



ORSON AND BRUSINI^{LTD}

C O U N S E L O R S A T L A W

CONFIDENTIAL **CLIENT ESTATE PLANNING QUESTIONNAIRE**

INSTRUCTIONS

Before your initial meeting with us (whether in person, via video conference or via telephone conference), please do your best to complete the following pages as fully as possible. By providing this information beforehand, you will allow for a more productive and time-efficient meeting. You will likely find that some of the questions are not applicable to your circumstances, in which case you should leave them blank or indicate "N/A." In addition, where you are asked to provide values or other monetary amounts, estimated figures are sufficient if an exact amount is unavailable.

Once you have completed the questionnaire, please forward it to our office via email, regular mail or hand-delivery. Please note that the Westerly office is open by appointment only; therefore, any hand-delivered materials should be brought to our Wakefield office

When you return the questionnaire to us, if you have not already scheduled a meeting with one of our attorneys, please provide us with the dates and times within the next four weeks that you are available for a meeting, and please indicate the attorney with whom you would like to meet and your preference for an in-person meeting, a video conference (via Zoom or Teams) or a telephone conference. If you are requesting to meet in-person, please indicate the office at which you would prefer to meet. We will do our best to accommodate you.

211 Quaker Lane, Ste. 201
West Warwick RI 02906
phone 401-223-2100
fax 401-861-3103

336 Main Street
Wakefield, RI 02879
phone 401-788-9080
fax 401-788-9084

195 Broadway
Newport, RI 02840
phone 401-846-7777
fax 401-848-7141

56 Wells Street
Westerly, RI 02981
phone 401-223-2100
fax 401-861-3103

Date: _____

Referred by: _____

SECTION I
PERSONAL & FAMILY INFORMATION

1. BIOGRAPHICAL & GENERAL INFORMATION

Your Name

Date of Birth

Age

Spouse's Name

Date of Birth

Age

Home Address

Mailing Address (if different)

Home #

Mobile # (You)

Mobile # (Spouse)

Email (You)

Email (Spouse)

Special Mailing/Contact Instructions: _____

Citizenship (You)

Citizenship (Spouse)

Are you or your spouse a U.S. Veteran?

Yes

No

2. EMPLOYMENT

Business/Employer Name (You)

Position/Title

Work #

Business/Employer Name (Spouse)

Position/Title

Work #

3. CHILDREN (OF THIS MARRIAGE, IF YOU ARE CURRENTLY MARRIED)

(ALSO PROVIDE NAME AND DOB OF GRANDCHILDREN AND INDICATE WHICH CHILD IS THE PARENT)

<u>Child's Name</u>	<u>Address & Telephone #</u>	<u>Marital Status</u>	<u>Date of Birth</u>	<u>Adopted (Y/N)</u>

4. CHILDREN (OF PRIOR MARRIAGE/RELATIONSHIP)

(ALSO PROVIDE NAME AND DOB OF GRANDCHILDREN AND INDICATE WHICH CHILD IS THE PARENT)

<u>Child's Name (Yours or Spouse's?)</u>	<u>Address & Telephone #</u>	<u>Marital Status</u>	<u>Date of Birth</u>	<u>Adopted (Y/N)</u>

5. DECEASED CHILDREN:

<u>Decedent's Full Name (M.I.)</u>	<u>Date of Death</u>	<u>Names of Decedent's Surviving Children (if any)</u>	<u>Adopted (Y/N)</u>

SECTION II
FINANCIAL INFORMATION

(Where you are asked to provide a value or other monetary amount in this Section, estimates are sufficient.)

1. NON-RETIREMENT INVESTMENTS:

<u>Asset</u>	<u>Name of Bank/ Custodian/ Investment Co.</u>	<u>Owned by You</u> Market Value	<u>Jointly- Owned</u> Market Value	<u>Owned by Spouse</u> Market Value	<u>Beneficiary/ Beneficiaries</u>
Checking/Savings Bank Accounts					
Certificates of Deposit (CDs)					
Money Market					
Stocks/Mutual Funds/ETFs					
Treasury Notes					
Bonds					
Cash on Hand					
Note / Loan Receivable					
Other (_____)					

2. RETIREMENT INVESTMENTS:

<u>Asset</u>	<u>Name of Bank/ Custodian/ Investment Co.</u>	<u>Owned by You</u> Market Value	<u>Jointly-Owned</u> Market Value	<u>Owned by Spouse</u> Market Value	<u>Beneficiary/ Beneficiaries</u>
IRA (Traditional)					
IRA (Traditional)					
Roth IRA					
401(k)/403(b)					
401(k)/403(b)					
Annuity					
Other (_____)					

3. ANNUAL INCOME:

<u>Source of Income</u>	<u>You</u> Annual Gross Income (\$)	<u>Joint</u> Annual Gross Income (\$)	<u>Spouse</u> Annual Gross Income (\$)
Earned Income (wages, salary, bonus)			
Passive Investment Income (rent, interest, dividends)			
Social Security			
Pension			
Mandatory IRA Distributions			
Public Benefits (SSI, SSDI, etc.)			
Other (_____)			

