



# Vickstrom Law, PC

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## **ESTATE PLANNING QUESTIONNAIRE** **(General)**

This form is intended to help you organize information that we need to create an effective estate plan, tailored to your specific needs. **Please complete this questionnaire to the best of your ability and provide any requested documentation, if available, at our first meeting.**

CONFIDENTIALITY NOTE: As with all attorney-client communications, please note that any information you disclose to us orally, or in writing, will be held with the strictest confidence and not released to anyone without your consent.

### **General Documentation Request:**

In some cases, it is necessary for us to review additional documents before we can make planning recommendations. Such documents would include any or all of the following documents, as applied to your situation, and should bring **with you** to our first meeting:

- Copy of your current Will, Health Care Proxy, and Durable Power of Attorney.
- Copy of your current Trust(s).
- Copy of any Trust(s) where you are a beneficiary.
- Copies of all deeds to real estate you may own. If you are unable to locate your deed(s), please notify our office **before** your first meeting. We are able to obtain most deeds online.
- Copies of your most recent financial statements showing ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- Copies of any long-term care policies, life insurance policies, etc.
- Copies of any stock or bond certificates.
- Copy of Domestic, Premarital or Marital Agreement.
- Divorce decree or property settlement agreement for divorce where continued responsibilities exist (child and/or spousal support, maintain life insurance policy, etc.)

### **Questionnaire:**

Please fill out the following pages as completely as possible. If you have a spouse/partner, please complete sections for Client 1 and Client 2. If single, please complete sections for Client 1 only.

**Please skip any sections that do not apply to your situation.**

**Should you have any questions, concerns, or need help with this questionnaire, please call our office and we will set up a phone call to assist you.**

## Personal and Family Information

Date of Marriage: \_\_\_\_\_

**Client 1:**

Full Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_  
(Name(s) used to title accounts, property, maiden name, etc)

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

US Citizen: Yes No If no, Country of Birth: \_\_\_\_\_

Health: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Home Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Personal Email: \_\_\_\_\_

U.S. Veteran: Yes No Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Prior Marriage(s): Yes No Ended in: Divorce Death

Business/Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Business Phone #(s): \_\_\_\_\_

Business Email: \_\_\_\_\_

Preferred written communications via: Mail Business Email Business Email

Preferred phone for contact: Home Cellphone Business

Preferred time of day to be contacted: \_\_\_\_\_

**Client 2:**

Full Legal Name: \_\_\_\_\_

Also known as: \_\_\_\_\_  
(Name(s) used to title accounts, property, maiden name, etc)

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

US Citizen: Yes No If no, Country of Birth: \_\_\_\_\_

Health: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different from Home Address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Personal Email: \_\_\_\_\_

U.S. Veteran: Yes No Dates of Service: \_\_\_\_\_ to \_\_\_\_\_

Prior Marriage(s): Yes No Ended in: Divorce Death

Business/Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Business Phone #(s): \_\_\_\_\_

Business Email: \_\_\_\_\_

Preferred written communications via: Mail Business Email Business Email

Preferred phone for contact: Home Cellphone Business

Preferred time of day to be contacted: \_\_\_\_\_

**Financial Advisor**

Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Accountant**

Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Life Insurance Agent**

Company: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**\*We will contact your advisors only with your consent and only if needed to coordinate your estate planning with other aspects of your financial planning**

## Children

### Child 1:

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Please circle all that apply:

Male   Female   Adopted   Disabled   Married   Single   Divorced

If child is not joint, names of biological parents: \_\_\_\_\_

Any specific concerns about this child: \_\_\_\_\_

### Child 2:

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Please circle all that apply:

Male   Female   Adopted   Disabled   Married   Single   Divorced

If child is not joint, names of biological parents: \_\_\_\_\_

Any specific concerns about this child: \_\_\_\_\_

### Child 3:

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: \_\_\_\_\_

Any specific concerns about this child: \_\_\_\_\_

**Child 4:**

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: \_\_\_\_\_

Any specific concerns about this child: \_\_\_\_\_

**Child 5:**

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Please circle all that apply:

Male Female Adopted Disabled Married Single Divorced

If child is not joint, names of biological parents: \_\_\_\_\_

Any specific concerns about this child: \_\_\_\_\_

\*If you need additional space, please continue on a separate sheet following the same format

## **OTHER BENEFICIARIES**

**Person 1:**

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Relation: \_\_\_\_\_

**Person 2:**

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Relation: \_\_\_\_\_

**Person 3:**

Full Legal Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Personal Cellphone #: \_\_\_\_\_

Relation: \_\_\_\_\_

\*If you need additional space, please continue on a separate sheet following the same format

**Do you have any pet(s)?**    Yes    No

Provisions for the guardian and care of your pet(s): \_\_\_\_\_

\_\_\_\_\_

**Charitable Beneficiaries:**

Organization #1:

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

Charitable Mission/Purpose: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Website and/or Email: \_\_\_\_\_

Organization #2:

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

Charitable Mission/Purpose: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Website and/or Email: \_\_\_\_\_

\*If you need additional space, please continue on a separate sheet following the same format

**FINANCIAL INFORMATION**

**Income**

<b>Source</b>	<b>Client #1</b>	<b>Client #2</b>
Annual Salary		
Pensions – Total Monthly		
Social Security - Monthly		
Disability – Monthly		
Rental Income – Monthly		
Investments/Dividends – Monthly		
Other:		
Other:		



