

TAX AND ESTATE PLANNING QUESTIONNAIRE

**McCUE & LEE, LLP
535 BOYLSTON STREET – 6th FLOOR
BOSTON, MASSACHUSETTS 02116
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CONFIDENTIAL

I. FAMILY INFORMATION

Name _____ Date _____

Home Address _____

Telephone Numbers _____ (Home) _____ (Office)

Soc. Sec. No. _____ U.S. Citizen : Yes _____ No _____

Occupation _____ Birthdate _____

Business Address _____

Spouse's Name (if any) _____

Spouse's Soc. Sec. No. _____ Birthdate _____

Spouse's Occupation (if any) _____ U.S. Citizen : Yes _____ No _____

Names of Children (if any)	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any other dependents? (Please list relationships, names, and ages)

Are there any special considerations that might affect your financial planning (e.g., prior marriages, special health or education needs of family members, other extraordinary financial obligations)? Please furnish copies of any antenuptial, separation, divorce, buy-sell or other agreements which might affect your tax and estate plan.

II. GENERAL INFORMATION

Do you have a financial advisor? Yes _____ No _____ If yes, please indicate name and address

Do you have an accountant? Yes _____ No _____ If yes, please indicate name and address

Do you have an insurance agent? Yes _____ No _____ If yes, please indicate name and address

Do you have a will? Yes _____ No _____ Year signed _____

Do you have a trust? Yes _____ No _____ Year signed _____

Does your spouse have a will? Yes _____ No _____ Year signed _____

Does your spouse have a trust? Yes _____ No _____ Year Signed _____

Please indicate your preference for:

1. Executor (indicate relationship, if any) _____

Address _____

Alternate Executor (indicate relationship, if any) _____

Address _____

2. Guardian (indicate relationship, if any) _____

Address _____

Alternate Guardian (indicate relationship, if any) _____

3. Trustee (indicate relationship, if any) _____

Address _____

Alternate Trustee (indicate relationship, if any) _____

Address _____

III. PERSONAL BALANCE SHEET

	Self	<u>Ownership</u> Spouse	Held In Joint Name
A. Estimated Value of Assets (Current Value)			
Bank Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Mutual Funds	_____	_____	_____
Primary Residence (Full Market Value)	_____	_____	_____
Secondary Residence (Full Market Value)	_____	_____	_____
Income-Producing Real Estate (Full Market Value)	_____	_____	_____
Non-Income-Producing Real Estate e.g., Vacant Land (Full Market Value)	_____	_____	_____
Value of Ownership Interest in a Business or Professional Practice	_____	_____	_____
Value of Corporate Pension/Profit- Sharing Plan(s)	_____	_____	_____
Value of IRA/KEOGH	_____	_____	_____
Personal Property (e.g., Art, Jewelry, Antiques, etc.)	_____	_____	_____
Other Assets	_____	_____	_____
Monies Owed to You	_____	_____	_____

Please provide address(es) of secondary residence and other real estate:

1. _____
2. _____
3. _____
4. _____

III. PERSONAL BALANCE SHEET (cont'd)

LIFE INSURANCE

POLICIES ON YOUR LIFE

	1	2	3	4
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Type (whole life or term)	_____	_____	_____	_____
Face value	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____

LIFE INSURANCE

POLICIES ON LIFE OF SPOUSE

	1	2	3	4
Company	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____
Type (whole life or term)	_____	_____	_____	_____
Face value	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____

B. LIABILITIES (current balance)	SELF	SPOUSE	HELD IN JOINT NAME
Mortgage on Primary Residence	_____	_____	_____
Mortgage(s) on Secondary Residence(s)	_____	_____	_____
Mortgage(s) on Other Property	_____	_____	_____
Other Debts and Liabilities	_____	_____	_____