

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

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Date Questionnaire Completed: \_\_\_\_\_

**1. Personal Information:**

Name: \_\_\_\_\_  
First Middle Last Suffix (Jr., III, Etc.)

Home Address: \_\_\_\_\_  
Street Town State Country Zip/Country Code

Mailing Address: \_\_\_\_\_  
Street Town State Country Zip/Country Code

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Beeper/Pager: \_\_\_\_\_ E-Mail: \_\_\_\_\_

May I call you at work? Yes/No May I fax you at work? Yes/No

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Any Other Names Used: \_\_\_\_\_

Marital Status: Single  Married  Divorced  Widowed  Separated

Were you married previously?: Yes/No If yes, please describe any payments you are making or receiving pursuant to a divorce/support decree: \_\_\_\_\_

Citizenship: \_\_\_\_\_ **Provide copies of any prior estate planning documents.**

Referred by: \_\_\_\_\_

**2. Spouse's/Partner's Information:**

Name: \_\_\_\_\_  
First Middle Last Suffix (Jr., III, Etc.)

Home Address: \_\_\_\_\_  
Street Town State Country Zip/Country Code

Mailing Address: \_\_\_\_\_  
Street Town State Country Zip/Country Code

Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_

Beeper/Pager: \_\_\_\_\_ E-Mail: \_\_\_\_\_

May I call you at work? Yes/No May I fax you at work? Yes/No

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Any Other Names Used: \_\_\_\_\_

Were you married previously?: Yes/No If yes, please describe any payments you are making or receiving pursuant to a divorce/support decree: \_\_\_\_\_

Citizenship: \_\_\_\_\_ **Provide copies of any prior estate planning documents.**

**3. Marriage Information:**

Date: \_\_\_\_\_ Place: \_\_\_\_\_

**4. Your Children (including adopted):**

**A.** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**B.** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**C.** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**D.** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**E.** Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**5. Spouse's/Partner's Children (including adopted), if different from above:**

**A.** Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**B.** Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**C.** Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**D.** Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**E.** Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Disabled or W/Special Needs? : \_\_\_\_\_  
Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Children?: \_\_\_\_\_ Other Parent: \_\_\_\_\_

**6. Other Family Members:**

**A. Your Relatives:**

<u>Relation</u>	<u>Name</u>	<u>Address</u>	<u>Living?</u>	<u>Under 18?</u>
Mother	_____	_____	_____	_____
		_____		
Father	_____	_____	_____	_____
		_____		
Brother	_____	_____	_____	_____
		_____		
Brother	_____	_____	_____	_____
		_____		
Brother	_____	_____	_____	_____
		_____		
Sister	_____	_____	_____	_____
		_____		
Sister	_____	_____	_____	_____
		_____		
Sister	_____	_____	_____	_____
		_____		

**B. Your Spouse's/Partner's Relatives:**

<u>Relation</u>	<u>Name</u>	<u>Address</u>	<u>Living?</u>	<u>Under 18?</u>
Mother	_____	_____	_____	_____
		_____		
Father	_____	_____	_____	_____
		_____		
Brother	_____	_____	_____	_____
		_____		
Brother	_____	_____	_____	_____
		_____		
Brother	_____	_____	_____	_____
		_____		
Sister	_____	_____	_____	_____
		_____		
Sister	_____	_____	_____	_____
		_____		



**7. Power of Attorney:**

**A.** If you were to become incapacitated for any reason, is there someone whom you would like to have appointed to control your business and financial interests, e.g. bill paying, rent collecting, dealing with insurance, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please state whom you would like to have appointed:

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If the above person is unable or unwilling to serve for any reason, whom would you like to have appointed instead?

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**B.** If your spouse/partner were to become incapacitated for any reason, is there someone whom he/she would like to have appointed to control his/her business and financial interests, e.g. bill paying, rent collecting, dealing with insurance, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please state whom your spouse/partner would like to have appointed:

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If the above person is unable or unwilling to serve for any reason, whom would you like to have appointed instead?

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**8. Health Care Proxy:**

A. If you should become incapacitated for any reason, is there someone whom you would like to have appointed to control your medical affairs/decisions, e.g. dealing with physicians, making treatment decisions, deciding visitor access, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_. If yes, please state whom you would like to have appointed:

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If the above person is unable or unwilling to serve for any reason, whom would you like to have appointed instead?

