

Date Completed:

Client Name:

# CONSULTATION PREP WORKSHEET

*Thank you for booking a consultation with our firm.  
We look forward to meeting with you.*

We ask that you complete this worksheet and submit it to our office **1 week prior** to your consultation. This gives your attorney time to review your information and prepare for your consult, making your meeting time more productive. The meeting will be focused on your concerns and goals. At that time, the attorney will outline their recommendations to achieve your goals and provide the associated pricing.

- If you need assistance completing the information, call our office and we will be happy to help you.
- We don't need account numbers at this time.
- Don't worry about total accuracy – just do the best you can.
- Please remember that you may bring anyone to the meeting you believe will assist you in making decisions about your planning.

ALL INFORMATION IS STRICTLY CONFIDENTIAL



Surprenant & Beneski, P.C.

*Strategic Planning for Your Peace of Mind*

ESTATE PLANNING | ELDER LAW

**NEW BEDFORD OFFICE\***

35 Arnold Street  
New Bedford, MA 02740  
P 508.994.5200  
F 508.994.2227

**HYANNIS OFFICE\***

336 South Street  
Hyannis, MA 02601  
P 508.477.1102

**EASTON OFFICE\***

45 Bristol Drive  
Easton, MA 02375  
P 508.427.5400

\*DIRECT ALL CORRESPONDENCE TO THE NEW BEDFORD OFFICE

[www.MyFamilyEstatePlanning.com](http://www.MyFamilyEstatePlanning.com)



## PERSONAL INFORMATION

CLIENT #1			
Full Name: PLEASE PRINT <i>(Name you want to appear on your estate planning documents)</i>		Also Known As: <i>(other names used to title property and accounts)</i>	
Name Prefer to be Called:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
			US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	E-mail Address:
Are you Married: <input type="checkbox"/> YES <input type="checkbox"/> NO		If married, your Date of Marriage:	
Are you a Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO		If a Veteran, your Dates of Service:	
Health Insurance Company:		Health Insurance Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Family	Monthly Premium: \$
Long Term Care Insurance:			
Current Physical & Mental Conditions:			

CLIENT #2 (IF APPLICABLE)			
Full Name: PLEASE PRINT <i>(Name you want to appear on your estate planning documents)</i>		Also Known As: <i>(other names used to title property and accounts)</i>	
Name Prefer to be Called:		Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
			US Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:			
City:		State:	Zip Code:
Home Phone:		Cell Phone:	E-mail Address:
Are you a Veteran: <input type="checkbox"/> YES <input type="checkbox"/> NO		If a Veteran, your Dates of Service:	
Health Insurance Company:		Health Insurance Plan: <input type="checkbox"/> Individual <input type="checkbox"/> Family	Monthly Premium: \$
Long Term Care Insurance:			
Current Physical & Mental Conditions:			

## CHILDREN & FAMILY INCLUDING LEGALLY ADOPTED CHILDREN

CHILD #1				
Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Parent: <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	Number of his/her Children:	Is this child disabled?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you concerned with this child's ability to manage money? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:				
City:		State:	Zip Code:	
Home Phone:	Cell Phone:	E-mail Address:		

CHILD #2				
Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Parent: <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	Number of his/her Children:	Is this child disabled?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you concerned with this child's ability to manage money? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:				
City:		State:	Zip Code:	
Home Phone:	Cell Phone:	E-mail Address:		

CHILD #3				
Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Parent: <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	Number of his/her Children:	Is this child disabled?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you concerned with this child's ability to manage money? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:				
City:		State:	Zip Code:	
Home Phone:	Cell Phone:	E-mail Address:		

CHILD #4				
Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Age:
Parent: <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	Number of his/her Children:	Is this child disabled?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you concerned with this child's ability to manage money? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Street Address:				
City:		State:	Zip Code:	
Home Phone:	Cell Phone:	E-mail Address:		

## CHILDREN & FAMILY | CONTINUED

CHILD #5			
Full Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Age:			
Parent: <input type="checkbox"/> Ours <input type="checkbox"/> His <input type="checkbox"/> Hers	Number of his/her Children:	Is this child disabled?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you concerned with this child's ability to manage money? <input type="checkbox"/> YES <input type="checkbox"/> NO
Street Address:			
City:		State:	Zip Code:
Home Phone:	Cell Phone:	E-mail Address:	

ADDITIONAL CHILDREN & FAMILY INFORMATION		
Do you have any deceased children? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, did they leave surviving children? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list the surviving children?
Do any of your children have step-children? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, list the step-children?	
Do you want to exclude anyone from receiving any portion of your estate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, who do want to want to exclude?	

## YOUR PLANNING OBJECTIVES

In your own words, briefly outline your objectives for our meeting:

Has either of you attended any of our seminars? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, where and when have you attended our seminars?	How were you referred to our office?
-------------------------------------------------------------------------------------------------------------	--------------------------------------------------------	--------------------------------------

	CLIENT #1:	CLIENT #2:
Do you have a Will? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Trust? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Durable Power of Attorney? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Massachusetts Health Care Proxy? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a HIPAA Release? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Living Will/Advance Directive? <i>Please supply copies or if possible send them in advance of meeting.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you making payments pursuant to a divorce or property settlement order? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please supply a copy.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you own a business? <i>If yes, please supply documentation.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has either spouse ever filed federal or state gif tax returns? <i>Please supply copies of these returns.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is either spouse currently the beneficiary of anyone else's trust? <i>If yes, please explain in the Additional Message section.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

YOUR PLANNING OBJECTIVES | CONTINUED

ADDITIONAL MESSAGE

Additional information from previous page or anything else you want to tell me.

