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(Revised 02-2020)

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**ESTATE PLANNING INVENTORY  
BASIC INFORMATION**

Today's Date: \_\_\_\_\_

	YOU		SPOUSE/SIGNIFICANT OTHER/JOINT OWNER (If applicable – please specify relationship)
<b>Full Name</b>			
<b>Other Names Used</b>			
<b>Email Address</b>			
<b>Home Address</b>			
<b>Social Security Number</b>			
<b>Home Phone / Cell Phone (specify)</b>			
<b>Occupation / Business</b>			
<b>Business Name &amp; Address</b>			
<b>Date of Birth</b>			
<b>U.S. Citizen?</b>	Yes or No		Yes or No
<b>PRIOR MARRIAGES?</b>	Yes or No		Yes or No
<i>(if Yes, indicate name of former spouse and how &amp; when marriage was terminated)</i>			
<b>CHILDREN</b>	<b>NAME &amp; GENDER</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS (if different)</b>
<i>Please note if any child(ren) are adopted or stepchildren, or from a previous relationship or marriage. Note if child is married.</i>			

Do you have any particular concerns about any of your children that may impact your estate planning? If so, please indicate which child(ren) and we can discuss when we meet.

	NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS
<b>OTHER BENEFICIARIES</b> <i>Include parents, grandchildren, siblings other relatives or any others you or your spouse might desire to benefit</i>				

**-- FINANCIAL INFORMATION --**

Please complete this section by estimating the fair market value of the assets and liabilities listed below. If assets are owned jointly with anyone other than spouse, note that as well. With respect to real property, attach or bring to our meeting a copy of the deed by which you have title, if it is readily available.

ASSETS	YOU	SPOUSE/Other	JOINT
Primary Residence Value			
Outstanding Mortgage Amount			
Real Property Address and Value			
Other Real Property Address and Value			
Outstanding Mortgage Amount			

*For the following assets please provide the following information:* If necessary, please list on separate page(s).

ASSETS CONT'D	Institution Where Held	Type of Account	How Owned	Approximate Value
<b>Bank Accounts</b> <i>Include checking &amp; savings accounts – list each separately</i>	1.			
	2.			
	3.			
	4.			
<b>Certificates of Deposit</b>	1.			
	2.			
	3.			
	4.			

ASSETS CONT'D	Where Held	Type of Account	Whose Name	Approximate Value
<b>Stocks, Bonds, Mutual Funds</b>	1.			
	2.			
	3.			
	4.			
	5.			
		Whose Name	Primary & Contingent Beneficiary	Approximate Value
<b>IRAs and other Retirement Benefits</b> Note owner and beneficiary.	1.			
	2.			
	3.			
	4.			
	Business Name	Business Type	How Owned	Value of Ownership
<b>Business Interests</b> <i>Indicate type, how owned, e.g. C-corp., partnership, etc.</i>				
Tangible Property <i>Autos, jewelry, artwork, etc.</i>				
<b>TOTAL ASSETS</b>				\$

**LIFE INSURANCE**

*Include where you or your spouse is insured, owner or beneficiary*

FACE AMOUNT & TYPE e.g., whole life, term	Company, Value	Insured	Owner	Primary Beneficiary	Contingent Beneficiary
<b>TOTAL ASSETS</b>	\$				

**SECTION 529 COLLEGE SAVINGS PLAN** (Any 529 Plan on which you or spouse is owner or beneficiary)

Owner	Beneficiary	Successor Owner	State	Amount

**LONG TERM CARE INSURANCE:**

Policy Owner	Carrier	Disqual. Period	Lifetime Benefit	Inflation Rider?

LIABILITIES	YOU	SPOUSE/Other	JOINT
<b>Real Estate Mortgages:</b> (Include HELOC) <b>PLEASE PROVIDE FULL ADDRESS.</b>  PRIMARY RESIDENCE:  SECOND HOME:			
<b>Loans:</b> (Specify Type) Auto, Educational, etc.			
<b>Other Liabilities:</b>			
<b>TOTAL LIABILITIES</b>	\$	\$	\$

**EXPECTED INHERITANCES:** Do you (or your spouse) expect to be the beneficiary of any significant inheritance?

*Specify expected form of inheritance, e.g., generation-skipping trust, life insurance trust, etc.*

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**Are you or your spouse beneficiaries or trustees of any pre-existing trust?** If beneficiaries, indicate nature of interest, e.g., life interest, power of appointment, if known. Provide copy of document, if available.

