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ESTATE PLANNING INFORMATION

Date: _____

PERSONAL INFORMATION

Full legal name: _____

Home address: _____

Occupation: _____

Business address: _____

Home phone: _____ Work phone: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Other names by which you have been known: _____

=====
FAMILY INFORMATION

Marital Status:

Single ___ Married ___ Divorced ___ Widowed ___ Separated ___

Full name of Partner ___ or Spouse ___: _____

Date of marriage, if married: _____

Name of spouse, if different from above: _____

Citizenship:

Husband: U.S. _____ Other _____

Spouse: U.S. _____ Other _____

Partner: U.S. _____ Other _____

Have you ever been divorced? YES___ NO___ If yes, please note below the name of the person(s) from whom you were divorced, the date and the place where the divorce was granted.

Do you have any children (including adopted)? YES___ NO___

Child's name Date of birth Other parent Do you have custody?

_____ YES___ NO___

_____ YES___ NO___

_____ YES___ NO___

_____ YES___ NO___

_____ YES___ NO___

OTHER RELATIVES: Please give current address or note if deceased.

Name Address Under 18?

Mother _____

Father _____

Brothers and Sisters:

POWER OF ATTORNEY

If you were to become incapacitated for any reason, is there someone whom you would like to control your business and financial affairs? That is, someone who could write checks on your accounts to pay bills, deal with insurance, landlords, etc.

YES___ NO___ If yes, please complete the following:

Full name of person to be appointed to manage your financial affairs should you be unable to do so:

Address: _____

If the person you have named is unable to serve for any reason, who would you like to have appointed instead?

Full name: _____

Address: _____

HEALTH CARE PROXY

If you should become incapacitated for any reason, is there someone whom you would like to control your medical affairs? That is, dealing with physicians, making decisions as to treatments, visitor access, etc. If you choose to make a living will, these persons will also be named in that document.

YES___ NO___ If yes, please complete the following:

Full name of person to be appointed to make health care decisions for you if you should be unable to do so:

Address: _____

Telephone Number: _____

If the person you have named is unable to serve for any reason, who would you like to have appointed instead?

Full name: _____

Address: _____

Telephone Number: _____

LIVING WILL (Directive to Physicians)

A Living Will expresses your desire not to have your life artificially prolonged. Would you like to have a Living Will prepared? YES___ NO___

If you have named a person to act for you under a Health Care Proxy, that person will also be named in your Living Will as your agent.

Agent's Name: _____

Address: _____

Alternate's Name: _____

Address: _____

If my condition is terminal and I cannot communicate with my doctors, I do not want the procedures marked below:

____ Cardio-pulmonary resuscitation

____ Surgery

____ Radiation

____ Chemotherapy

____ Mechanical respiration

____ Feeding through tubes

____ Nutrition and water by mouth

____ Dialysis

____ Other: _____

If you do not understand any of these terms or the consequences of any of the treatments, leave blank for now. You may wish to discuss these alternatives with your physician.

Would you like your physician and/or your agent to authorize pain-relieving medications, such as morphine, even if it hastens (but does not intentionally cause) your death? YES___ NO___

Your Living Will may include a personal statement of your views and desires regarding treatment. Do you wish to make such a statement? YES___ NO___ If so, please write it here or attach a separate sheet.

WILL

A Will is an instrument by which a person makes a disposition of his or her property, to take effect after his or her death, and which by its own nature is revocable during his or her lifetime.

A Will directs your executor to distribute your property in accordance with your desires. If you do not have a Will, your property will pass to your closest blood relatives including any spouse from whom you are not legally divorced. If you have minor children, you can name their guardians and/or trustees through your Will.

Have you ever made a Will before? YES___ NO___ If so, has it been revoked? YES___ NO___ Date of last previous Will? _____

Executor

An executor is a person you choose to carry out your wishes in distributing your property, paying your debts, filing tax returns, and other administrative matters. An executor is not responsible for paying your debts with his/her own funds, but only with your funds.

Please name an executor and a second person whom you would wish to serve together with the first person named, as co-Executor, or as an alternate if the first person is unable to do so.

Executor's full name: _____

Address: _____

Alternate or co-Executor's full name: _____

Address: _____

Designation of Guardian and/or Trustee for Minor Children

If you have children under 18, you should designate a person and alternate to serve as the child's or children's guardian.

