSULTATION INFORMATION

Client Name 1: _____ Date of Birth: _____

Client Name 2: _____ Date of Birth: _____

Maiden name: _____ Any other names/aliases used: _____

How do you prefer to be addressed? First name Nickname: _____
Mr. Ms. Mrs.

Brief description of the reason for your consultation: _____

Mailing Address: _____

Phone: _____ Cell: _____ Email/Fax: _____

How do you prefer to be contacted: Mail Phone Cell Email FAX Text

How did you hear about DLO? Family Member/Friend Our Website/Blog
Newspaper Seminar Facebook
Advisor Referral Name: _____

PART TWO: YOUR ADVISOR TEAM

DLO strongly encourages collaboration with your other financial advisors in developing a comprehensive financial and estate plan that meets all of your needs and goals:

Do you have an **accountant**? Yes No Name: _____

Are you satisfied with the services your accountant provides? Yes No

Would you like us to recommend another accountant? Yes No

Do you have a **financial planner**? Yes No Name: _____

Are you satisfied with the services your FP provides? Yes No

Would you like us to recommend another FP? Yes No

Do you have an **insurance agent/broker**? Yes No Name: _____

Are you satisfied with the services your agent/broker provides? Yes No

Would you like us to recommend another agent/broker? Yes No

Do you own your **own home** or **rent**? Home Rent

Have a **mortgage**? Yes No

Term: ____ years Rate ____ % Balance: \$_____ Plans to **buy or sell**? Yes No

Are you interested in **refinancing** your mortgage? Yes No

Who is your current mortgage lender? _____

Would you like us to recommend another mortgage lender? Yes No

Any **major home improvements/renovations** needed? New Roof Additions

Renovations Decorating Plumbing/Electric Landscaping

Do you anticipate needing **nursing home** care? Yes No When: _____

PART THREE: YOUR FAMILY

The primary goal of good estate planning is to ensure that your hard-earned assets will be passed on to your family, so they can use those assets to build a better and more secure life for themselves. This section asks you for details about your family. If you need more space than a section allows, please attach extra sheets at the end of this worksheet:

CLIENT NAME 1: _____ US Citizen? Yes No

Spouse's Name: _____ Date of Marriage: _____

Any Prior Marriages: Yes No If yes:

Ex-spouse: _____ Date Marriage Ended _____

Reason: Death Divorce Any children? Yes No

Children: _____ Age: _____

_____ Age: _____

_____ Age: _____

Your Parents: Father: _____ Deceased? Yes No Age: _____
Mother: _____ Deceased? Yes No Age: _____

Your Children: _____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____
_____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____
_____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____
_____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____

CLIENT NAME 2: _____ US Citizen? Yes No

Spouse: **Client 1**

Any Prior Marriages: Yes No If yes:

Ex-spouse: _____ Date Marriage Ended _____
Reason: Death Divorce Any children? Yes No
Children: _____ Age: _____
_____ Age: _____
_____ Age: _____

Your Parents: Father: _____ Deceased? Yes No Age: _____
Mother: _____ Deceased? Yes No Age: _____

Your Children: _____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____
_____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____
_____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____
_____ Age: _____ in common prior marriage
Married? Yes No Does he/she have children? Yes No How many? _____

PART FOUR: YOUR ASSETS AND INCOME

We need to have a complete list of your assets in order to make a good recommendation on what type of estate plan you need, whether your estate will be liable for federal or state estate taxes at your death, and whether we can plan to reduce or eliminate that tax exposure. It is crucial that you list all of your assets and give estimated values. All of the information you provide is protected by the attorney-client privilege and is strictly confidential:



Real Property: This refers to any houses, vacation homes, rental properties, timeshares, or undeveloped land which you presently own:

Description/Location of Property	Current Fair Market Value / Equity Value *	Whose Name(s) is on Title?
<input type="checkbox"/> Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Timeshare <input type="checkbox"/> Rental Address: _____	\$ _____ / \$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name _____ Name _____
<input type="checkbox"/> Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Timeshare <input type="checkbox"/> Rental Address: _____	\$ _____ / \$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name _____ Name _____
<input type="checkbox"/> Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Timeshare <input type="checkbox"/> Rental Address: _____	\$ _____ / \$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name _____ Name _____
<input type="checkbox"/> Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Timeshare <input type="checkbox"/> Rental Address: _____	\$ _____ / \$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name _____ Name _____
<input type="checkbox"/> Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Timeshare <input type="checkbox"/> Rental Address: _____	\$ _____ / \$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name _____ Name _____
<input type="checkbox"/> Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Timeshare <input type="checkbox"/> Rental Address: _____	\$ _____ / \$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name _____ Name _____

* If there is a mortgage on the property, please give the fair market/appraised value first, and then the amount of equity you have in the property, which is the fair market/appraised less your current mortgage balance.



