

FABISCH LAW, L.L.C.

Probate • Estate Planning • Elder Law • Tax

Office Address

**664 Pearl St.
Brockton, MA
02301**

Matthew L. Fabisch

**Managing Attorney
Tel: 401-324-9344
Fax: 401-354-7883
Fabisch@Fabischlaw.com**

Mailing Address

**P.O. Box 17213
Esmond, Rhode Island
02917**

FABISCH LAW, L.L.C. ESTATE PLANNING INTAKE INFORMATION FORM

Dear Sir or Madam:

Thank you for contacting me to assist you in creating your estate plan. Proper estate planning will allow you, instead of the government, to decide how your assets are distributed upon your death, ease the administrative burden on your heirs, and reduce the overall cost of finalizing your affairs.

I know that this questionnaire is long. Preparing your estate plan properly takes a lot of time and requires a lot of information. Please fill out the following pages as well as you can and return them to me as soon as possible. I will help with any questions that you do not understand. If we work together on this, we can protect your family from hardship and give you the peace of mind to know that your estate will be managed as you desire.

I look forward to working with you to make sure that you have an estate plan that fully satisfies your wishes.

Thank you!

Matthew L. Fabisch

Managing Attorney
Fabisch Law, L.L.C.
401-324-9344
664 Pearl St.
Brockton, MA 02301

FABISCH LAW, L.L.C.
ESTATE PLANNING CLIENT INTAKE FORM

Today's Date: _____

Client Information

Client Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

_____ Eve. Phone: _____

E-mail: _____

County of Residence: _____

U.S. Citizen: Yes ___ No ___ If not, citizen of _____

Employer: _____

Retirement Date: _____ Veteran: Yes ___ No ___

If Yes, Branch and
Dates of Service _____

Co-Client Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

_____ Eve. Phone: _____

E-mail: _____

County of Residence: _____

U.S. Citizen: Yes ___ No ___ If not, citizen of _____

Employer: _____

U.S. Citizen: Yes ___ No ___ If not, citizen of _____

Retirement Date: _____ Veteran: Yes ___ No ___

If Yes, Branch and
Dates of Service_____

If spouse is deceased, date of death: __/__/____

Family Information

Date of Marriage: __/__/____

Place of Marriage:_____

Children:

First Born Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

E-mail: _____

Relationship to Client: Natural Child Adopted Step Child
 Child Born out of Wedlock Deceased

Relationship to Co-Client: Natural Child Adopted Step Child
 Child Born out of Wedlock Deceased

Spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If spouse is deceased, date of death: __/__/____

Grandchildren names and birth dates: _____

Next Born Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

E-mail: _____

Relationship to Client: Natural Child Adopted Step Child
 Child Born out of Wedlock Deceased

Relationship to Co-Client: Natural Child Adopted Step Child
 Child Born out of Wedlock Deceased

Spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If spouse is deceased, date of death: __/__/____

Grandchildren names and birth dates: _____

Next Born Full Name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Address: _____ Day Phone: _____

E-mail: _____

Relationship to Client: Natural Child Adopted Step Child
 Child Born out of Wedlock Deceased

Relationship to Co-Client: Natural Child Adopted Step Child
 Child Born out of Wedlock Deceased

Spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If spouse is deceased, date of death: __/__/____

Grandchildren names and birth dates: _____

Have you or your spouse been married before? Yes __ No __

 If yes, prior spouse: _____ Date of Birth: __/__/____ SSN: ____-__-____

If prior marriage ended in a divorce, name of the court entering the divorce and date of final order _____

If prior spouse is deceased, date of death: __/__/____

 Are there any children from this previous marriage/

 If yes, name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Do you or your spouse have any other children?