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If your condition is terminal and you can not communicate with your doctors, please mark below the procedures which you would not want performed on you:

- Cardiopulmonary resuscitation
- Major surgery
- Radiation
- 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 listed above, leave those blank for now and ask your physician to explain them to you.

Would you like your physician and/or your agent to authorize pain-relieving medications, e.g. morphine, even if they hasten, but do not intentionally cause, your death? YES \_\_\_\_\_ NO \_\_\_\_\_.

If you wish to include a statement in your Health Care Proxy explaining your views and desires regarding treatments, please do so below?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B.** If your spouse/partner were to become incapacitated for any reason, is there someone whom he/she would like to have appointed to control his/her medical affairs/decisions, e.g. dealing with physicians, making treatment decisions, deciding visitor access, etc.? YES \_\_\_ NO \_\_\_\_\_. If yes, please state whom your spouse/partner would like to have appointed:

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If the above person is unable or unwilling to serve for any reason, whom would your spouse/partner like to have appointed instead?

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

The rest of this page should be completed by your spouse/partner.

If your condition is terminal and you can not communicate with your doctors, please mark below the procedures which you would not want performed on you:

- Cardiopulmonary resuscitation
- Major surgery
- Radiation
- 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 listed above, leave those blank for now and ask your physician to explain them to you.

Would you like your physician and/or your agent to authorize pain-relieving medications, e.g. morphine, even if they hasten, but do not intentionally cause, your death? YES \_\_\_\_\_ NO \_\_\_\_.

If you wish to include a statement in your Health Care Proxy explaining your views and desires regarding treatments, please do so below?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Executor/Executrix of the Will**

The executor is the person whom you name in your Will as having the power and authority to carry out your wishes regarding the distribution of your property, paying your debts with your money, filing your tax returns and handling other administrative matters.

**A. Your Will:**

Executor's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternate Executor's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

**B. Your Spouse's/Partner's Will:**

Executor's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternate Executor's Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

**11. Guardianship/Trusteeship of Children**

**A.** If you have children under 18 years of age, then you should designate a person and an alternate to serve as the child(ren)'s guardian. This person will oversee the child(ren)'s welfare.

Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternate Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

**B.** If you have children under 18 years of age, also designate a person and an alternate to serve as the trustee(s) for the child(ren)'s property, because children under 18 years of age can not directly inherit property.

Trustee's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Alternate Trustee's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_



**13. Directive As To Remains:**

If you wish to specify what happens to your body upon your death, please state those wishes here. This may include granting permission to have an autopsy performed, having your body cremated or buried, donating organs or any other particular funeral requests which you have.

**A. Your Wishes:**

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**B. Your Spouse's/Partner's Wishes:**

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**14.** List all prior marriages of yourself and your present spouse/partner. (Include names of all prior spouses of each, how, when and where prior marriages terminated, and provide copies of relevant court orders and separation agreements.)

**Self:** \_\_\_\_\_

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**Spouse:** \_\_\_\_\_

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**15.** What is the extent of anticipated inheritances?

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**Stocks and Bonds:**

<u>Type/Name of Stock or Bond</u>	<u># of shares</u>	<u>In Whose Name</u>	<u>Present Value</u>	<u>Basis</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Miscellaneous Property (Patents, Trademarks, Copyrights, etc.)**

<u>Type of Property/Investment</u>	<u>In Whose Name</u>	<u>Present Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Personal Property Worth Over \$200 (Automobiles, Jewelry, Art, Etc.)**

<u>Type of Property</u>	<u>In Whose Name</u>	<u>Present Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Business Interests (Sole Proprietorships, Corps, Partnerships, Etc.)**

<u>Type of Business Interest</u>	<u>In Whose Name</u>	<u>Present Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Money Owed to You or Spouse**

<u>Reason You Are Owed Money</u>	<u>To Whom</u>	<u>By Whom</u>	<u>Amount Owed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**19. Gifts**

If you or your spouse have made any gifts worth more than \$10,000 in the past or placed any property worth more than \$20,000 in joint names with someone other than a spouse, please provide the details of each such occurrence here:

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**20. Trusts**

If you are a beneficiary under any trust please provide the details here: \_\_\_\_\_

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**21. Power Of Appointment**

If you possess any powers of appointment or powers to allocate property pursuant to a trust, please provide the details here: \_\_\_\_\_

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