Information Form for Meeting with Estate Planning Attorney

Leave blank what does not apply.
Type "same" to avoid giving identical information.

Personal Information

	You	Spouse/Partner
Full name:		
Home address:		
City, state, zip:		
County of residence:		
Home phone:		
Cell phone:		
Work phone:		
Date of birth:		
If deceased, date of death:		
Social security number:		
Employer:		
Retirement date:		
Veteran:	☐ Yes ☐ No	☐ Yes ☐ No
US citizen:	☐ Yes ☐ No	☐ Yes ☐ No
Email address:		

Family Information

Marriage

Date of marriage:

Pre or post marital agreement: Yes No

Children

1 First name: MI:

Last name:

Age:

Address:

City, state, zip:

Name of spouse/partner:

No. children: Ages:

2 First name: MI:

Last name:

Age:

Address:

City, state, zip:

Name of spouse/partner:

No. children: Ages:

3 First name: MI:

Last name:

Age:

Address:

City, state, zip:

Name of spouse/partner:

No. children: Ages:

4 First name: MI:

Last name:

Age:

Address:

City, state, zip:

Name of spouse/partner:

No. children: Ages:

Family Information, *continued*

Do you or your spouse/partner have any children by a previous marriage? Yes No

If yes, please explain:

Do you or your spouse/partner have children who died leaving children? Yes No

If yes, please explain:

Does anyone to whom you may be leaving part of your estate
require any help or protection in managing money or other property? Yes No

If yes, please explain:

Medical, Disability, and Benefits

Medical/Disability

Is anyone in your household disabled? Yes No

If yes, please explain:

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history? Yes No

If yes, please explain:

Public Benefits

Check what is applicable below:

- SSI Amount:
- Medicare
- Medicaid (e.g., MaineCare or other state Medicaid program)
- SSDI Amount:
- Section 8 Housing
- Food assistance/SNAP Amount:
- Veterans' benefits
- Other (please list below):

Physician Information

	You	Spouse/Partner
Name:		
Address:		
City, state, zip:		
Telephone:		
Medical group:		

Health Insurance

	You	Spouse/Partner
	Medicare	**Medicare**
Policy number:		
	Insurance from employer	**Insurance from employer**
Company:		
Policy number:		
	Medicare supplement	**Medicare supplement**
Company:		
Policy number:		
	Long-term care insurance	**Long-term care insurance**
Company:		
Policy number:		
	Other	**Other**
Company:		
Policy number:		

Helpers

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: (List in order of priority.)

1		2	
Name:		Name:	
Address:		Address:	
City, state, zip:		City, state, zip:	
Telephone:		Telephone:	

Financial Information

Real Estate

Description and location of property	Value	Mortgage	Price	In whose name?

Cash or Liquid Assets

Examples: bank accounts, CDs, brokerage accounts, stocks, corporate or US bonds

Description and location of property	Value	Mortgage	Price	In whose name?
Total				

Personal Property

Examples: autos, RVs, boats, antiques, heirlooms, jewelry, and collections

Description of property	Value	In whose name?

Business Interests

Do you or your spouse/partner have any interest in any business? Yes No
If yes, please explain:

Do you or your spouse/partner own any business real estate? Yes No
If yes, please explain:

Do you or your spouse/partner have any business liquid assets? Yes No
If yes, please explain:

Do you or your spouse/partner have any business liabilities? Yes No
If yes, please explain:

Monthly Income

	You	Spouse/Partner	Joint	Survivor benefit? If yes, state amount.
Social security:				
Employment:				
Pension from IRA, annuity, etc.:				
Rent:				
Business interest:				
Interest and dividends:				
Other:				
Total:				

Liabilities/Debts Owed

Examples: mortgages, notes to banks, notes to others, and loans on insurance

Description	Balance due	Monthly payment	Maturity date

Life Insurance

Whose life?:

Company:

Face value:

Cash value:

Policy number:

Yearly cost:

Beneficiary:

Are the owners of any policy different from the person whose life is insured? Yes No
If yes, please explain:

Other Property with Designated Beneficiaries

Do you have IRAs, vested pension plan, annuities, or other assets that would pass on your death to a particular beneficiary that you have designated? Yes No
If yes, please provide the following information:

Owner	Value	Description	Designated beneficiary

Do you or your spouse/partner expect an inheritance? Yes No
If yes, please explain:

Philanthropy

Please list the charitable organizations that are important to you and/or your spouse/partner that you would like to consider making a provision for in your estate plans.

Legal Papers

	Date Made	Location of Original
Last will and testament:		
Living trust:		
Durable power of attorney:		
Heath care power of attorney:		
Advance directive/living will:		

Miscellaneous

Do you have any financial obligations arising from the dissolution of a marriage or support actions? Yes No
If yes, please explain:

Do you have any financial obligations arising from a lawsuit or legal settlement? Yes No
If yes, please explain:

Are you a legally appointed guardian? Yes No
If yes, please explain:

Have you been appointed under a power of attorney? Yes No
If yes, please explain:

Do you currently serve as executor or administrator of an estate? Yes No
If yes, please explain:

Are you currently involved in a lawsuit? Yes No
If yes, please explain:

Do you have other legal concerns? Yes No
If yes, please explain:

Have you ever filed a gift tax return or given gifts greater than $10,000? Yes No
If yes, please explain:

Please bring the following documents (if you have them) with you to your meeting with the attorney:

1. Will, codicil, trust agreements
2. Real estate deeds, appraisals
3. Gift tax returns
4. Life insurance and annuity policies
5. Advance directive/living wills, health care declaration or power of attorney, durable powers of attorney
6. If not otherwise set forth in this questionnaire, a list of full names, addresses, and telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors.

Additional Information