 If yes, name: _____ Date of Birth: __/__/____ SSN: ____-__-____

Do you or your spouse have any children who have died leaving children? Yes __ No __

Do you and your spouse have a pre-nuptial or post-nuptial agreement? Yes __ No __

Are all of your children and grandchildren in good health? Yes No

Are any of your children or grandchildren blind? Yes No

Are any of your children or grandchildren disabled? Yes No

Are any of your children or grandchildren receiving Supplemental Security Income or SSDI? Yes No

If yes, how much is the child's monthly payment? \$ _____

Are any of your children or grandchildren receiving Medicaid or Medicare? Medicaid Medicare

Do any of your children or grandchildren have any problems with:

Serious physical or mental illness? Yes

No Drug Addiction? Yes

No Alcoholism? Yes No

Debt problems/ bankruptcy? Yes No

Marital Difficulty? Yes No

If you answered yes above, please list the name and reason for listing that child.

Do any of your children owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information:

Medical/Disability

Is anyone at risk for becoming seriously ill or disabled because of a medical condition or family history?

Yes ___ No ___

If yes, please explain: _____

Has anyone in your family recently entered a hospital or skilled nursing facility? Yes ___ No ___

Name of Facility _____ Date of admission _____
Date of Discharge _____ Diagnosis _____

Health Insurance

	You	Spouse
Medicare	_____ Number	_____ Number
Insurance from Employer	_____	_____
Medicare Supplement	_____	_____
Long Term Care Insurance	_____	_____
Other	_____	_____

Legal Documents

	Date Executed	Location of Document
Last Will and Testament	_____	_____
Durable Power of Attorney	_____	_____
Living Will/Health Care Proxy	_____	_____
Living Trust	_____	_____

I am the legally appointed guardian of _____.

I am serving as a power of attorney for _____.

I am serving as executor or administrator of the following estates _____.

I am involved in the following lawsuits _____.

I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington) _____.

Other legal concerns: _____.

SCHEDULE 1: ASSETS AND RESOURCES

(Please bring recent bank statements with you to your initial meeting or provide copies. If you have contact information of the company holding the asset, please provide that on the reverse.)

CASH ACCOUNTS

TYPE: Checking Account (CA), Savings Account (SA), Certificates of Deposit (CD) (indicate type below).

EVIDENCE OF TITLE: Signature card or the document you signed to set up the account.

Name of Institution	Type of Acct.	Acct. Number	Owner(s)	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

INVESTMENT ACCOUNTS

TYPE: Money Market (MM), Investment (I), Cash Management (CM), or Other account (please give type below)

EVIDENCE OF TITLE: The documents you signed to set up the account, account statement.

Name of Brokerage Firm	Type of Acct.	Acct. Number	Owner(s)	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL _____

STOCKS

TYPE: Stock in publicly owned corporations which is stock traded on an exchange or over the counter. (Stock owned in family or nonpublicly traded companies should be listed under "Corporate Business and Professional Interests." Stocks held in a street name or investment account should be listed under "Investment Accounts").

EVIDENCE OF TITLE: Stock certificate.

Company	Owner(s)	Number of Shares	Fair Mkt Value
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL _____

BONDS

TYPE: U.S. Savings Bonds, corporate, municipal, etc., (indicate type below).

EVIDENCE OF TITLE: Bond instrument.

Type	Owner(s)	Face Value	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
			TOTAL _____

PERSONAL EFFECTS

(If any of your assets are in a Safe Deposit Box, please indicate the location of the box, the owners or the box and what assets are contained in the box.)

TYPE: Major personal effects such as motor vehicles, boats, jewelry, collections, antiques, furs, and all other valuable non-business personal property (indicate type below and give a lump sum value for miscellaneous, less valuable items).

EVIDENCE OF TITLE: Registration or title issued by your state, bill of sale, receipt, canceled check, or source of cash to purchase property, gift tax return, or inheritance tax return if you received property by gift or inheritance.

Type	Owner(s)	Face Value	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
			TOTAL _____

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K) (indicate type below).

