

HENEY & ASSOCIATES, LLC

ATTORNEYS AT LAW

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The following document is the Estate Planning Questionnaire used by our firm. All information you provide in this questionnaire will remain confidential. The following questions are designed to help you think about your goals and objectives with regard to planning your estate. The questions will help us identify the areas you wish to concentrate on, as well as serve for the backbone from which your plan will be developed.

If there are any questions on the pages that follow which you are uncomfortable answering, please leave them blank. However, the more information we have from you, the better able we will be to serve you, and determine which concepts are most appropriate. Some questions may not be applicable to you. Please mark those questions "N/A".

Once you have completed this questionnaire please mail it back to our Beverly office for review.

If you have any questions when completing this document please do not hesitate to contact us.

Heney & Associates

Estate Planning Questionnaire

Client _____

Date _____

PERSONAL INFORMATION

	NAME	CITIZENSHIP	DATE OF BIRTH
CLIENT	_____	_____	_____
SPOUSE	_____	_____	_____
CHILD1	_____	_____	_____
CHILD2	_____	_____	_____
CHILD3	_____	_____	_____
CHILD4	_____	_____	_____

If you have other dependants, please state their names and the nature of the relationship.

HOME ADDRESS:

Phone: _____

Fax: _____

Email: _____

Client Business Address:

Years at Employment: _____

Years to Retirement: _____

Phone: _____

Fax: _____

Email: _____

Spouse Business Address:

Years at Employment: _____

Years to Retirement: _____

Phone: _____

Fax: _____

Email: _____

Questions for Client:

Have you ever entered into a prenuptial or postnuptial agreement? _____
If so, please provide a copy of this/these document(s) to us.

Have you ever executed a will or trust? _____
If so, please provide a copy of this/these document(s) to us.

Have you ever executed a Durable Power of Attorney? _____
If so, please provide a copy of this/these document(s) to us.

Have you ever executed a Health Care Proxy or Health Care Directive? _____
If so, please provide a copy of this/these document(s) to us.

Questions for Spouse:

Have you ever entered into a prenuptial or postnuptial agreement? _____
If so, please provide a copy of this/these document(s) to us.

Have you ever executed a will or trust? _____
If so, please provide a copy of this/these document(s) to us.

Have you ever executed a Durable Power of Attorney? _____
If so, please provide a copy of this/these document(s) to us.

Have you ever executed a Health Care Proxy or Health Care Directive? _____
If so, please provide a copy of this/these document(s) to us.

Questions for Both Client and Spouse:

Please state your parents' and siblings' names and indicate whether alive or deceased; indicate general health of living parent(s).

NAME	RELATIONSHIP	ALIVE / DECEASED

State whether or not you have a regular affiliation with a house of worship and if so, its name and town.

State if you have a regular physician and the date of your last check up. Please indicate the physician's name and address. State any physical disabilities or chronic conditions.

State if you are currently or have ever been treated for a mental disease or disorder. Please indicate the dates and the psychiatrist/psychologist/counselor's name and address.

Please state where you keep important documents including wills, tax returns, birth certificate, etc.

Please state succinctly your educational statistics, including the names of any and all schools attended by you and dates. This should include grammar, junior and senior high schools, college, graduate and postgraduate institutions.

	CLIENT	SPOUSE
HIGH SCHOOL		
COLLEGE		
POSTGRADUATE		
OTHER		

Please succinctly state any military history or federal civilian service if applicable, including branch of service, disabilities and any benefits currently due or anticipated.

Please state your marital history if applicable. Include age of current, former or deceased spouse, date and place of marriage, spouse's employment status and health. Give information for each marriage if more than one. When previous marriage was terminated, give the date and place of the termination describe the nature of the termination: death, divorce, annulment.

Family burial plot - if you have one, please state location and who holds title.

Safe deposit box - Please identify location, number and the individuals with access and location of key.

Are you a beneficiary of a trust? _____

Are you expecting a bequest under another's estate imminently? _____

If you have children under the age of 18, please consider the name(s) of persons whom you would nominate to be guardians upon the predecease of both parents. Your initial thoughts noted here can be discussed later.

Please consider the person(s) or institutions that you would select to be the personal representative (the executor) of your estate. This person need not be a lawyer and need not be a relative. You should feel comfortable with the executor knowing and becoming involved with the intimate details of your financial matters. You should trust the executor in dealing with household effects and possessions. Consider the age and health of the person. Nominees need not be asked for consent, although it is usually a good idea. List an alternative in case the primary predeceases or is unable or unwilling to act. Your initial thoughts noted here can be discussed later.

Consider the following wishes:

a. Funeral and burial instructions.

b. Power of attorney. If yes, whom? Alternate?

c. Health care proxy. If yes, whom? Alternate?

List any specific bequests of real estate, personal property, cash, etc. you wish to make, whether to individuals, organizations, or charities.

Do you have any other questions that have occurred to you during the preparation of this worksheet that you want to discuss prior to the drafting your estate planning documents?

Retirement Benefits:

Please use this section to list any retirement plans such as 401k, 403b, or IRAs.

Name	Owner	Primary Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please state whether you now receive Social Security Benefits and, if so, the basis for the benefits. _____

Are you currently withdrawing funds from any of the above retirement accounts and, if so, the basis for the benefits. _____

Life Insurance:

Please use this section to list all life insurance contracts currently in force.

Insurance on Client's Life

Type of Coverage	Owner	Beneficiary	Face Value
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Insurance on Spouse's Life

Type of Coverage	Owner	Beneficiary	Face Value
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Personal Property:

Please list any personal property of extraordinary value or property for which you plan to make specific designations upon your death.

Miscellaneous Assets:

Use the space provided to provide information for miscellaneous assets or assets not yet identified in this questionnaire. Examples of such assets would be, literary rights, patent rights, etc.

Liabilities:

Please indicate any liabilities, other than those disclosed previously in the real property section.
