



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: \_\_\_\_\_

**3. 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	_____	_____	_____	_____

C. Grandchildren

<u>Name</u>	<u>Parent (Your Child)</u>	<u>Address</u>	<u>Living?</u>	<u>Under 18?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. **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: \_\_\_\_\_

5. **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 cannot 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?

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**6. 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.

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

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

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

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

**7. 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 cannot directly inherit property.

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

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

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

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



12. **Assets:** Estimate the value of each of the following items of property. If any item is located outside of Massachusetts, indicate where such item is located and if necessary give details on a separate sheet.

**Real Property:**

A. Location: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Present Fair Market Value: \_\_\_\_\_

How is the Title Held (Husband and Wife/Joint/Tenants in Common): \_\_\_\_\_

B. Location: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Present Fair Market Value: \_\_\_\_\_

How is the Title Held (Husband and Wife/Joint/Tenants in Common): \_\_\_\_\_

C. Location: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Mortgage Balance: \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_

Present Fair Market Value: \_\_\_\_\_

How is the Title Held (Husband and Wife/Joint/Tenants in Common): \_\_\_\_\_

**Cash:** Amount: \_\_\_\_\_

**Bank Accounts (Savings, Checking, CD's, etc.):**

<u>Bank/Account #</u>	<u>In Whose Name</u>	<u>Current Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Retirement Funds (Pension, IRA, 401(K), etc.)**

<u>Holder</u>	<u>Account #</u>	<u>Designated Beneficiaries</u>	<u>Current Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**13. Insurance:**

**A. Life Insurance for You or Children:**

<u>Insured</u>	<u>Company</u>	<u>Value</u>	<u>Type</u>	<u>Owner</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**B. Loans Against Life Insurance:**

	<u>Current Loan Amt</u>	<u>Premium Amt</u>	<u>Who Pays Premium</u>	<u>Cash Value</u>
Policy #1	_____	_____	_____	_____
Policy #2	_____	_____	_____	_____
Policy #3	_____	_____	_____	_____
Policy #4	_____	_____	_____	_____
Policy #5	_____	_____	_____	_____

**C. Other Insurance (Including Medical Insurance & Disability Insurance)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**14. Debts and Obligations**

<u>Owed to Whom</u>	<u>Amount</u>	<u>Repayment Terms</u>	<u>Secured by any Assets?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**15. Gifts**

If you 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**16. Trusts**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. Power of Appointment**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_