Guardian's name: _____

Address: _____

Alternate Guardian: _____

Address: _____

A child under 18 cannot directly inherit property so it goes to someone who acts as trustee of the property until the child is of age.

You should designate a trustee or co-trustees, and alternate trustee for your child or children. This person will be responsible for any money or other property that you leave the children through your Will, life insurance, or trust fund. This can be the same person as the guardian, but does not have to be. You may name more than one trustee. If so, the trustees will share decision-making about expenditures for your child.

Trustee: _____

Address: _____

Alternate or co-Trustees: _____

Address: _____

You may want to set up a trust fund for your child or children and specify the types of things (for example, education, health care, clothes, etc.) for which the funds are to be spent. If so, you should discuss this in detail with us.

Disposition of Property

You may leave all your property to one person or to several persons jointly or in designated proportions (such as 1/3 to one person, 2/3 to another), or you may designate exactly which items are to go to which people. If you make specific bequests to various

people, you should also name one or more persons who will receive everything that has not been listed.

Please select one option on the following pages and complete the information for that section. (You may find it helpful to work through the ASSETS section of this questionnaire before completing this section.)

OPTION A

I wish to leave all my property to:

Full name: _____

Address: _____

If the person I have named does not survive me, I wish to leave all my property to:

Full name: _____

Address: _____

OPTION B

I wish to leave all my property to the following people in the following percentages:

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
_____	_____	_____%

_____	_____	_____%

_____	_____	_____%

_____	_____	_____%

_____ %

_____ %

_____ %

If one or more of these persons should fail to survive you, how do you want that person's share distributed?

- _____ To the other named beneficiaries in equal shares.
- _____ To the other named beneficiaries in the same proportions as _____ designated above.
- _____ To the alternate(s) named below.

Name: _____

Address: _____

Name: _____

Address: _____

OPTION C

I wish to make specific bequests as detailed below:

If the person you have designated (the beneficiary) to receive the item(s) listed below should die before you, the item(s) will become part of your residual estate, unless you name an alternate beneficiary for such item(s) below. It is often better not to include many specific bequests, but to consider a letter of instructions to your executor. We will discuss this alternative with you.

<u>Item</u>	<u>Beneficiary's Name and address</u>	<u>Alternate's Name and address</u>
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____

	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____
_____	_____	_____
	_____	_____
	_____	_____

[attach additional pages if necessary]

I wish all the rest of my estate to go to:

Full name: _____

Address: _____

If the person so named does not survive me, I wish the rest of my estate to go to:

Full name: _____

Address: _____

Is there an institution or charity that you would like to receive your residuary estate if your named beneficiaries do not survive you? YES___ NO___ If so, note below.

Name of Organization: _____

Address: _____

ASSETS
Real Estate

Do you own your residence? YES___ NO___ If so, please complete information below.

Address:_____

Names on title:_____

How is title held? Jointly___ Tenants in Common___ One Name___

Date of purchase:_____

Purchase price:_____

Estimated current value:_____

Amount of mortgage remaining, if any: \$_____

Mortgage paid to:_____

Do you own other real estate? YES___ NO___ If yes, please complete information below:

Address:_____

Names on title:_____

How is title held? Jointly___ Tenants in Common___ One Name___

Date of purchase:_____

Purchase price:_____

Estimated current value:_____

Amount of mortgage remaining, if any: \$_____

Mortgage paid to:_____

Do you own other real estate? YES___ NO___ If yes, please supply similar information for each holding on a separate sheet.

Bank Accounts

1. Type: Checking___ Savings___ Other_____

Bank and branch_____

Names on account: _____

Account Number: _____ Current amount:\$ _____

2. Type: Checking___ Savings___ Other _____

Bank and branch _____

Names on account: _____

Account Number: _____ Current amount:\$ _____

3. Type: Checking___ Savings___ Other _____

Bank and branch _____

Names on account: _____

Account Number: _____ Current amount:\$ _____

4. Type: Checking___ Savings___ Other _____

Bank and branch _____

Names on account: _____

Account Number: _____ Current amount:\$ _____

5. Type: Checking___ Savings___ Other _____

Bank and branch _____

Names on account: _____

Account Number: _____ Current amount:\$ _____

Other Investments

Please list all investments such as stocks, bonds, mortgages owned, etc. and identify anyone who shares ownership with you.

