

# **WILL AND RELATED DOCUMENTS QUESTIONNAIRE**

## **CONFIDENTIAL INFORMATION**

Completing this Questionnaire will provide the information necessary to prepare your Will and Related Documents. Please fill in all blanks on both sides of the form. If an item does not apply to your situation, please write "None" or "Not applicable." Please feel free to call with questions at any time during this process.

**WILL** - A **Will** allows you to determine who will receive your individual owned property (your "estate") after you have passed away, and when they will receive it. For instance, you can direct that your property be held in trust until your children reach a specified age, or you can give property from your estate to charity. The Will also enables you to select the people who will administer your estate (the "Personal Representative"), raise your children (the Guardian) and manage money or property left to children (the Trustee). When someone dies without a will, the Massachusetts "intestacy" statute applies, and state law determines who will receive your property and when.

- Please note that Massachusetts law does not provide for joint wills - each spouse needs a separate will, even if most or all of your property is jointly owned.
- If you currently have a will, please return a copy with this document.

### **SECTION 1: MEMBER PERSONAL INFORMATION**

Full Name (as it appears on driver's license): \_\_\_\_\_

List any alias, maiden or prior married names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Male  Female

Residential Address:

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

Mailing Address:

same as residential address, or:

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

Tel. # \_\_\_\_\_  Home  Cell \_\_\_\_\_  Home  Cell

Do you presently have a Will, Trust or interest in a Trust?  Yes  No

If so, please explain: \_\_\_\_\_

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

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**SECTION 2: YOUR FAMILY HISTORY**

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Please check all that apply:  Single  Married  Divorced  Separated  Widowed

Are currently married?  Yes  No *If yes, please indicate the following:*

- Spouse's full name: \_\_\_\_\_
- Date of marriage: \_\_\_\_\_
- City and state of marriage: \_\_\_\_\_
- Did any children result from this marriage:  Yes  No

Do you have a former/prior marriage?  Yes  No *If yes, please indicate the following:*

- Former spouse's full name: \_\_\_\_\_
- Date of termination: \_\_\_\_\_
- Indicate whether the marriage was terminated by:  Death  Divorce  Annulment
- Did any children result from this marriage:  Yes  No

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**SECTION 3: INFORMATION ABOUT YOUR SPOUSE (if applicable)**

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Full Name (as it appears on driver's license): \_\_\_\_\_

List any alias, or prior names used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Tel. # \_\_\_\_\_  Home \_\_\_\_\_  Cell

Does your spouse presently have a Will, Trust or interest in a Trust?  Yes  No

*If so, please explain:* \_\_\_\_\_

\_\_\_\_\_

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**SECTION 4: SPOUSE'S FAMILY HISTORY (if applicable)**

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Does your spouse have a former/prior marriage?  Yes  No *If yes, please indicate the following:*

- Their Former spouse's full name: \_\_\_\_\_
- Indicate whether the marriage was terminated by:  Death  Divorce  Annulment
- Date of termination: \_\_\_\_\_
- Place of termination: \_\_\_\_\_
- Did any children result from this marriage:  Yes  No

**SECTION 5: INFORMATION ABOUT YOUR CHILDREN** (if applicable)

Please list the full names, dates of birth and address for each child of yours and for each child of your spouse, and children of any deceased child.

Please indicate their relationship to you if not your biological child.

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  Adopted  Step-child  Grandchild  
 Male  Female  Special Needs

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  Adopted  Step-child  Grandchild  
 Male  Female  Special Needs

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  Adopted  Step-child  Grandchild  
 Male  Female  Special Needs

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  Adopted  Step-child  Grandchild  
 Male  Female  Special Needs

Full Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  Adopted  Step-child  Grandchild  
 Male  Female  Special Needs

**SECTION 6: ADMINISTRATIVE DUTIES** (Personal Representative, Guardian, Trustee)

Before you designate people for administrative positions, explain the position and ask for their permission to be named in your Will. Any person you list for an administrative position, must be over 18 years of age, but preferably older. It is also important to have successors.