Personal Property: This refers to any property that you own other than real property:

Bank Accounts: This refers to any accounts – such as checking, saving, or certificates of deposits, owned by you (**NOTE:** Do **NOT** list **retirement** accounts here, see separate section below):

Name of Bank or Institution	Current Balance	Whose Name(s) is on Account?
_____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> CD	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____

Stocks, Mutual Funds or Bonds: This refers to any investment accounts owned by you. (**NOTE:** Do **NOT** list **retirement** accounts here, see separate section below):

Name of Institution	Current Balance	Whose Name(s) is on Account?
_____ <input type="checkbox"/> Stock <input type="checkbox"/> MF <input type="checkbox"/> Bonds <input type="checkbox"/> Mixed	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Stock <input type="checkbox"/> MF <input type="checkbox"/> Bonds <input type="checkbox"/> Mixed	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Stock <input type="checkbox"/> MF <input type="checkbox"/> Bonds <input type="checkbox"/> Mixed	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Stock <input type="checkbox"/> MF <input type="checkbox"/> Bonds <input type="checkbox"/> Mixed	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Stock <input type="checkbox"/> MF <input type="checkbox"/> Bonds <input type="checkbox"/> Mixed	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
_____ <input type="checkbox"/> Stock <input type="checkbox"/> MF <input type="checkbox"/> Bonds <input type="checkbox"/> Mixed	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____

Life Insurance Policies: This refers to any insurance (whole life or term life) owned by you:

Name of Insurer	Death Benefit	Who owns the policy?	Whose life is insured by the policy?	Who is named as death beneficiary?
_____ Policy #: _____	\$ _____ <input type="checkbox"/> Whole <input type="checkbox"/> Term			Primary: _____ Contingent: _____
_____ Policy #: _____	\$ _____ <input type="checkbox"/> Whole <input type="checkbox"/> Term			Primary: _____ Contingent: _____
_____ Policy #: _____	\$ _____ <input type="checkbox"/> Whole <input type="checkbox"/> Term			Primary: _____ Contingent: _____
_____ Policy #: _____	\$ _____ <input type="checkbox"/> Whole <input type="checkbox"/> Term			Primary: _____ Contingent: _____
_____ Policy #: _____	\$ _____ <input type="checkbox"/> Whole <input type="checkbox"/> Term			Primary: _____ Contingent: _____

Vehicles/Boats:

Description (Year/Make/Model)	Current value	Whose Name(s) is on Title?
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust _____

Retirement Accounts: This refers to any retirement accounts you own (Note: Retirement accounts are treated differently because they may contain *pretax* savings):

Plan Administrator/Custodian	Current balance	Owner of Account	Designated Beneficiary
	\$ _____ <input type="checkbox"/> Non-Roth <input type="checkbox"/> Roth		Primary: _____ Contingent: _____
	\$ _____ <input type="checkbox"/> Non-Roth <input type="checkbox"/> Roth		Primary: _____ Contingent: _____

	\$ _____ <input type="checkbox"/> Non-Roth <input type="checkbox"/> Roth		Primary: _____ Contingent: _____
	\$ _____ <input type="checkbox"/> Non-Roth <input type="checkbox"/> Roth		Primary: _____ Contingent: _____
	\$ _____ <input type="checkbox"/> Non-Roth <input type="checkbox"/> Roth		Primary: _____ Contingent: _____
	\$ _____ <input type="checkbox"/> Non-Roth <input type="checkbox"/> Roth		Primary: _____ Contingent: _____

Family-owned Businesses: This refers to any businesses that you manage or operate (NOTE: If you only own stock in a company, please list it in the “Stock” section above):

Name of Company	Current value	What is your Role?	Form of Business Entity
	\$ _____	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Management <input type="checkbox"/> Other _____	<input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp.
	\$ _____	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Management <input type="checkbox"/> Other _____	<input type="checkbox"/> Sole Prop. <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> S Corp.