EVIDENCE OF TITLE: Summary plan description, documents you signed to set up the plan, account statement, beneficiary designation.

Type of Plan	Company	Beneficiary Upon Your Death	Percent Vested	Value
_____	_____	_____	_____	_____

TOTAL _____

LIFE INSURANCE POLICIES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity (indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

EVIDENCE OF TITLE: The policy itself, including all endorsements & amendments, & original application you signed.

Company _____

Policy Number _____ **Type** _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ **Who Pays Premium** _____

Face Amount _____ **Cash Value** _____

Amount of loans on policy _____

Company _____

Policy Number _____ **Type** _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ **Who Pays Premium** _____

Face Amount _____ **Cash Value** _____

Amount of loans on policy _____

Company _____

Policy Number _____ **Type** _____

Insured _____

Primary Beneficiary _____

Secondary Beneficiary _____

Owner _____ Who Pays Premium _____

Face Amount _____ Cash Value _____

Amount of loans on policy _____

MORTGAGES, NOTES, AND OTHER RECEIVABLES

TYPE: Mortgages or promissory notes payable to you; other monies owed to you (not owed by you)

EVIDENCE OF TITLE: Promissory note, written contract, or other documents creating right to receive payment.

Name of Debtor	Date of Note	Date Note Due	Owed To	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				_____

PARTNERSHIP INTERESTS

TYPE: General and Limited Partnerships. Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.

EVIDENCE OF TITLE: Partnership agreement, certificate of partnership, or any documents you signed when purchasing the partnership interest. Include any buy/sell agreements.

Partnership Name	General Partner	Limited Partner	Owner	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL				_____

CORPORATE BUSINESS AND PROFESSIONAL INTERESTS

TYPE: Privately owned (non-publicly traded) stock. (Please put √ if a Buy/Sell Agreement exists and, if stock is owned either JT or TC with someone other than spouse, please furnish name and relationship.)

Company	Number Of Shares	Buy/Sell Agreement	Ownership Percentage	Owner	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

EVIDENCE OF TITLE: Copies of wills or trusts, copy of lawsuits or judgments, or any other document that evidences your anticipated interest.

DESCRIPTION:

TOTAL ESTIMATED VALUE _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

EVIDENCE OF TITLE: Documents you signed to purchase the property, documents you received when you received the property, or any other document you have that shows you own the property.

Description	Owner(s)	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL _____

SUMMARY OF VALUES

ASSETS	You	Spouse	Joint
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Life Insurance Policies & Annuities	_____	_____	_____
Mortgages, Notes & Other Receivables	_____	_____	_____
Partnership Interests	_____	_____	_____
Corporate Business & Professional Interests	_____	_____	_____
Real Property	_____	_____	_____
Anticipated Inheritance, Gift or Lawsuit Judgment	_____	_____	_____
Other Assets	_____	_____	_____
TOTAL ASSETS:	_____	_____	_____

LIABILITIES	You	Spouse	Joint
Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Real Estate Mortgages Payable	_____	_____	_____
Contingent Liabilities	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Obligations: _____	_____	_____	_____
Other Obligations: _____	_____	_____	_____
Other Obligations: _____	_____	_____	_____
Other Obligations: _____	_____	_____	_____
TOTAL LIABILITIES	_____	_____	_____

NET ESTATE _____

Monthly Income:	You	Your Spouse	Joint
Social Security	\$ _____	\$ _____	\$ _____
Employment	\$ _____	\$ _____	\$ _____
Pension from _____	\$ _____	\$ _____	\$ _____
IRAs, Annuities, etc.	\$ _____	\$ _____	\$ _____
Rents	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Totals:	\$ _____	\$ _____	\$ _____

Which sources of income have a benefit for a surviving spouse? _____

Monthly Expenses

Health Insurance Premium _____ Medical Expenses _____

Real Estate Taxes _____ Homeowner's insurance premium _____

Mortgage/ Rent Payment _____ Condo Fee/maintenance _____

Do you pay for heat and utilities? Yes ___ No ___

Personal Property (Autos, Recreational Vehicles, Boats, Antiques, Heirlooms, Jewelry, Collections, etc.)