**PERSONAL REPRESENTATIVE**

The “*Personal Representative*” is responsible for filing your will with the court after your death. He/she also collects the assets and pays the debts of the estate and makes distributions of property in accordance with your will.

Your spouse is usually the first choice of married persons. If you do not have a spouse, it is advisable to name someone who has the ability to understand and work with basic business terms and who lives in or near the city

of your residence. Your Personal Representative may hire an attorney to assist in the probate of your estate and pay the attorney's fee from estate funds.

Please indicate your first choice for your Personal Representative:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate your second choice for your Personal Representative if your first choice is unable or unwilling to serve:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

**If we are preparing a Will for your spouse, your spouse should complete the following:**

Please indicate spouse's first choice for Personal Representative:

Name: \_\_\_\_\_ Relationship to spouse: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate spouse's second choice for Personal Representative if your first choice is unable or unwilling to serve:

Name: \_\_\_\_\_ Relationship to spouse: \_\_\_\_\_  
Address: \_\_\_\_\_

**OTHER CONSIDERATIONS**

Please describe any prior prenuptial agreements, disabled children/beneficiaries or the like:  
\_\_\_\_\_  
\_\_\_\_\_

Do you or your spouse anticipate receiving a substantial inheritance?  Yes  No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

***NOTE: IF YOU HAVE MINOR CHILDREN, PLEASE READ AND COMPLETE THE GUARDIAN AND TRUSTEE SECTIONS.  
IF YOU HAVE CHILDREN OVER 18 BUT WANT A TRUSTEE TO HOLD THEIR INHERITANCE PLEASE COMPLETE THE TRUSTEE SECTION.***

## GUARDIAN

If both you and your spouse are deceased while any of your children are under the age of 18, a ***Guardian*** is the person lawfully invested with the rights and duties of care and custody of minor children and their property until each child reaches 18. **You and your spouse should nominate the same guardians in event of your simultaneous deaths.**

Please indicate your first choice for Guardian:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate your second choice for Guardian:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

**If we are preparing a Will for your spouse, your spouse should complete the following:**

Please indicate spouse's first choice for Guardian:

Name: \_\_\_\_\_ Relationship to spouse: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate spouse's second choice for Guardian:

Name: \_\_\_\_\_ Relationship to spouse: \_\_\_\_\_  
Address: \_\_\_\_\_

## TRUSTEE

You may designate that a share of your estate willed to a child be held in trust if that child has not reached a certain age (chosen by you) at the time of your death. Upon the death of **both** you and your spouse, a ***Trustee*** maintains legal title to the property for the child's benefit from the time the child reaches 18 until the child reaches the predetermined age. The trustee has the duty to hold and manage the property and to expend it exclusively for the maintenance and support of the child. **You and your spouse should nominate the same trustee in event of your simultaneous deaths.**

Please indicate your first choice for Trustee:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate your second choice for Trustee:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

**If we are preparing a Will for your spouse, your spouse should complete the following:**

Please indicate spouse's first choice for Trustee:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

Please indicate spouse's second choice for Trustee:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_

If you do not want a child to receive his or her inheritance upon reaching the age of 18, you may specify that your children must reach a certain age before the trust terminates and the child acquires outright his or her share of your estate?

If so, what age: \_\_\_\_\_.

**PLEASE NOTE:** *If you do not specify otherwise, the trust provision will be drafted so as to terminate when the child reaches 21.*

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**SECTION 7: BENEFICIARIES**

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Beneficiaries are the people to whom you would like your estate to pass upon your death.

