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**ESTATE PLANNING FOR SINGLE INDIVIDUAL**

Please complete the following questionnaire to the best of your abilities. This information is most helpful to us so that we may properly plan for you and it will be held in the strictest confidence. We will review this information at our meeting.

**COMPLETE THE QUESTIONS THAT APPLY TO YOUR SITUATION.**

**A. PERSONAL INFORMATION**

Client Name: \_\_\_\_\_

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

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

\_\_\_\_\_

Contact: Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Military Service: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Status of Health: \_\_\_\_\_

\_\_\_\_\_

Client's Objectives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: Please bring the following Documents to our meeting, if available and applicable:

- (a) Will(s)
- (b) Durable Power(s) of Attorney
- (c) Deed to residence
- (d) Last two years tax returns
- (e) Life and health insurance policies
- (f) Any other documents or information you deem relevant.

**B. MARITAL INFORMATION**

Have you been married previously? \_\_\_\_\_

If yes, give each prior spouse's name and address, date of death, or divorce from prior spouse; the title, location, and case number of probate or divorce court:

\_\_\_\_\_  
\_\_\_\_\_

**C. CHILDREN AND GRANDCHILDREN**

Children (living and deceased). Indicate if adopted, and give the date adopted and the court granting adoption order. (Indicate if deceased by putting "D" and give date of death next to name.) Please indicate whether any deceased child left any surviving children.

Name                      Address                                      Birthdate                      Spouse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note and complete on back if more than four children)

Please list names and relationship of grandchildren, parents, brothers, sisters, grandparents, nieces, nephews, cousins, and other persons if relevant to specific bequeaths. Note if any of those listed are dependent on you for support.

\_\_\_\_\_  
\_\_\_\_\_

**D. GENERAL INFORMATION**

Do you receive Social Security? \_\_\_\_\_

Are you self-employed? \_\_\_\_\_

Have you ever been appointed to a fiduciary status executor, trustee, attorney-in-fact, etc.) under any legal documents \_\_\_\_\_

If so, please describe said documents \_\_\_\_\_

\_\_\_\_\_

Are you involved in a lawsuit? \_\_\_\_\_

If so, please explain \_\_\_\_\_

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Do any family members require special attention? (Explain; use back page, if necessary). Think, for example, about their health and general financial status, including needs and prospects.

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Is anyone in your family receiving or likely to receive governmental benefits other than a retirement pension? If so, whom and for what condition?

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Other than as described above, is anyone at risk because of medical condition or family history for becoming seriously ill disabled? If so, whom and for what condition?

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If you were in the hospital and unable to make decisions for yourself, with whom would you want your doctor to consult with about your care (at least two persons in priority order):

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If you were unable to carry out your financial business, whom would you trust and want to pay bills, make investment decisions and carry out other transactions for you (Either jointly or in order of priority if more than one)

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**E. HEALTH CARE INFORMATION**

Do you have: Medicare: Part A \_\_\_\_\_ Part B \_\_\_\_\_ HMO \_\_\_\_\_

Supplemental Insurance? If so, what? \_\_\_\_\_

Long Term Care Insurance? If so, what? \_\_\_\_\_

Do you receive Medicaid Benefits? \_\_\_\_\_

Do you receive Veterans Benefits? \_\_\_\_\_ What? \_\_\_\_\_

**F. DOCUMENTS**

Do you have a will? \_\_\_\_\_

Date of will? \_\_\_\_\_

Date of last review? \_\_\_\_\_

Do you have a Durable Power of Attorney? \_\_\_\_\_

Do you have a Health Care Proxy? \_\_\_\_\_

Do you have a Living Will? \_\_\_\_\_

Do you have a Living, Revocable, or Other Trust? \_\_\_\_\_

**G. Assets and Liabilities** (Fill in current fair market value of your assets)

**1. Real Estate Assets:**

Owner	Location	Estimated Value	Mortgage Balance	Cost Basis
_____	_____	\$_____	\$_____	\$_____
_____	_____	\$_____	\$_____	\$_____

