

I. PERSONAL

A. Testator's Name (Include all names and aliases presently or formerly used)

B. Present Address _____

C. Business Address _____

D. Date and Place of Birth _____

E. Home & Cell Telephone _____

F. Email Address _____

G. Burial Instructions, if any _____

H. Anatomical Gift Instructions, if any _____

I. Social Security Number (if returning this document electronically **do not** include on this

form) _____

J. Brief Description of Medical history _____

K. Previous Will? * Codicils ?* Where Kept? _____

L. Ante-Nuptial Agreement?

*

*Furnish documentary evidence, if possible.

M. Safe Deposit Box? Where? Key location? Ownership?

N. Name and Address of Accountant, if any

II. SPOUSE

A. Name of Spouse, if any _____

B. Former Spouses, if any

C. Spouse's Date and Place of Birth _____

D. Spouse's Financial Resources, etc. (List financial resources and skills, etc. of spouse, and other individual considerations if relevant, on separate sheet of paper)

E. Spouse's Social Security Number _____

III. CHILDREN AND THEIR SPOUSES

A. NAME ADDRESS DATE OF BIRTH PHONE #

1. _____

2. _____

3. _____

4. _____

B. Other pertinent information (e.g., stepchildren; set forth names and ages of grandchildren, if any, by reference to their parents listed above)

C. If relevant, list in B above, or on separate sheet, the financial status, needs and prospects of children, their individual character traits, etc.

IV. OTHER RELATIVES

A. Parents (Date of death, if deceased)
NAME ADDRESS

B. Brothers and Sisters (Date of death if deceased)
NAME (Include spouse if applicable) ADDRESS

C. Others (if relevant)
NAME ADDRESS RELATIONSHIP

V. MISCELLANEOUS INFORMATION

A. List any custodianships, guardianships, conservatorships, and other such positions held by testator

B. List previous gifts in excess of \$3,000.00 made to any individual or organization (including political committees during any one taxable year; furnish gift tax returns, if any)

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C. Other relevant family information

VI. PROPERTY

Real Estate (Include title reference)

1.	Address	Form of Ownership	Fair Market Value (Without mortgages deducted)
a.	_____		
b.	_____		
c.	_____		

Total: _____

2. Title (e.g., fee simple, life estate or remainder interest etc.; designate each parcel by reference to #1 above.)

3. Mortgage Information

B. Extraordinary Property (e.g., farm, condominium if not included under A above, oil and gas interest, etc.)

Property*	Fair Market Value
1. _____	_____
2. _____	_____
	Total: _____

C. Tangible Personal Property

1. Special items of Unusual Value (fine arts, jewelry, furniture, rugs, boats, etc.). Item (include location)	Fair Market Value
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
	Total: _____

2. Other Tangible Personal Property (e.g., automobile, household furnishings (in the aggregate) not included in #1 above, etc.)

Property	Fair Market Value
_____	_____
_____	_____
	Total: _____

D. Intangibles

1. Cash and Accounts

Name of Bank and Account # Savings/Checking Form of Ownership Value

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

Total: _____

2. Notes Receivable (Describe)

Total Value: _____

3. Securities

a. Investment Portfolio. On separate sheet itemize, or provide broker's statement which itemizes, each security, the form of ownership, certificate number, and type of security (e.g., common stock, bond, etc.). Note location of certificate.

Total value: _____

b. Broker or Financial Advisor

4. Life Insurance (Note type, such as ordinary life, endowment, etc.)

a. Insurance Agent and/or Broker

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b. Policies (Include group life insurance.)
 Company Policy No. Owner Beneficiary(ies) Cash Value Face Value

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

Totals: _____

5. Annuity Contracts* (Excluding pension plans established by employer)

Company Contract No Value Form and Amount of Annuity

- a. _____
- b. _____
- c. _____

6. Employer-sponsored Qualified Pension, Profit-Sharing, Stock Bonus and/or Stock Purchase Plans:

a. Name of Plan(s)

- i. _____
- ii. _____
- iii. _____

b. For each Plan, describe on separate sheet, or furnish copy of plan booklet which describes:

- i. Form and amount of benefit, if testator is retired, or amount of vested benefit as of this date, if testator is not retired;
- ii. Pre-retirement and post-retirement death benefit provisions

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- iii. If Plan is contributory, the rate and total amount of employee contributions to date.

TOTAL BENEFITS PAYABLE ON DEATH (as of this date): _____

7. Employer-sponsored qualified or non-qualified stock options*; non-qualified plans of deferred compensation* (if any, furnish information set forth under #6 b, above).

