

Special Needs Planning Questionnaire

for

INTRODUCTION:

The following Questionnaire may seem imposing and unnecessarily lengthy, however, much of the information requested may not be applicable to you. The requested information is necessary to prepare an informed estate plan that will fit your particular circumstances. Also, the exercise of answering these questions may serve to jog your memory as to affairs that should be attended to but have been put aside for one reason or another.

The following information will be treated as strictly confidential. Should you have any questions regarding the Questionnaire, please do not hesitate to call us at 508-459-8000.

For more information, visit us at: www.flechertilton.com

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Worcester, MA 01608
508.459.8000

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Framingham, MA 01701
508.532.3500

Cape Cod
171 Main Street
Hyannis, MA 02601
508.815.2500

PART I - YOUR OBJECTIVES

1. Please give a brief outline of your basic objectives concerning the distribution of your property.

2. If you and your spouse were both deceased, how would you wish your children to receive your estate?

- Outright? Income only?
- In trust with distributions at specified ages?
- Other (explain)

3. Would you feel more comfortable if certain restrictions (e.g., income only until 35 years of age) were put on the distributions discussed above? If yes, please specify.

PART II - FAMILY INFORMATION

Personal Information

	Self	Spouse
Name		
Home Address		
Home telephone		
Email Address		
Employer		
Present Occupation		
Business Address		
Business Telephone		
Date of Birth		
Place of Birth		
Citizenship		
Ever in the Military?		
Social Security Number		
Current health status		
Date & Place of Current Marriage (if prior marriage(s), please provide details on separate sheet)		

Children

List the following information for your children (including adopted children):

By Current Marriage

Name	Date of Birth	Address	Telephone	Spouse Name

By Prior Marriage(s)

Name	Date of Birth	Address	Telephone	Spouse Name

Grandchildren Information

Child of:	Name of Grandchild	Date of Birth

Individual(s) with Special Needs Information

Name	Date of Birth	Address	Telephone	Spouse Name (if any)

1. Please give a brief description of the nature of the disability.

2. If under age 22, name of school district?

3. If 18 or over, has eligibility for adult services from a state agency been established? If so, please provide the following:

Name of Agency _____

Name of Service Coordinator/Case Manager _____

If not, has an application been made? _____

If denied, please provide the following:

Date of denial _____

Basis of denial _____

4. Does the family member with a disability own any assets in his or her name, under a UTMA account, in trust or held jointly with another? If yes, please describe.

5. Does the client have any of the following:

MassHealth Social Security Income SSDI Other

6. Is the family member with a disability under guardianship? If so, please provide the following:

Date of Appointment of Guardian _____ County of Appointment _____

Guardianship of the Person Only _____ Guardianship of the Estate Only _____

Guardianship of both Person and Estate _____

7. Does the family member receive any psychotropic medication? If so, please provide the following:

Nature of Medication(s) _____

Name of Prescribing Psychiatrist: _____

8. If family member receives adult services, please provide the following:

Name and Location of Service Provider: _____

Nature of Services Provided: _____

9. If family member receives adult services, please describe any ISP appeals, abuse/neglect investigations or unexplained injuries received while receiving services in the past ten years.

Other Dependents

List the following information for anyone else (e.g., parents) for whom you wish to provide or are currently supporting:

Name	Age	Address	Current or Anticipated Support Arrangements

Advisors

	Name	Address	Telephone
Insurance agent(s): - Life - Property - Other			
Banker			
Trust Officer			
Investment Advisor			
Attorney			
Accountant			
Personal Secretary			
Retirement Benefit Administrator			
Other Advisors			

PART III - ASSET INVENTORY SUMMARY

	Self	Spouse	Joint
Cash or equivalents			
Checking account(s)			
Savings account(s)			
Certificates of Deposit			
Marketable Securities (from Schedule A-1)			
Mortgages & leases			
Foreign assets			
Business interests			
IRAs (from Schedule. B)			
Annuities (from Schedule B)			
Qualified Plans (from Schedule B)			
Stock Options (from Schedule A-2)			
Other Employee Benefits			
Life Insurance (from Schedule D)			
Cars, trailers & other motor vehicles			
Boats & aircraft			
Personal effects, jewelry, furs			
Collections, works of art			
Household effects			
Real Estate (from Schedule C)			
Other Assets			

TOTAL ASSETS			
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OTHER PROPERTY: Provide details for any custodianships under Gifts/Transfers to Minors Act or property held as nominee for others:

LIABILITIES: (Please indicate amounts, creditors and repayment provisions where appropriate)

	Self	Spouse	Joint
Taxes accrued			
Margin accounts			
Bank loans excluding mortgages			
Other secured debt			
Unsecured debt (credit cards)			
Charitable pledges			
Judgments against			
Installments contracts			
Leases			
Guarantees			
Other Liabilities			

TOTAL LIABILITIES			
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PART IV - GENERAL INFORMATION

1. Please indicate if you (and your spouse) currently have wills or grantor trusts.

Will(s)	Self:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Spouse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust(s)	Self:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Spouse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please attach copies.