- If you wish your spouse to be the primary beneficiary of your entire estate, you need only write  "TO MY SPOUSE" in the first section below.
- If you wish to leave any of your estate to your children, you may simply state "TO MY CHILDREN IN EQUAL SHARES," or indicate the share (or fraction) which each child should receive. At law, "children" include legally adopted children and children born outside of marriage unless you specify otherwise. If you wish only certain children to benefit from your estate, please provide details on the back of this page.
- NOTE: the most common disposition is "to my spouse, if he/she survives me; if my spouse predeceases me, to my children in equal shares."

- NOTE: it is generally not a good idea to make bequests of specific personal items, for example, “*my Harley Davidson motorcycle to Son, all my jewelry to Daughter, and my baseball card collection to Nephew.*” If you change your mind next year, you will need to formally execute a new document; or, if you give away or sell the Harley before your death, it raises questions about the transfer. For these reasons, your Will should contain a reference to an optional list that you may attach to the Will and change as often as you like without the necessity of drafting an entire new Will. If you have questions about this, please do not hesitate to ask.

To whom do you wish to leave your estate?       **To my spouse, or:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

To whom do you wish to leave your estate if the beneficiary(ies) named above predecease you?

**To my children in equal shares, or:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

FOR SPOUSE: To whom do you wish to leave your estate?       **To my spouse, or:**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

To whom do you wish to leave your estate if the beneficiary(ies) named above pre-decease you?       **To my children in equal shares, or**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Share/percentage: \_\_\_\_\_

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**SECTION 8: BURIAL PREFERENCES**

Please indicate the following (select one):  Cemetery Burial  Cremation

If you have a plot, please provide location: \_\_\_\_\_  
\_\_\_\_\_

Who holds the deed to this plot: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Have you made other arrangements? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 9: FINANCIAL INFORMATION**

The information requested in the following pages will remain confidential. If kept with your will and updated periodically, it may help your Personal Representative in the probate of your estate. Depending on the nature of your estate, it may also enable us to advise you to consult with specialists in estate planning or tax law.

***Please Note: These pages concerning assets will be returned to you when you sign your documents as a record for your Personal Representative.***

**REAL ESTATE (if any)**

LOCATION\ADDRESS PRIMARY RESIDENCE: \_\_\_\_\_

TITLE HELD BY (EXACT NAMES ON DEED): \_\_\_\_\_

CURRENT EQUITY \_\_\_\_\_ (Fair Market Value less outstanding mortgage)

COUNTY - REGISTRY OF DEEDS \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

Do you have a DECLARATION OF HOMESTEAD Yes \_\_\_\_\_ No \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

LOCATION\ADDRESS SECOND PROPERTY: \_\_\_\_\_

TITLE HELD BY (EXACT NAMES ON DEED): \_\_\_\_\_

CURRENT EQUITY \_\_\_\_\_ (Fair Market Value less outstanding mortgage)

COUNTY - REGISTRY OF DEEDS \_\_\_\_\_ BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

*If you have additional Real Estate, please list those properties on back of this page.*

**BANK ACCOUNTS** (if any)

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account (i.e. checking, savings, cd, money market, etc.): \_\_\_\_\_

Individual Account     Joint Account

If this is a joint account, please indicate the name of co-owner: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Account (i.e. checking, savings, cd, money market, etc.): \_\_\_\_\_

Date account was opened \_\_\_\_\_  Individual Account     Joint Account

If this is a joint account, please indicate the name of co-owner: \_\_\_\_\_

**LIFE INSURANCE POLICIES** (if any)

Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Has this policy been paid in full?     Yes     No    Value at Death \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Secondary Beneficiaries \_\_\_\_\_

Insured: \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Has this policy been paid in full?     Yes     No    Value at Death \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Secondary Beneficiaries \_\_\_\_\_

**Note:** For active eligible members, Union life insurance of \$10,000.00 and for eligible retirees, \$3,000.00

**STOCKS AND BONDS** (if any)

Name: \_\_\_\_\_

Purchase date: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Price paid per share \_\_\_\_\_

Owner (Name on Certificate): \_\_\_\_\_

Name: \_\_\_\_\_

Purchase date: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Price paid per share \_\_\_\_\_