<u>Investment</u>	<u>Owners</u>	<u>Name of Company</u>	<u>Number of Shares</u>	<u>Original Value</u>	<u>Current Value</u>
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[use additional sheets if necessary]

Intangible Property

Do you own any intangible property, such as copyrights, patents, etc.? YES___ NO___
If yes, list below.

Life Insurance

List here all policies in your name and that of your spouse, if married.

POLICY ONE

Insurance Company: _____

Policy Number: _____

Beneficiary: _____ Amount: \$ _____

Is the policy provided by your employer? YES___ NO___

Do you make payments on the policy? YES___ NO___

Can you apply for a disability waiver of your premium? (Look at your policy to find out.)

POLICY TWO

Insurance Company: _____

Policy Number: _____

Beneficiary: _____ Amount: \$ _____

Is the policy provided by your employer? YES___ NO___

Do you make payments on the policy? YES___ NO___

Can you apply for a disability waiver of your premium? (Look at your policy to find out.)

POLICY THREE

Insurance Company: _____

Policy Number: _____

Beneficiary: _____ Amount: \$ _____

Is the policy provided by your employer? YES ___ NO ___

Do you make payments on the policy? YES ___ NO ___

Can you apply for a disability waiver of your premium? (Look at your policy to find out.)

POLICY FOUR

Insurance Company: _____

Policy Number: _____

Beneficiary: _____ Amount: \$ _____

Is the policy provided by your employer? YES ___ NO ___

Do you make payments on the policy? YES ___ NO ___

Can you apply for a disability waiver of your premium? (Look at your policy to find out.)

If you have more than four life insurance policies, please provide this information for each additional policy on a separate sheet.

Health and Disability Insurance

Name of Health Insurance Company: _____

Policy Number: _____

Is the policy provided by your employer? YES ___ NO ___ Do you know your rights to extend the coverage at your own expense if you leave your job? YES ___ NO ___

Does your policy cover medications? YES ___ NO ___

Do you have disability insurance? YES ___ NO ___

Retirement Funds

Do you have an IRA, 401(k), or similar savings plan? YES ___ NO ___ If so, please note below the holder, account number, any designated beneficiary and value of each.

Do you have a pension fund through your present or former employment? YES____
NO____ If yes, please provide information or bring in benefits booklet which describes
the pension plan.

Business Interests

Please describe any interest(s) held in any proprietorship, joint venture, partnership,
corporation or other business entity:

If there are any agreements relating to the purchase of your interest by others members
of the business in the event of your disability or death, which may be funded through
insurance or otherwise, please indicate so here YES__ NO __, and provide a copy of any
such agreements or the details of them.

OTHER ASSETS

List here other items of value, such as planes, boats, value of jewelry, etc.

DEBTS AND LIABILITIES

Amount	Due Date	Secured by what Asset	Owed to Whom
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Are you responsible for paying alimony? YES___ NO___

If yes, to whom paid:_____

Amount per month:\$_____

Are you responsible for paying child support? YES___ NO___

If yes, to whom paid:_____

Amount per month:\$_____

GIFTS

Have you made any substantial gifts in the past three years or placed property in joint names? If so, please give details:_____

INTERESTS IN TRUSTS

Are you a beneficiary under any trust?:_____

Do you possess any powers to appoint or allocate any property interests under any trust?: _____

NURSING HOME CARE

Are you interested at all in trying to qualify for Medicaid benefits for the payment of possible nursing home care charges?

If so, please indicate your desire to discuss this further:
YES __ NO __

CHECKLIST OF DOCUMENTS & FAMILY ADVISORS

SAFE DEPOSIT BOX

Location _____

PRESENT DOCUMENTS (if any)

- 1) Will: dated _____
- 2) Trusts:
 - i) created by client _____
 - ii) created for client by others _____
- 3) Gift Tax Returns - filed? location?
- 4) Income Tax Returns - filed? location?
- 5) Other pertinent documents

ADVISORS (names, addresses and telephone number)

Accountant _____
Trust Officer _____
Commercial Banker _____
Stockbroker _____
Life Insurance Agent _____
Casualty Insurance Agent _____