2. If you and your spouse expect to receive gifts or inheritances, indicate:

	Expected Amount(s)	From Whom	When
Self			
Spouse			

3. Have you or your spouse filed any gift tax returns? Yes No
If yes, please attach copies.

4. Please attach copies of the federal income tax returns (including any IRS adjustments) of you and your spouse for the prior year.

5. Have you or your spouse ever made a gift under the Uniform Gifts (or Transfers) to Minors Act? Yes No

If so, who is the custodian? _____

6. List the following information for each person (or corporation) you would consider for either executor under your will or trustee (list two individuals if possible):

Name	Age	Address	Relationship	Occupation	Education

7. If you and your spouse should both be deceased, whom do you wish to serve as guardian of your minor children?

Name	Relationship	Address

8. Do you and your spouse have one or more safe deposit boxes? If so, list for each box:

	Box #1	Box #2
Name and address of bank		
Name and address of either deputy or co-tenant		
Box number		
Location of keys		
General description of contents		

9. If you are entitled to any military benefits, please briefly list the details.

10. Have you or your spouse granted an outstanding power of attorney? If so, please note the date and name of the attorney-in-fact.

11. Do you or your spouse hold a power of appointment (i.e. the right to direct the principal of a trust fund to another person upon your death) over any property? If so, describe briefly.

12. Have you or your spouse inherited any property (real or personal) within the last ten years? If so, describe the bequest briefly and list the name of the estate or the trust and the court and attorney involved (if any).

13. Are you or your spouse guarantors or endorsers of any notes, bonds or other obligations of another person? Please describe.

14. Are there any substantial judgments outstanding or lawsuits pending against either you or your spouse? Please describe.

15. Do you or your spouse have any substantial long-range charitable pledges outstanding? If so, list the details.

16. Do you or your spouse wish, or have you made, any special provisions regarding your burial, such as pre-paid funeral contracts, memorials, cremation, etc.? If so, please outline such provisions briefly.

17. Special Information Concerning Domicile

List all residences you presently occupy and estimate the amount of time spent at each.

Address	Time Spent Annually

During your married life, have you ever lived in a community property jurisdiction? (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas, Washington and certain foreign countries are community property jurisdictions). If so, indicate jurisdictions and dates lived in each.

18. Have either you or your spouse ever resided in any foreign countries? If so, list the countries and the dates of residence.

19. Do you or your spouse have any interests in foreign financial accounts or trusts? If so, please list.

Schedule A - 1

MARKETABLE SECURITIES

In lieu of completing this schedule, please attach a copy of a current brokerage statement.

Owner (J-H-W)	Description (including face amount of bonds or number of shares of stock)	Tax Cost	Current Value

Schedule A - 2

EMPLOYEE STOCK OPTIONS

Grant Date	Number of Shares	Exercise/Restriction Provisions	Option Price	Current Value

(In lieu of above, please attach copies of option certificates or grants)

Schedule B

Individual Retirement Accounts (IRAs)/Annuities/ Qualified Plan Benefits

IRA Owner	IRA Trustee/Custodian & Account Number	Beneficiary	Amount

Annuity Owner	Type of Annuity	Company & Contract Number	Beneficiary	Amount

Plan of:	Type of Plan	Plan Sponsor & Address	Beneficiary	Amount

Schedule C

REAL ESTATE

	Personal Residence	Property #2	Property #3
Location and description			
Owner(s) and form of ownership			
Cost (including improvements)			
Cost contributed by each joint owner (if owned with someone other than spouse)			
Estimated fair market value			
Mortgage:			
- Current balance			
- Termination date			
Equity in property			

Schedule D

LIFE INSURANCE

Are you insurable? Yes No Don't know

Please list below all life insurance policies owned by you or your spouse.

	Policy 1	Policy 2	Policy 3
Insured			
Face Amount			
Company			
Policy Number			
Issue Date			
Type of Policy (i.e., term, whole life, variable life)			
Owner of Record			
Beneficiary Designation			
Settlement Option Elected			
Annual Premium			
Current Cash Value			
Loans Outstanding			

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