4. BUSINESS INTERESTS:

<u>Business Name & State of Formation</u>	<u>Entity Type</u> (LLC, Corporation, Sole Proprietorship)	<u>Your/Spouse's Ownership %</u>	<u>Value of Your +/or Spouse's Interest</u>	<u>S Corp?</u> (Y/N)	<u>Buy-Sell In Place?</u> (Y/N)

5. REAL ESTATE:

<u>Address</u>	<u>Type of Property</u>	<u>Owners/ Title</u> (You, Spouse, Joint, Trust?)	<u>Purchase Price</u> (Indicate if property was received via inheritance or gift)	<u>Market Value</u>	<u>Outstanding Mortgage Balance</u>

6. LIFE INSURANCE:

Policy #1

Policy #: _____
Type (Term, WL, etc.): _____
Company: _____
Owner: _____
Insured: _____
Death Benefit: _____
Cash Value: _____
Beneficiaries: _____

Policy #2

Policy #: _____
Type (Term, WL, etc.): _____
Company: _____
Owner: _____
Insured: _____
Death Benefit: _____
Cash Value: _____
Beneficiaries: _____

Policy #3

Policy #: _____
Type (Term, WL, etc.): _____
Company: _____
Owner: _____
Insured: _____
Death Benefit: _____
Cash Value: _____
Beneficiaries: _____

Policy #4

Policy #: _____
Type (Term, WL, etc.): _____
Company: _____
Owner: _____
Insured: _____
Death Benefit: _____
Cash Value: _____
Beneficiaries: _____

7. LONG-TERM CARE INSURANCE:

Policy #1

Company: _____
Insured: _____
Daily Benefit Amount (\$): _____
Max Policy Benefit (\$): _____
Max Policy Term (# years): _____

Policy #2

Company: _____
Insured: _____
Daily Benefit Amount (\$): _____
Max Policy Benefit (\$): _____
Max Policy Term (# years): _____

Policy #3

Company: _____
Insured: _____
Daily Benefit Amount (\$): _____
Max Policy Benefit (\$): _____
Max Policy Term (# years): _____

Policy #4

Company: _____
Insured: _____
Daily Benefit Amount (\$): _____
Max Policy Benefit (\$): _____
Max Policy Term (# years): _____

8. Tangible Personal Property:

(e.g. automobiles, boats, jewelry, antiques, collectibles, artwork, safe deposit box, etc.)

_____	_____
Item	Approximate Value
_____	_____
Item	Approximate Value
_____	_____
Item	Approximate Value
_____	_____
Item	Approximate Value
_____	_____
Item	Approximate Value

9. Liabilities:

<u>Type</u>	<u>Description</u>	<u>Your Debt</u> Amount Remaining	<u>Joint Debt</u> Amount Remaining	<u>Spouse's Debt</u> Amount Remaining

**PART III
MISCELLANEOUS INFORMATION**

1. YOUR TEAM OF PROFESSIONALS

<u>Title</u>	<u>Professional's Name</u>	<u>Firm/Company Name</u>	<u>Telephone #</u>	<u>May I discuss your estate planning w/ this person?</u>
Accountant				
Financial Advisor				

2. "OTHER" BENEFICIARIES. If there are any persons other than a spouse or child (e.g. siblings, parents, nieces/nephews, friends, etc.) whom you or your spouse may wish to include in your estate plan as beneficiaries, list them here:

<u>Person's Full Name (M.I.)</u>	<u>Address & Telephone #</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>Relationship</u>

3. DISABLED BENEFICIARIES. If you or your spouse, or any child, grandchild or other potential beneficiary has a physical or mental disability or other serious health issue, indicate this here:

<u>Person's Full Name (M.I.)</u>	<u>Relationship</u>	<u>Name/Description of Disability</u>	<u>Public Benefits Received</u> (e.g. SSI, SSDI, Medicaid, etc.)

4. EXISTING ESTATE PLAN DOCUMENTS. Do you or your spouse have any existing estate plan documents (e.g. trusts, wills, powers of attorney, living wills) in place? If so, list each document and its date of execution here:

_____	_____
_____	_____
_____	_____
_____	_____

5. Miscellaneous. Circle "Yes" or "No", as applicable.

- | | | |
|---|-----|----|
| ▪ Do you or your spouse have any prospective inheritances or awards? | Yes | No |
| ▪ Are you, your spouse or your children the beneficiary of any trusts? | Yes | No |
| ▪ Do you and your spouse have a prenuptial agreement in place? | Yes | No |
| ▪ Have you or your spouse made any gifts of \$1,000+ in the past 5 years? | Yes | No |
| ▪ Have you or your spouse made any gifts of \$10,000+ in the past decade? | Yes | No |
| ▪ Were you or your spouse previously married (indicate which)? | Yes | No |
| ▪ Do you or your spouse expect to be the target of a future lawsuit or other creditor attack? | Yes | No |

6. * Fiduciary Information (please include name, relationship, address and phone # for each individual):

Executor(s) and successor Executor(s) for Wills:

Trustee(s) and successor Trustee(s) for any Trusts:

Guardian(s) and successor Guardian(s) for minor children, if any:

Agent(s) and successor Agent(s) for Durable Power of Attorney (for financial and legal matters):

Health Care Agent and successor Health Care Agent(s) for Healthcare Power of Attorney (only one can serve at a time):

*** We will discuss these roles in more detail at our initial meeting.**