Personal Effects/Tangible Personal Property: This refers to all of your tangible personal property, such as personal effects, household furnishings, jewelry, artwork, etc. On first the line, list a “guess-timate” of the value of all your tangible personal property. Then list other individual assets of significant monetary value:

Description	Current or Appraised Value	Who Owns it?
General Tangible Property	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____

Other Assets: This refers to all of other property of value that you own, but which was not listed in one of the sections above. This may include patents, copyrights, etc.

	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____
	\$ _____	<input type="checkbox"/> Joint <input type="checkbox"/> One name <input type="checkbox"/> Trust Name(s) _____



Your Income: This refers to any income you receive on a regular basis:

Source of Income	Monthly Gross Amount	Monthly Net Amount	Whose Income?
_____ or <input type="checkbox"/> Salary <input type="checkbox"/> SS <input type="checkbox"/> SSDI <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> IRA/401(k) Withdrawals <input type="checkbox"/> Vet <input type="checkbox"/> Workers Comp	\$ _____	\$ _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
_____ or <input type="checkbox"/> Salary <input type="checkbox"/> SS <input type="checkbox"/> SSDI <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> IRA/401(k) Withdrawals <input type="checkbox"/> Vet <input type="checkbox"/> Workers Comp	\$ _____	\$ _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2
_____ or <input type="checkbox"/> Salary <input type="checkbox"/> SS <input type="checkbox"/> SSDI <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> IRA/401(k) Withdrawals <input type="checkbox"/> Vet <input type="checkbox"/> Workers Comp	\$ _____	\$ _____	<input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2

What type of health insurance coverage do you have?

Client 1: Medicare Medicaid/MassHealth Private: _____

Client 2: Medicare Medicaid/MassHealth Private: _____

PART FIVE: SELF-EVALUATION QUESTIONNAIRE

We understand that seeing an attorney and making plans for your end of life or disability can be stressful. Many clients put off planning because of these and other anxieties. This self-evaluation questionnaire is to help you begin your personal planning process by identifying your core concerns and worries. We find that clients who complete the questionnaire sometimes discover that there are other more important concerns than the ones they first contacted us about. If you complete it, we can use your initial consultation to focus on the most pressing issues and find solutions to help you eliminate your worries.



Family Concerns

Rate your concern level on each issue:
None Low Medium High

- | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ■ | If I die or become disabled, my minor child will be placed in the custody of someone I don't want. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | If I leave a disabled person money at my death, it may make them ineligible to receive government disability benefits. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | If I leave money to my children or grandchildren, the person that I choose to manage the money will mismanage it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | If I leave my children money, they'll waste or mismanage it. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | If I leave my children money, they'll lose it to creditors, lawsuits, or through a divorce. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | I am concerned that my elderly parents may need financial help if I die before they do. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | I want to provide for my grandchildren's education and my children may not use the money for this. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | I am concerned that my family may fight after my death about how I distributed my property. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | I am concerned that my family business may not be able to survive if I die or become disabled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ | I am concerned that my pets will be cared for after my death. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Incapacity Planning & Medical Wishes

Rate your concern level on each issue:

	None	Low	Medium	High
■ If I become disabled, I may lose my home and other assets to pay for my nursing home care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ I am worried about who will make important medical and financial decisions for me if I become disabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ I am worried that my doctors may not legally be able to discuss my medical condition with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ I am worried about what medical treatments I may receive – or not receive – at my end of life that against my wishes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Tax and Probate Concerns

■ I would like to know if I or my family can avoid paying income or capital gains taxes on my assets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ I want to learn if my estate will need to pay any estate taxes or inheritance taxes when I die, and if so, how to limit or eliminate them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ I may want to leave money to a charity, and learn more about the use of charitable deductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ I am concerned about burdening my family with the costs and delays of Probate when I die.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acknowledgement by Clients

I/We hereby agree that I/we have completely and accurately filled out the above personal and financial information, including all of our/my assets, and intend Deschene Law Office to rely on the completeness and accuracy of that information.

I/We hereby acknowledge that my/our failure to list all assets on this questionnaire or to provide accurate information may cause adverse tax consequences or other unexpected results for which Deschene Law Office will not be responsible.

Signed: _____ Dated: _____
Client 1

Signed: _____ Dated: _____
Client 2



Thank you for filling out this worksheet.

Please mail it back to us at least one week prior to your scheduled consultation.

We look forward to meeting you and working with you to develop a successful estate plan.