



LEGAL COUNSEL  
ADVOCATE  
MEDIATOR

**WILL QUESTIONNAIRE**

DATE: \_\_\_\_\_ YOUR NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE # (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_ (CELL): \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ BIRTHDAY AND PLACE: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE AND PLACE OF MARRIAGE: \_\_\_\_\_ SPOUSE'S S.S # \_\_\_\_\_

**CHILDREN:**

<u>NAME</u>	<u>ADDRESS</u>	<u>D/O/B</u>	<u>MARRIED/SINGLE/DIVORCED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**GRANDCHILDREN:**

<u>NAME</u>	<u>THEIR PARENTS</u>	<u>D/O/B</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any of your children are under the age of 18, you should name a **Guardian Ad Litem** to be responsible for their care. The person you would name is: \_\_\_\_\_ of \_\_\_\_\_ and if he/she cannot serve, then the alternate would be \_\_\_\_\_ of \_\_\_\_\_.

If any of your children are under the age of 18, you should name a **Trustee or Co-Trustees** to be responsible for the assets of the children, including those received by inheritance. The person(s) or institution(s) you would name is: \_\_\_\_\_ . If a successor is needed, it would be: \_\_\_\_\_.

Are any of these children from a prior marriage? \_\_\_\_\_

**CHILDREN'S SPOUSES:**

<u>NAME</u>
_____
_____
_____

**HUSBAND'S PARENTS/BROTHERS/SISTERS/OTHERS:**

<u>NAME</u>	<u>D/O/B</u>	<u>ADDRESS (city/state)</u>	<u>RELATIONSHIP</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**WIFE'S PARENTS/BROTHERS/SISTERS/OTHERS:**

NAME	D/O/B	ADDRESS (city/state)	RELATIONSHIP

**EXECUTOR:** \_\_\_\_\_

Have there been any divorces, adoptions or persons married more than once in your family? If so, provide names and identify.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ASSETS:**

**A. REAL PROPERTY / TIMESHARES:**

Property	Cost	Present Value	Mortgages	Equity	Title held as

**B. PERSONAL PROPERTY:** Please indicate how it is owned (singly, joint tenancies, etc.)

1.. TANGIBLE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. INTANGIBLES:

Bank / Broker / Type of Security /Amount	Account Type (savings, checking, IRA etc.) & Number	Amount / Title held as

3.. LIFE / DISABILITY INSURANCE

Insurance Company	Type / Beneficiary	Face Amount & Cash Value

4. OTHER (Retirement/ IRA/401(k), Keogh, Annuities, SEP) : \_\_\_\_\_

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5. POWERS OF APPOINTMENT OVER FAMILY TRUSTS: \_\_\_\_\_

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6. PROBABLE INHERITANCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. ANY HISTORY OF TAXABLE GIFTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. SPOUSE'S ASSETS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a Health Care Power of Attorney?

**Advisors**

NAME

ADDRESS/PHONE #

Accountant:

Life Insurance:

Banker(s):

Broker:

**ESTATE PLANNING OBJECTIVES:**

A. Explain generally how and to whom you want your assets distributed upon your death.

- B. If you and your spouse both die prematurely, at what age (or ages) should your children receive outright distributions(s) of your property?*
- C. Describe any special educational, medical or financial needs of family members.*
- D. Have you made any large gifts (over \$10,000 until 2002 and over \$11,000 in 2002) to any person in one year? Furnish details.*
- E. If none of your children or other offspring are living at the time of your death and your spouse's death, who does your estate go to? Your family/spouse's family/half to each family/charitable institution/elsewhere?*
- F. Do you live in Rhode Island all year? If not, where else do you reside and for what periods?*
- G. Do you wish to make any special bequests of cash, personal property etc? If so, please describe.*
- H. Do you wish to leave any special bequest to your church or synagogue or any other charitable institution? If so, furnish details.*
- I. Do you keep a safe deposit box? If so, please identify.*

**ANNUAL INCOME DATA:**

<i>SOURCE</i>	<i>SELF</i>	<i>SPOUSE</i>
<i>Wages/Salary</i>	\$	\$
<i>Dividends</i>		
<i>Interest</i>		
<i>Trusts/Estates</i>		
<i>Partnerships</i>		
<i>Consultant's fees</i>		
<i>Rents</i>		
<i>Other (specify)</i>		

**CLOSELY HELD BUSINESS INTERESTS:**

NAME: \_\_\_\_\_ PERCENTAGE OWNED: \_\_\_\_\_

TYPE OF ENTITY: (corporation, LLC, etc.) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

YOUR ESTIMATE OF FAIR MARKET VALUE OF YOUR INTEREST: \_\_\_\_\_

YOUR TAX BASIS FOR YOUR INTEREST: \_\_\_\_\_

DO YOU HAVE ANY PLANS TO DISPOSE OF THE BUSINESS INTEREST DURING YOUR LIFETIME? IF SO, DESCRIBE.

WHAT ARE YOUR WISHES AS TO THE DISPOSITION OF THE OWNERSHIP INTEREST UPON YOUR DEATH?

1. TRANSFER TO FAMILY:
2. SALE TO CO-OWNER:
3. SALE TO KEY EMPLOYEE(S):
4. OTHER:

IS THERE A BUY-SELL AGREEMENT? IF SO, PLEASE PROVIDE A COPY.