Owner (Name on Certificate): \_\_\_\_\_

**MUTUAL FUNDS** (if any)

**Please include IRAs and retirement savings accounts**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**MASSACHUSETTS LABORERS BENEFITS**

**Pension Beneficiary:** Amount \$ \_\_\_\_\_

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Annuity Beneficiary:** Amount \$ \_\_\_\_\_

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Please estimate a total value of your assets \$ \_\_\_\_\_**

**SECTION 10: PERSONAL PROPERTY**

List such items of substance only, such as Jewelry, Antiques, Art Work, Automobiles, Coin/Stamp Collections, Musical Instruments, etc. with a value GREATER than \$1,000.00. **If you wish to leave any of this property to a specific person, please complete this section. A memorandum will be prepared to accompany your Will.**

DESCRIPTION OF ITEM	SPECIFIED HEIR(s)
1. _____	To: _____
2. _____	To: _____
3. _____	To: _____
4. _____	To: _____
5. _____	To: _____
6. _____	To: _____
7. _____	To: _____
8. _____	To: _____
9. _____	To: _____
10. _____	To: _____

**SECTION 11: LIABILITIES**

Do you have any outstanding loans?     YES     NO    *If YES, please complete the following:*

CREDITOR ( <i>person or company owed</i> )	AMOUNT OWED
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____

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**SECTION 12: DURABLE POWER OF ATTORNEY**

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Do you currently have a "DURABLE POWER OF ATTORNEY" IN EFFECT?  YES  NO

A Power of Attorney is a written instrument by which one person (the "Principal") designates someone as his or her agent (or "Attorney-in-Fact") to perform certain acts. If it is "durable," a Power of Attorney continues in effect even if the Principal becomes incompetent or incapacitated. This can be very important if you or your spouse becomes incompetent. It can avoid the necessity of court-appointment of a guardian or conservator for the management of assets. Even if property is jointly owned, signatures of both parties are often required, such as in the transfer of real estate. A Durable Power of Attorney allows the Attorney-in-Fact to sign legal documents for you in the event of incapacity. Further it allows the Attorney In Fact to be the payee of certain items - such as Social Security payments - and enables the Attorney-in-Fact to sign income tax returns on behalf of the Principal.

Please indicate your first choice for your "Attorney-in-Fact":

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_  
\_\_\_\_\_

Please indicate your second choice for your "Attorney-in-Fact":

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_  
\_\_\_\_\_

***If we are preparing a Durable Power of Attorney for your spouse, your spouse should complete the following:***

Please indicate spouse's first choice for his/her "Attorney-in-Fact":

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_  
\_\_\_\_\_

Please indicate spouse's second choice for his/her "Attorney-in-Fact":

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_  
\_\_\_\_\_

**SECTION 13: HEALTH CARE PROXY**

Do you currently have a "HEALTH CARE PROXY" IN EFFECT?  YES  NO

The Health Care Proxy is a document by which one individual (the "Principal") appoints another (the "Health Care Agent") to make health care decisions in the event that the principal is unable to make or communicate such decision for himself or herself. The Health Care Agent may be given the authority to make decisions concerning the use (or termination of use) of life support systems. Because there is no way to predict when an accident might happen or when such a document will be needed, the Health Care Proxy and the Durable Power of Attorney are necessary not just for the elderly or infirm.

Please indicate your first choice for your "Health Care Agent":

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_  
\_\_\_\_\_

Please indicate your second choice for your "Health Care Agent":

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_  
\_\_\_\_\_

*If we are preparing a Health Care Proxy for your spouse, your spouse should complete the following:*

Please indicate first choice of spouse for his/her "Health Care Agent":

Name: \_\_\_\_\_ Relationship to spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_

Please indicate second choice of spouse for his/her "Health Care Agent":

Name: \_\_\_\_\_ Relationship to spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel. # \_\_\_\_\_