8. Other benefits or insurance (e.g., disability income insurance, surviving spouse benefits if not previously listed, accident and health insurance, Social Security Benefits, Veterans Benefits, *etc.). For record-keeping purposes, list company and policy number for all insurance policies not previously listed. File Social Security Administration Form 7004.

9. Miscellaneous Property. * e.g., patents, copyrights, contract rights; include any pledged property not listed previously.)

10. Beneficial Interests and Powers of Appointment.

a. Beneficial interest under Trusts* and Estates*

Description	Value
_____	_____
_____	_____
_____	_____

b. Powers of Appointment*

Description	General	Special Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Expectancies

Source	Value
_____	_____
_____	_____
_____	_____
	Total Value _____

E. Business and Corporate Matters

1. State nature and full description of business interests (e.g., in close corporations including corporations electing to be taxed under Sub-chapter S of the Internal Revenue Code), general and limited partnerships, joint ventures, business trusts, and any other entities not previously described. Furnish copies of buy/sell agreements and other documentation.

2. Value of Interest(s) _____

3. Special Considerations. (For example, provisions affecting the determination of value, extent of direct and indirect ownership, relationship of other shareholders, etc.)

F. Jointly Held Property

	Value	Testators Contribution
1. Realty	_____	_____
Realty	_____	_____
2. Cash and Accounts		
VI, D, 1	_____	_____
VI, D, 1	_____	_____

	VI, D, 1	_____	_____
3.	Securities	Value	Testator's Contribution
		_____	_____
4.	Other		
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
			Total _____

VII. Summary of Estate (Gross Estate)

Type	Paragraph VI	Value
Real Estate	A	_____
Extraordinary Property	B	_____
Tangible Personal Property	C	_____
Intangibles	D	_____
Business	E	_____
Joint Property, Taxable Portion	F	_____
	Total Gross Estimate	_____

VIII. Debts and Other Obligations (Including accounts and notes payable secured and unsecured; describe contingent liabilities.)

Description	Value
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

XI. Will Flow

A. Distribution upon Client's Death (Note if in Trust):

i. Recipients:

1. Name _____

Address _____

Relationship _____

2. Name _____

Address _____

Relationship _____

3. Name _____

Address _____

Relationship _____

4. Name _____

Address _____

Relationship _____

ii. Personal Representative (formerly known as Executor)

1. Primary

Name _____

Address _____

Relationship _____

2. Successor

Name _____

Address _____

Relationship _____

3. Second Successor (if desired)

Name _____

Address _____

Relationship _____

iii. Guardian for minor children or form any person you may be appointed as a Guardian for

1. Primary

Name _____

Address _____

Relationship _____

2. Successor

Name _____

Address _____

Relationship _____

3. Second Successor (if desired)

Name _____

Address _____

Relationship _____

B. Distribution upon Death of Spouse or Other Contingencies:

i. Recipients:

1. Name _____

Address _____

Relationship _____

2. Name _____

Address _____

Relationship _____

3. Name _____

Address _____

Relationship _____

4. Name _____

Address _____

Relationship _____

C. If a person named as a recipient is deceased at the time of your death do you want that person's interest to go to (a) that person's heirs or (b) the other named recipients. Circle (a) or (b).

XII. Trust (if applicable)

D. Trustee:

i. Name _____

Address _____

Relationship _____

E. Successor Trustee:

i. Name _____

Address _____

Relationship _____

F. Second Successor Trustee (if desired):

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i. Name _____
Address _____
Relationship _____

G. Age of Trust Termination for Minors _____

H. Distributions at Trust Termination: _____

XIV. General Durable Powers of Attorney

1. Attorney In Fact:

a. Name _____
b. Address _____
c. Relationship _____

2. Successor Attorney In Fact:

a. Name _____
b. Address _____
c. Relationship _____

XV. Massachusetts Health Care Proxy

1. Health Care Agent:

a. Name _____
b. Address _____
c. Relationship _____
d. Home & Cell Phone Number _____

2. Successor Health Care Agent:

a. Name _____
b. Address _____

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- c. Relationship _____
- d. Home & Cell Phone Number _____

3. Specific Medical Instructions to Agents, or None:

XVI. Homestead

- 1. Declarant: _____
- 2. Attach Copy of Deed
- 3. Property Address: _____
- 4. Date Purchased: _____

**** Attach all Prior Estate Planning Documents****