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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

FAMILY INFORMATION

HUSBAND:

Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

Business Address: _____

Telephone Number: _____

Date of Birth: _____

WIFE:

Name: _____

Address: _____

Telephone Number: _____

Occupation: _____

Business Address: _____

Telephone Number: _____

Date of Birth: _____

CHILDREN / GRANDCHILDREN (if applicable, please indicate if adopted (A) or if child of only husband (H) or wife (W), if married please list name of spouse.

Name: _____ Address: _____ _____ Date of Birth: _____	Name: _____ Address: _____ _____ Date of Birth: _____
Name: _____ Address: _____ _____ Date of Birth: _____	Name: _____ Address: _____ _____ Date of Birth: _____
Name: _____ Address: _____ _____ Date of Birth: _____	Name: _____ Address: _____ _____ Date of Birth: _____

OTHER FAMILY MEMBERS (if you do not have children or you wish any property to pass to family members (ie. brothers, sisters, parents, cousins, etc.) please indicate below:

Name: _____ Address: _____ _____ Telephone: _____	Name: _____ Address: _____ _____ Telephone: _____
Name: _____ Address: _____ _____ Telephone: _____	Name: _____ Address: _____ _____ Telephone: _____

MISCELLANEOUS (please list the names and addresses of any person not listed previously to whom you wish to leave property)

Name: _____ Address: _____ _____	Name: _____ Address: _____ _____
Name: _____ Address: _____ _____	Name: _____ Address: _____ _____

PROBATE ADMINISTRATION INFORMATION

EXECUTORS/TRUSTEES Please list the names and addresses of persons or banks whom you wish to be appointed as executor and/or trustee under your will.

(An Executor is the person or entity [bank/institution] who will have the legal responsibility to see that the instructions in your Will are carried out and your property is distributed in accordance with your Will. The common choice is one's spouse, although any legally competent person may serve, whether or not they are a beneficiary under your Will. Under the laws of most states, including New York and Connecticut, an Executor of a Will is entitled to a commission payable for their services by the Estate. An alternate appointment is advisable.)

Name: _____ Address: _____ _____	(2nd Alternate) Name: _____ Address: _____ _____
(1st Alternate) Name: _____ Address: _____ _____	

GUARDIANS Please list the names and addresses of persons whom you wish to be appointed guardian of your minor children.

(A guardian is the person who will have the legal responsibility to manage and protect the legal and financial interests of your minor children (under the age of eighteen (18) in the event both parents are deceased. Although the common choice is a sibling, parent or other relative of the person making the Will, it may be any legally competent adult. An alternate appointment is advisable.)

Name: _____ Address: _____ _____ (1st Alternate) Name: _____ Address: _____ _____	(2nd Alternate) Name: _____ Address: _____ _____
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SCHEDULE OF ASSETS

Please complete the following being sure to indicate if the asset is owned solely by the husband (H), wife (W) or jointly (J).

REAL ESTATE

1. Address: _____

Value: \$ _____
 Ownership (H) (W) (J)

2. Address: _____

Value: \$ _____
 Ownership (H) (W) (J)

STOCKS AND BONDS (Aggregate value and where located)

1. Broker (address) and Acct No.: _____

Value: \$ _____
 Ownership (H) (W) (J)

2. Broker (address) and Acct No.: _____

Value: \$ _____
Ownership (H) (W) (J)

CERTIFICATES OF DEPOSIT

1. Bank (address) and Acct No.: _____

Value: \$ _____
Ownership (H) (W) (J)

2. Bank (address) and Acct No.: _____

Value: \$ _____
Ownership (H) (W) (J)

SAVINGS ACCOUNT(S)

1. Bank (address) and Acct No.: _____

Balance: \$ _____
Ownership (H) (W) (J)

2. Bank (address) and Acct No.: _____

Value: \$ _____
Ownership (H) (W) (J)

CHECKING ACCOUNT(S)

1. Bank (address) and Acct No.: _____

Balance: \$ _____
Ownership (H) (W) (J)

2. Bank (address) and Acct No.: _____

Value: \$ _____
Ownership (H) (W) (J)

SAFETY DEPOSIT BOX

1. Bank (address): _____

FURNITURE AND AUTOMOBILES

Furniture value: \$ _____
Automobile(s) value: \$ _____

PERSONAL PROPERTY (In the space provided, briefly describe other significant tangible personal property such as works of art, valuable stamp or coin collections, valuable jewelry etc. Please indicate the approximate value of each item.)

MISCELLANEOUS (In the space below, provide a brief description, including approximate values, of any interest in closely held corporations, partnership interests, powers of appointment, etc.)

LIFE INSURANCE

ON LIFE OF HUSBAND

	POLICY#1	POLICY #2	POLICY #3	POLICY#4
Company				
Policy No.				
Face Amount				
Cash Value				
Type (term etc.)				
Owner				
Beneficiary				

ON LIFE OF WIFE

	POLICY#1	POLICY #2	POLICY #3	POLICY#4
Company				
Policy No.				
Face Amount				
Cash Value				
Type (term etc.)				
Owner				
Beneficiary				

EMPLOYEE BENEFITS

HUSBAND

PENSION PLAN

Employer: _____

Address: _____

Beneficiary: _____

PROFIT SHARING PLAN

Employer: _____

Address: _____

Beneficiary: _____

HEALTH INSURANCE

Employer: _____

Address: _____

Beneficiary: _____

WIFE

PENSION PLAN

Employer: _____

Address: _____

Beneficiary: _____

PROFIT SHARING PLAN

Employer: _____

Address: _____

Beneficiary: _____

HEALTH INSURANCE

Employer: _____

Address: _____

Beneficiary: _____

DEBTS AND LIABILITIES

Please estimate your current debts and liabilities:

Mortgage(s) \$ _____

Credit Cards: \$ _____

Car loans: \$ _____

Misc: \$ _____

TRUSTS AND EXPECTANCIES

TRUSTS (Please provide a brief description, including name of grantor, date of creation, approximate value, and nature of your interests in any trust.)

POTENTIAL INHERITANCE (Please provide a brief description, including the approximate value, of any potential inheritance.)

SPECIAL CIRCUMSTANCES

In the space provided, briefly state any special circumstances which you may wish to have added to your will.