### Assets

**Cash Accounts:** Checking Accounts, Savings Accounts, Certificates of Deposits (CDs), Money Market Accounts, Cash Management Accounts, Etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

\*If you need additional space, please continue on a separate sheet following the same format

**Retirement Plans:** 401K, Individual Retirement Accounts (IRAs), etc.

Financial Institution (Bank, Credit Unions, etc.)	Account Type	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

\*If you need additional space, please continue on a separate sheet following the same format

**Broker Held Investments:**

<b>Financial Institution (Bank, Credit Unions, etc.)</b>	<b>Account Type</b>	<b>Owners (#1,#2,Both, Other)</b>	<b>Beneficiary/Payable on Death Designation? Y/N Who?</b>	<b>Estimated Balance</b>

\*If you need additional space, please continue on a separate sheet following the same format

**Stocks:**

<b>Stock Name</b>	<b>Number of Shares</b>	<b>Owners (#1,#2,Both, Other)</b>	<b>Beneficiary/Payable on Death Designation? Y/N Who?</b>	<b>Estimated Balance</b>

\*If you need additional space, please continue on a separate sheet following the same format

**Bonds:** Savings Bonds, Treasury Bonds, etc.

Type of Bond	Date Purchased	Number of Bonds	Owners (#1,#2,Both, Other)	Beneficiary/Payable on Death Designation? Y/N Who?	Estimated Balance

\*If you need additional space, please continue on a separate sheet following the same format

**Long-Term Care Insurance:** Insurance to assist paying for long-term care services

Company Name	Owner	Insured	Beneficiary	Daily Rate Coverage

\*If you need additional space, please continue a separate sheet following the same format

**Life Insurance:** Term Life, Whole Life, Group Life, Employer-Provided Life Insurance, etc.

Company Name: _____ Owner: _____ Insured: _____ Primary Beneficiary: _____ Contingent Beneficiary(ies): _____ Type: ___ Whole ___ Term    Employer Provided: ___ Yes ___ No	Death Benefit: _____ Cash Value: _____
Company Name: _____ Owner: _____ Insured: _____ Primary Beneficiary: _____ Contingent Beneficiary(ies): _____ Type: ___ Whole ___ Term    Employer Provided: ___ Yes ___ No	Death Benefit: _____ Cash Value: _____

\*If you need additional space, please continue a separate sheet following the same format

**Annuities:**

Company: _____ Owner(s): _____ Primary Beneficiary: _____ Contingent Beneficiary(ies): _____	Estimated Value: _____  Within IRA: _____
Company: _____ Owner(s): _____ Primary Beneficiary: _____ Contingent Beneficiary(ies): _____	Estimated Value: _____  Within IRA: _____

\*If you need additional space, please continue on a separate sheet following the same format

**Real Estate:** Your Residence, Vacation Property, Rental Property, Business Property, Vacant Land, etc.

Property Address: _____ County/State: _____ Owner(s): _____ Year Purchased: _____  <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home/Vacation <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Other: _____	Estimated Value: _____  Mortgage/Loan(s): _____
Property Address: _____ County/State: _____ Owner(s): _____ Year Purchased: _____  <input type="checkbox"/> Primary Residence <input type="checkbox"/> Second Home/Vacation <input type="checkbox"/> Rental Property <input type="checkbox"/> Business Property <input type="checkbox"/> Vacant Land <input type="checkbox"/> Other: _____	Estimated Value: _____  Mortgage/Loan(s): _____

\*If you need additional space, please continue on a separate sheet following the same format

**Motor Vehicles:** Car(s), Motorcycle(s), Boat(s), Snowmobile(s), etc.

Owner(s): _____ Primary Driver: _____ Type: _____ Year/Make/Model: _____	Estimated Value: _____ Loan Amount: _____
Owner(s): _____ Primary Driver: _____ Type: _____ Year/Make/Model: _____	Estimated Value: _____ Loan Amount: _____

\*If you need additional space, please continue on a separate sheet following the same format

**Business Interest(s):** List any business interest(s) that you own (corporations, LLC, partnerships, etc)

Company Name: _____ Owner(s): _____ Type of Business: _____ Percent of Ownership: _____ % Is there a buy/sell agreement? _____	Estimated Value: _____
Company Name: _____ Owner(s): _____ Type of Business: _____ Percent of Ownership: _____ % Is there a buy/sell agreement? _____	Estimated Value: _____

\*If you need additional space, please continue on a separate sheet following the same format

**Other Assets:** List any other assets not mentioned previously, including money owed to you, timeshares, pending lawsuit judgments, pending inheritance, bitcoin, etc.

	Estimated Value:
	Estimated Value:
	Estimated Value:

\*If you need additional space, please continue on a separate sheet following the same format

**Additional Questions:**

Are you the heir/beneficiary of any estate? Yes No

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

Do you have any marital agreement that would manage the distribution of your property upon divorce or at death (includes pre- and post-nuptial agreements)? Yes No

Are you and/or your partner current beneficiaries or trustees of any trust? Yes No

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

Do you and/or your partner anticipate receiving any inheritance anytime soon? Yes No

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

Do you have any questions or is there anything specific you would like to discuss during your consultation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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We look forward to meeting you and assisting you with your estate planning. Should you have any questions, please do not hesitate to contact our office.