FORMAN, MANNARINI LAW GROUP

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WHAT QUESTIONS TO EXPECT AT AN INITIAL INTERVIEW

Thank you for scheduling an appointment with our firm. We look forward to assisting you with your estate planning needs. The below questionnaire is an outline of the information we will be gathering at your initial consultation. Please complete this questionnaire and return to our office at least one week prior to our meeting.

Please bring copies of any real estate deeds and existing estate planning documents, if applicable.

How were you referred to the firm?

CONTACT INFORMATION

1. What is/are the client's **legal name(s) (include Sr., Jr., III, etc)?**
   • Do you have any nickname(s) or also known as (a/k/a) names?
   Client 1 Client 2

2. What is/are the client's date(s) of birth?
   Client 1 Client 2

3. Are you married?
   If married, how long have you been married?

4. What are the client's **home, work and cell phone number(s)**?

5. What are your personal/private **email address(es)**?

6. What is your preferred method of contact?

7. Are you a U.S. Citizen(s)?

8. What is your legal address?

• If you have homes in multiple states, which state are you a resident of?

FAMILY

9. Do you have any children?
If so, what are **their names, addresses (city/state) and ages**?

10. Do either one of you have children from outside the marriage?
If so, what are their **names, addresses (city/state) and ages**?

11. What is the name of their other parent?

12. What is the marital status of each child (single, married, widowed, divorced)?

13. If married or divorced, what is the name of spouse or ex-spouse?

14. Was that spouse previously married? Does that spouse have any children from the prior marriage(s) or relationships?

15. Do you have any children who are deceased?

16. Do any of your children have children (your grandchildren)? If so, what are their **names and ages**?

MILITARY SERVICE

17. Are you currently serving or are you a veteran of the U.S. Armed Forces?
If so, how many years did you serve?

18. During your time in service were you active duty or reserve?

19. Did you serve during wartime (even if you were not deployed to a warzone)?
If you served during wartime, how much of that time was spent stationed in the country where the war took place?

20. Were you injured during service? If so, what is your disability rating (%)?

21. Were you honorably discharged?

ASSETS

22. Do you own real estate? (If yes, please provide us with copies of the deed(s))

23. What are the addresses (including timeshares)?

24. Whose name(s) are they titled in?

25. What is the approximate value and approximate debt against it, if any?

26. If you are a Massachusetts resident, have you filed Homestead?

27. List all qualified assets, the type (401(k), 403(b), IRA, Roth IRA, SEP IRA, TSP, 457, HSA, qualified annuity, etc.) and who owns it along with the approximate value, as well as the current first and second beneficiaries.

28. List all non-qualified assets, the type (bank accounts, stocks, bonds, mutual funds, treasury bills, corporate bonds, savings bonds, CD's, bank money market, brokerage money market, REIT, etc.) and who owns it, along with the approximate value.

29. List all life insurance policies, the owner, the death benefit, the cash value, the current first and second beneficiaries, along with the type of policy (whole, term, group term at work, VUL, UL, etc.).

30. Do you have personal umbrella insurance and if so, what is the amount of coverage?

31. Do you have long term care insurance?
    If so, with which company and what is the amount of coverage?

32. Do you hold any stock options?
    If so, what is the approximate value of vested and non-vested options comparing the exercise price to fair market value?

33. List the value of all vehicles, boats, campers, RV's and the approximate debt against each, if any.

34. Estimate (without listing) the liquidation value (not replacement cost) of all personal effects (antiques, jewelry, art, coins, guns, stamps, other collectibles, electronics, etc.).

BUSINESS INFORMATION

35. Do you own a business?

- If so, what is the name of the business and in what state is it incorporated?

- What is the percentage of ownership, the legal structure (corp., LLC, LP, partnership, sole proprietorship and its state of incorporation or formation), what the business does and its approximate value?

- Also, is there a child or key employee or other succession plan or goal?

- Is there a buy/sell agreement in place for after your death?

36. Are you owed any money (notes or mortgages from assets sold or a note from a business? If so, please provide a copy of the note and any mortgage or security agreement.

37. Do you have rental or commercial property?

- Do you have commercial umbrella insurance?
- If so, what is the amount of coverage?
- Is your name on the policy as additional insured?

38. Do you require the tenants to carry liability insurance?

ESTATE PLANNING

39. Do you have any existing estate planning documents?
IF YES, PLEASE PROVIDE COPIES WITH QUESTIONNAIRE

40. Are you seeking estate planning based on a specific health concern?

41. If married, do you have pre-nuptial agreement?

42. Have either of been married previously?

43. Are there any financial or support obligations under a divorce (such as alimony or child support)?

44. Are there any requirements to maintain insurance or anything else in your estate plan?

45. Do any of your intended beneficiaries have any special needs or disabilities that may affect how you leave them money?

46. Are there any social issues that might affect a decision to leave assets to any beneficiary (spending, gambling, substance abuse, potential divorce or marital issue, other liability issues, etc.)?

47. Are there any charities, religious organizations or other people who will be receiving assets under the estate? If so, what is the **name of the organization and what is the city and state in which they are located**?

48. Are you earmarking how those funds are to be used?

49. Do any of your intended beneficiaries owe you money or do you otherwise want to offset a beneficiary's inheritance because of money spent on that beneficiary?

50. Do you expect to inherit any money in excess of $100k?
    - If so, what is the amount?

HEALTH CARE

51. Who are your **first, second and third** choice (**names and city/state of residence**) to make medical decisions for you, if you become unable?

1.

2.

3.

52. If you want to name people who are currently minors, at what age would they act?

53. If you have any children who require guardianship, who are your **first, second and third** choices (**names and city/state of residence**) for **guardians**?

1.

2.

3.

54. Do you have doctors in other states? Where?

55. Do you have any specific requests regarding health care, end of life care, funeral, burial arrangements, organ donation, etc.?

FINANCIAL PLANS

56. Who are your **first, second and third choices** (**names and city/state of residence**) to make financial decisions for you, if you become unable?

1.

2.

3.

57. If you want to name people who are currently minors, at what age would they act?

58. Is it automatic at the chosen age or do the people named ahead of them decide that they are eligible to act?

59. Who do you want your things to pass to at your death?

60. If to your children or other group, is it equally or otherwise?

61. At what age or ages do you want the beneficiary to receive funds outright?

62. What would you like to happen to the asset if a beneficiary dies before you?

Thank you again for choosing us to assist you with your estate planning needs. We look forward to working with you and your family. Please remember that we are available for any questions or concerns which you and your family might have.

Please also consider reviewing and printing our Estate Planning Workbook. These documents lay out important information that your loved ones may need to know, now or upon your death.

Warmest regards from all of us at Forman, Mannarini Law Group

Fred, Jeff, Claire, Zach,
Karen, Dori, Cassie,
Kimberly, Adam & Riley