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**Do you have a safe deposit box and if so, where is it located and who are signatories? Do you have a safe or strongbox at home?**

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**ESTATE PLANNING PROVISIONS:**

*Please consider and discuss who you would like to administer your estate and care for your minor or disabled children.*

*We will talk about the various considerations at our first meeting.*

		<b>YOU</b>	<b>SPOUSE</b>
<p><b>PERSONAL REPRESENTATIVE:</b> This is the person or persons who will administer your Will, usually in consultation with an</p>	<p><b><u>Primary:</u></b> Name:</p>		
<p>attorney. For married couples, it is usually the surviving spouse first, then another responsible adult as backup.</p>	<p>Address and Cell Phone No.:</p>		
	<p><b><u>Secondary:</u></b> Name:</p>		
	<p>Address and Cell Phone No.:</p>		

<b>GUARDIANS:</b> (For minor children)	<b><u>Primary:</u></b> Name:		
	Address and Cell Phone No.:		
	<b><u>Secondary:</u></b> Name:		
	Address and Cell Phone No.:		

**Will your choice of Guardian be affected by the marriage, divorce, remarriage or relocation of the persons named?**

If so, please explain:

**For most “Living Trusts”, the donor of the trust and his or her spouse, if married, are initial trustees. In all cases, there should be one additional successor. If you plan to set up trusts, whom do you plan to name as successor trustee(s)?** *The trustee(s) may be an individual or individuals known to you or you may prefer a professional trustee such as a bank or trust company. We can discuss these options at our initial meeting.*

		<b>YOU</b>	<b>SPOUSE</b>
<b>TRUSTEES:</b>	<b><u>Primary:</u></b> Name:		
	Address and Cell Phone No.:		
	<b><u>Secondary:</u></b> Name:		
	Address:		

**DISPOSITION OF ESTATE:****Previous Estate Plans**

Have you (or your spouse) ever drawn up a Will or other estate planning documents? If yes, please provide a copy attached to this questionnaire or bring to our initial meeting.

**General Disposition**

What are your general wishes as to the disposition of your estate? We will discuss these in depth at our meeting.

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If you have grandchildren, do you want to set aside an amount or percentage for them?

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**GIFTS:****Specific Gifts**

Please list any others, not named above, including charities, that you may want to include in your estate plan.

NAME OF RECIPIENT	RELATIONSHIP	ADDRESS

**Previous Gifts**

Please list all gifts made over \$14,000 to any one person in any calendar year, not including gifts to charity. Include the recipient of any such gift, the nature of the gift and its value, and the date the gift was made. Please indicate whether you have ever filed a gift tax return.

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**OTHER CONSIDERATIONS, E.G. CHARITABLE GIVING:**

Are there any charities that you would like to provide for in your estate plan? Under what conditions would you wish to make charitable contributions? e.g. If kids are over 25, if estate exceeds certain amount, upon second spouse's death, etc.?

If so, please list and provide address.

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**OTHER ESTATE PLANNING DOCUMENTS:**

A Power of Attorney and a Health Care Proxy are important documents in planning for incapacity and are included in all estate planning packages.

<b>POWER OF ATTORNEY:</b>	<b>YOU</b>	<b>SPOUSE</b>
Have you or your spouse ever given a power of attorney to another?		
If so, to whom and when?		
Is it still in effect?		
Name "attorney-in-fact" and backup with addresses. Typically, spouses name each other as primary and then name a backup.		
Primary Attorney-in-fact Name:		
Relationship:		
Address, City, State, Zip and Cell Phone No.:		
Backup Attorney-in-Fact Name:		
Relationship:		
Address, City, State, Zip and Cell Phone No.:		

**HEALTH CARE PROXY:**

Do you feel strongly about "right to die" and other end of life decisions? We offer two options: A Living Will, which is quite broad and a document called "Five Wishes" which is a much more detailed discussion of your wishes and meant to provide specific guidance for your family or other individual to whom you have entrusted health care related decisions.

	<b>YOU</b>	<b>SPOUSE</b>
Primary Health Care Agent:		
Name and Relationship:		
Address, City, State, Zip and Cell Phone No.:		
Secondary Health Care Agent:		
Name and Relationship:		
Address, City, State, Zip and Cell Phone No.:		