Description of Property	Value	In Whose Name?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE 2. – SELECTING BENEFICIARIES

Please note we will spend time during our first meeting completing Schedule 2 and Schedule 3. However, you may want to review your existing documents (if any) and the following choices of beneficiaries and fiduciaries in preparation for our meeting.

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

A. First-choice beneficiaries: Children Other

B. Second-choice beneficiaries: Children Other

C. Third-choice beneficiaries: Children Other

D. Any specific disposition of your residence?

E. Any specific gifts of special articles, such as art or jewelry?

F. Any specific disposition of other household and/or personal effects?

G. Other information you think is important to your estate planning:

SCHEDULE 3. – SELECTING FIDUCIARIES

(Please provide names, addresses and phone numbers if chosen person is not a child or spouse.)

POSITION

WILL SELECTIONS:

Executor or Co-Executors: _____

1st Successor(s) _____

2nd Successor(s) _____

Trustee or Co-Trustees _____

Guardian(s) for minor or _____

Disabled Children _____

FINANCIAL GENERAL POWER OF ATTORNEY:

Agent or Co-Agents _____

1st Successor(s) _____

2nd Successor(s) _____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

___ No, each task must be undertaken jointly by all Co-Agents.

___ Yes, my Co-Agents may act independently of each other.

HEALTH CARE POWER OF ATTORNEY & LIVING WILL:

Agent or Co-Agents _____

1st Successor(s) _____

2nd Successor(s) _____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

___ No, each task must be undertaken jointly by all Co-Agents.

___ Yes, my Co-Agents may act independently of each other.

CERTIFICATION

The undersigned hereby represents to Fabisch Law, L.L.C. that the information contained in this questionnaire (including the attached schedules) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Fabisch Law, L.L.C. may not be appropriate.

Signature of Client or Client Representative

Date

REFERRAL

Who referred you to our office?

Name: _____

Company Name: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Have you visited our website at www.Fabischlaw.com? Yes No

Do you have any ideas for improving our website? If so, please let us know: _____

Please bring copies of the following documents with you to your meeting with the attorney:

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds, Appraisals
3. Admission Agreements to hospitals and health facilities
4. Divorce Decrees, Prenuptial Agreements, Adoption Papers
5. Guardianship Documents
6. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
7. Long Term Care Insurance Policies, if any.
8. Current bank statements (even if the account is a joint bank account).
9. Promissory Notes or mortgages for any loans you have made to others.
10. Current brokerage statements.
11. Current mutual fund statements.
12. Copies of any Savings Bonds.
13. Annuity contracts, recent annuity statements, and current beneficiary designations.
14. Life insurance policies, recent statements, and current beneficiary designations.
15. Current statements for any debts (car loan, mortgage, etc.).
16. Current automobile titles.
17. Cemetery deeds and prepared funeral expense information.
18. Qualified retirement account statements (such as an IRA, 401(k), 403(b)) and current beneficiary designations.

**DRIVING DIRECTIONS TO
THE FABISCH LAW, L.L.C. OFFICES
401-324-9344**

Our Massachusetts Location

664 Pearl St. Brockton, MA 02301

Take Route 24 to Exit 17B, Belmont Street. Take a right onto Pearl St. We are at 664 Pearl Street through the back entrance.

Our Rhode Island Location

16 International Way, Warwick, RI 02886

Take I-95 to Exit #10A, onto Route 117 East heading towards Post Road. At Post Road, take a right onto Post Road. Follow Post Road until you reach 4474 Post Road East Greenwich and turn Left into the parking lot. Enter into the building and take a seat in the conference room (first door on your left). If the conference room is occupied, please have a seat in the waiting area located directly behind the conference room.