

Law Offices of David M. Chyten
32 Milk Street
Westborough, MA 01581
(508) 366-1771
Fax (508) 870-0159
Email: dmc@chyten-law.com
Website: www.chyten-law.com

ESTATE PLANNING INFORMATION

Date: _____

PART I. PERSONAL INFORMATION

Full legal name: _____

Spouse's full legal name: _____

Home address: _____

Home Phone: _____

Occupation: _____

Business address: _____

Work phone: _____

Spouse's Occupation: _____

Business address: _____

Work phone: _____

Social Security #: _____ - _____ - _____ Date of Birth: _____

Spouse's Soc. Sec. #: _____ - _____ - _____ Spouse's Date of Birth: _____

Other names by which you or your spouse have been known: _____

Date of marriage: _____

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 or your spouse 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___

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

<u>Name</u>	<u>Address</u>
Mother -----	----- -----

Father -----	----- -----
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Brothers and Sisters:

-----	----- -----
-----	----- -----
-----	----- -----

Spouse's Mother -----	----- -----
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Spouse's Father _____

Spouse's Brothers and Sisters:

PART II. FINANCIAL DATA

ASSETS

A. Real Estate

Do you and/or your spouse 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 or your spouse 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 or your spouse own other real estate? YES ___ NO ___ If yes, please supply similar information for each holding on a separate sheet.

B. 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: \$ _____

[use additional sheets if necessary]

C. Intangible Property

Do you or your spouse own any intangible property, such as copyrights, patents, etc.? YES____
NO____ If yes, list below.

D. Other Investments

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

<u>Investment</u>	<u>Owners</u>	<u>Company</u>	<u>Shares</u>	<u>Current Value</u>	<u>Future Value</u>
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E. Life Insurance

Life Insurance you own on your own life:

<u>#4</u>	<u>Policy #1</u>	<u>Policy # 2</u>	<u>Policy #3</u>	<u>Policy</u>
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Issuer

Term or
Whole Life

Group or Ind.

Cash Surrender
Value

Face Value

Beneficiary

Life Insurance your spouse own on his or her own life:

<u>#4</u>	<u>Policy #1</u>	<u>Policy # 2</u>	<u>Policy #3</u>	<u>Policy</u>
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Issuer

Term or
Whole Life

Group or Ind.

Cash Surrender
Value

Face Value

Beneficiary

Life Insurance either you or your spouse own on the life of another person:

<u>#4</u>	<u>Policy #1</u>	<u>Policy # 2</u>	<u>Policy #3</u>	<u>Policy</u>
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Issuer

Term or
Whole Life

Group or Ind.

Cash Surrender
Value

Face Value

Beneficiary

F. Retirement Funds

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

G. Business Interests

Please describe any interest(s) you and / or your spouse hold in any proprietorship, joint venture, partnership, corporation or other business entity:_____

If there are any agreements relating to the purchase of your and / or your spouse's interest by others members of the business in the event of 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.

H. Other Assets

List here other items of value, such as planes, boats, jewelry, antiques, coin collections, etc.:_____

DEBTS AND LIABILITIES

If Secured Debt, Identify

Assets	Owed to Whom	Amount	Due Date
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Are you or your spouse responsible for paying alimony? YES____ NO____

If yes, to whom paid: _____

Amount per month:\$ _____

Are you or your spouse responsible for paying child support? YES____ NO____

If yes, to whom paid: _____

Amount per month:\$ _____

GIFTS

Have you or your spouse 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 or your spouse a beneficiary under any trust?: _____

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

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? _____

Has your spouse 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: _____

Please have your spouse name an executor and a second person whom she 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: _____

If your spouse has children under 18, she 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: _____

Spouse's Trustee: _____

Address: _____

Spouse's Alternate or co-Trustees: _____

Address: _____

You may want to set up a trust fund for your child or children and for your spouse's 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.

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: _____

If your spouse were to become incapacitated for any reason, is there someone whom she would like to control her business and financial affairs? That is, someone who could write checks on her 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 her financial affairs should she be unable to do so:

Address: _____

If the person she has named is unable to serve for any reason, who would she 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.

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: _____

If your spouse should become incapacitated for any reason, is there someone whom she would like to control her medical affairs? That is, dealing with physicians, making decisions as to treatments, visitor access, etc.

YES___ NO___ If yes, please complete the following:

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

Address: _____

Telephone Number: _____

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

Full name: _____

Address: _____

Telephone Number: _____

Disposition of Property

How do you wish to have your property disposed of upon your death?

NURSING HOME CARE

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

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 _____
Spouse's Will: dated _____

- 2) Trusts:
 - i) created by you _____
 - ii) created for you by others _____
 - iii) created by spouse _____
 - iv) created for spouse 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 _____

Banker _____

Stockbroker _____

Life Insurance Agent _____

Casualty Insurance Agent _____