

**Healey, Deshaies, Gagliardi & Woelfel, PC**  
**24 Market Street**  
**Amesbury, Massachusetts 01913**  
**978.388.1787**

**CONFIDENTIAL CLIENT DATA**

DATE: \_\_\_\_\_

**FAMILY AND OCCUPATIONAL DATA**

1. Please complete the following family data:

Spouse 1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Tel. \_\_\_\_\_

Name of Employer \_\_\_\_\_

Bus. Address \_\_\_\_\_

\_\_\_\_\_ Tel. \_\_\_\_\_

Occupation \_\_\_\_\_ SS# \_\_\_\_\_

Citizenship \_\_\_\_\_

Spouse 2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Tel. \_\_\_\_\_

Name of Employer \_\_\_\_\_

Bus. Address \_\_\_\_\_

\_\_\_\_\_ Tel. \_\_\_\_\_

Occupation \_\_\_\_\_ SS# \_\_\_\_\_

Citizenship \_\_\_\_\_

Children (1) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Children \_\_\_\_\_

Married      Single      Student

Address \_\_\_\_\_

Any special issues or problems relating to this child?

\_\_\_\_\_

(2) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Children \_\_\_\_\_

Married      Single      Student

Address \_\_\_\_\_

Any special issues or problems relating to this child?

\_\_\_\_\_

(3) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Children \_\_\_\_\_

Married      Single      Student

Address \_\_\_\_\_

Any special issues or problems relating to this child?

\_\_\_\_\_

2. Do you have any deceased children?

\_\_\_\_\_



9. Is any child or other dependent disabled or handicapped in any way?

\_\_\_\_\_

Do you have a parent or other dependent who has special needs or who should be considered in your estate plan?

\_\_\_\_\_

10. Generally, would you describe yourself as being in good or poor health? Are there any major problems that should be taken into account?

Spouse 1 \_\_\_\_\_

Spouse 2 \_\_\_\_\_

11. Do these matters affect your insurability?

Spouse 1 \_\_\_\_\_

Spouse 2 \_\_\_\_\_

12. Who is your family physician?

\_\_\_\_\_

Who is your medical specialist?

\_\_\_\_\_

**BUSINESS DATA:**

13. Do you operate a business or have an ownership interest in a business? If so, describe briefly.

Spouse 1 \_\_\_\_\_

Spouse 2 \_\_\_\_\_

A. Is this business a sub-chapter S corporation? \_\_\_\_\_

B. If the answer to 13.A. is yes, then list all of the shareholders.

\_\_\_\_\_  
\_\_\_\_\_

C. Is there a Buy-Sell Agreement in place? \_\_\_\_\_

**FINANCIAL DATA:**

14. Do you have an accountant who prepares your tax returns?

\_\_\_\_\_

What is your major banking affiliation?

\_\_\_\_\_

Do you have an investment counselor?

\_\_\_\_\_

Do you have a safe deposit box?

\_\_\_\_\_

Where is it located?

\_\_\_\_\_

15. Life Insurance Policies

Company \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_ Face Amt \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Type: (Term, Whole Life, etc.) \_\_\_\_\_

Company \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_ Face Amt \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Type: (Term, Whole Life, etc.) \_\_\_\_\_

Company \_\_\_\_\_

Owner: \_\_\_\_\_

Insured: \_\_\_\_\_ Face Amt \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Type: (Term, Whole Life, etc.) \_\_\_\_\_

16. Do you expect to receive any substantial inheritances? \_\_\_\_\_

From whom? \_\_\_\_\_

\_\_\_\_\_

17. Do you anticipate any future events that would affect your estate planning goals?

\_\_\_\_\_

\_\_\_\_\_

**ASSET PROFILE:**

18. Please complete the following **ASSET PROFILE** using approximate amounts, but valuing your assets at their fair market value.

<u>Item</u>	<u>Spouse 1</u>	<u>Spouse 2</u>	<u>Joint with Rights of Survivorship With Spouse</u>	<u>Tenant in Common With Others</u>	<u>Indebtedness</u>
Checking Accounts	\$	\$	\$	\$	\$
Savings Accounts	\$	\$	\$	\$	\$
Certifs. of Deposit	\$	\$	\$	\$	\$
Home Residence	\$	\$	\$	\$	\$
2nd Home	\$	\$	\$	\$	\$
Land Holdings	\$	\$	\$	\$	\$
Securities	\$	\$	\$	\$	\$
Mutual Funds	\$	\$	\$	\$	\$
Bonds	\$	\$	\$	\$	\$
Promissory Notes, Etc.	\$	\$	\$	\$	\$
Personal Property	\$	\$	\$	\$	\$
Antiques	\$	\$	\$	\$	\$
Automobiles	\$	\$	\$	\$	\$
Collections	\$	\$	\$	\$	\$
I.R.A.	\$	\$	\$	\$	\$
Other Retirement Benefits	\$	\$	\$	\$	\$
Closely Held Business	\$	\$	\$	\$	\$
Insurance	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$	\$	\$

Further Explanations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. Current Income      SALARY              INTEREST              DIVIDENDS              OTHER

Spouse 1                      \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

Spouse 2                      \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_              \_\_\_\_\_

20. Do you own any tax sheltered assets?

\_\_\_\_\_ Value \_\_\_\_\_  
\_\_\_\_\_ Value \_\_\_\_\_

21. Do you own any property located in another state?

\_\_\_\_\_ Value \_\_\_\_\_

Do you own any property located outside of the United States?

\_\_\_\_\_ Value \_\_\_\_\_

22. Do you have any outstanding liabilities not listed above?

\_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

23. Do you participate in or benefit from any pension plans, annuities, deferred compensation plans or other employee benefit plans?

<u>Type</u>	<u>Description</u>	<u>Survivor Benefit</u>
_____	_____	_____
_____	_____	_____

**PRESENT ESTATE PLANNING POSITION:**

24. Do you presently have a will? (or other estate planning documents)?

Please attach a copy or bring it with you to initial conference.

Spouse 1 \_\_\_\_\_ Date \_\_\_\_\_

Spouse 2 \_\_\_\_\_ Date \_\_\_\_\_

25. Have you made taxable gifts and filed gift tax returns in past years?

Gift \_\_\_\_\_ Year \_\_\_\_\_

Gift \_\_\_\_\_ Year \_\_\_\_\_

26. Have you created or do you presently benefit from any Trusts?  
If so, describe and provide copies if possible.

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27. Do you have a power of appointment? \_\_\_\_\_

28. Do you expect to benefit any charitable organizations at death? If so, please give details.

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29. Who do you think should be named as guardian of any minor children?

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Alternate: \_\_\_\_\_

30. Who do you think should be named as executor and alternate executor of your estate?

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Alternate: \_\_\_\_\_

31. Who do you want to make health care decisions for you if you are incapable?

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Alternate: \_\_\_\_\_

32. Are there any other considerations which may affect your estate planning goals?

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