\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

Do you receive a senior citizen's tax reduction on your residence? \_\_\_\_\_

How much do you pay each year in real estate taxes? \_\_\_\_\_

**2. Cash, Bank Accounts, Certificates of Deposit and Savings Bonds**

Description	Amount
Cash (if more than \$5,000.)	
_____	\$_____

Checking Accounts (additional on back)	
_____	\$_____
_____	\$_____
_____	\$_____

Savings Accounts (additional on back)	
_____	\$_____
_____	\$_____

Certificates of Deposit

Description	Maturity Date	Amount
_____	_____	\$_____
_____	_____	\$_____

**3. Stocks and Bonds (additional on back)**

Description	Amount
(a) Individually Held (not in a fund or brokerage account)	
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____

(b) Brokerage Account Stocks and Bonds (Broker and Account Number)	
_____	\$_____
_____	\$_____

(c) Mutual Funds (Bank or Broker and Account Number)

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

(d) Savings Bonds

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**4. Life Insurance**

Company	Face Amount	Cash Value	Insured	Beneficiary(s)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. Retirement Benefits**

	Beneficiary	Value
(a) Pension		
	_____	\$ _____
	_____	\$ _____

(a) Keough		
	_____	\$ _____
	_____	\$ _____

(c) IRA, 401K, etc. Accounts		
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

**6. Mortgages, Notes and Annuities**

Description	Beneficiary	Value
_____	_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_

**7. Tangible Personal Property**

(a) Home Furnishings (Items valued at more than \$10,000. each)

Location	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

(b) Automobiles (Valued at more than \$10,000. each)

Model and Year	Value
_____	\$ _____
_____	\$ _____

(c) Jewels and/or Furs (Items valued at more than \$10,000. each)

Location	Value
_____	\$ _____
_____	\$ _____

(d) Other (Collections, etc. valued at more than \$10,000. each)

Description	Value
_____	\$ _____
_____	\$ _____

(e) Safe Deposit Boxes?

Location of Box	Contents	Location of Key	Estimated Value of Contents (if not described elsewhere)
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**8. Business Interest(s)** (not described elsewhere)

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**9. Miscellaneous** (not described elsewhere)

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**H. LIABILITIES:** (Debt owed by you, contractual and leasehold obligations, pending lawsuits and claims, etc.)

Description	Name of Debtor	Amount	When Due
Notes and accounts payable by you	_____	_____	_____
Loans on insurance policies	_____	_____	_____
Unsecured Promissory Notes	_____	_____	_____
General Obligations	_____	_____	_____
Other	_____	_____	_____
Home Mortgage	_____	_____	_____
Other Mortgages	_____	_____	_____
Total Liabilities	_____	_____	_____

**L. SUMMARY OF ASSETS AND LIABILITIES**

**ASSETS:**

1. Real Estate.....\_\_\_\_\_

- 2. Cash (Average Balance) \_\_\_\_\_
    - A. Checking Accounts \_\_\_\_\_
    - B. Savings Accounts \_\_\_\_\_
    - C. Certificate of Deposit \_\_\_\_\_
    - D. Savings Bonds \_\_\_\_\_
  - 3. Stocks & Bonds \_\_\_\_\_
    - A. Individually \_\_\_\_\_
    - B. Brokerage \_\_\_\_\_
    - C. Mutual Funds \_\_\_\_\_
  - 4. Life Insurance \_\_\_\_\_
  - 5. Retirement Benefits \_\_\_\_\_
    - A. Pension \_\_\_\_\_
    - B. Keogh \_\_\_\_\_
    - C. IRA Accounts \_\_\_\_\_
  - 6. Mortgages, Notes & Annuities \_\_\_\_\_
  - 7. Personal Property \_\_\_\_\_
  - 8. Miscellaneous \_\_\_\_\_
- Total Assets: \_\_\_\_\_

LIABILITIES:

- 1. Debts \_\_\_\_\_
  - 2. Mortgage Payables \_\_\_\_\_
- Total Liabilities: \_\_\_\_\_

NET WORTH: \_\_\_\_\_