ADVISORS

Accountant:	Accountant Phone:
Financial Advisor:	Financial Advisor Phone:
Life Insurance Agent:	Life Insurance Agent Phone:

Who (if anyone) do you need to be at a meeting in order for you to make decisions about your planning? *(Could be child, advisor, friend)*

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below. Attach additional pages, if necessary.

Earned Monthly Income from Labor: <input type="checkbox"/> Gross <input type="checkbox"/> Net	Client #1 - Earned Income: \$	Client #2 - Earned Income: \$	Joint - Earned Income: \$
Monthly Social Security Income: <input type="checkbox"/> Gross <input type="checkbox"/> Net	Client #1 - S.S. Income: \$	Client #2 - S.S. Income: \$	Joint - S.S. Income: \$
Monthly Pension Income: <input type="checkbox"/> Gross <input type="checkbox"/> Net	Client #1 - Pension Income: \$	Client #2 - Pension Income: \$	Joint - Pension Income: \$
Other Monthly Income: <input type="checkbox"/> Gross <input type="checkbox"/> Net	Client #1 - Other Income: \$	Client #2 - Other Income: \$	Joint - Other Income: \$

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.  
*(please list manner in which title held- Joint Tenant, Community Property, Separate Property, Tenant in Common)*

General Description and/or Address:	Owner:	Market Value:	Equity:
		\$	\$
General Description and/or Address:	Owner:	Market Value:	Equity:
		\$	\$
General Description and/or Address:	Owner:	Market Value:	Equity:
		\$	\$
		Total:	\$

Have you purchased or sold any property beyond your PRIMARY residence? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you recorded Homestead Declaration? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you receive a tax abatement for any property that you own? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how much is the abatement? \$

## RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), Qualified Annuity (tax-deferred annuity).

Financial Institution:	Owner:	Annuitant: (if applicable)	Beneficiary:	Account Balance:	Death Benefit:
				\$	\$
Financial Institution:	Owner:	Annuitant: (if applicable)	Beneficiary:	Account Balance:	Death Benefit:
				\$	\$
Financial Institution:	Owner:	Annuitant: (if applicable)	Beneficiary:	Account Balance:	Death Benefit:
				\$	\$
Financial Institution:	Owner:	Annuitant: (if applicable)	Beneficiary:	Account Balance:	Death Benefit:
				\$	\$

Total: \$

## LIFE INSURANCE POLICIES

TYPE: Term (has no cash surrender value), whole life (has a cash surrender value), split dollar, group life.

Financial Institution:	Owner:	Insured:	Type:	Beneficiary:	Cash Value, If Any:	Death Benefit:
					\$	\$
Financial Institution:	Owner:	Insured:	Type:	Beneficiary:	Cash Value, If Any:	Death Benefit:
					\$	\$

Total: \$

## BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests.

Description of Interest:	Owner:	Percent of Ownership:	Estimated Value:
			\$
Description of Interest:	Owner:	Percent of Ownership:	Estimated Value:
			\$

Total: \$

## MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor:	Date of Note:	Maturity Date:	Owed To:	Current Balance:
				\$
Name of Debtor:	Date of Note:	Maturity Date:	Owed To:	Current Balance:
				\$

Total: \$

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit.

Anticipated Moneys: Describe in appropriate detail.	Estimated Value:
	\$
Anticipated Moneys: Describe in appropriate detail.	Estimated Value:
	\$

Total: \$

## CHECKING, SAVINGS, CD, & MONEY MARKET ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (indicate type below). Do not include IRA's or 401(k)'s here. Please check the box below to indicate the accounts that receive your monthly income (e.g. social security, pension and/or required distributions).

Name of Institution:	Type:	Income Deposited: <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner:	Approximate Value: \$
Name of Institution:	Type:	Income Deposited: <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner:	Approximate Value: \$
Name of Institution:	Type:	Income Deposited: <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner:	Approximate Value: \$
Name of Institution:	Type:	Income Deposited: <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner:	Approximate Value: \$

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.

Total:

\$

## NON-QUALIFIED ANNUITIES

A non-qualified annuity is an annuity funded with after-tax dollars. While distributions from a qualified annuity are taxed as income, distributions from a non-qualified annuity are not subject to income tax in their entirety. Generally, only the capital gain is taxable.

Financial Institution:	Owner:	Annuitant: (if applicable)	Beneficiary:	Account Balance: \$	Death Benefit: \$
Financial Institution:	Owner:	Annuitant: (if applicable)	Beneficiary:	Account Balance: \$	Death Benefit: \$

Total:

\$

## STOCKS, BONDS, MUTUAL FUNDS & BROKERAGE ACCOUNTS

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (indicate type below)

Stocks, Bonds, Mutual Funds or Brokerage Accounts:	Type:	Owner:	Approximate Value: \$
Stocks, Bonds, Mutual Funds or Brokerage Accounts:	Type:	Owner:	Approximate Value: \$
Stocks, Bonds, Mutual Funds or Brokerage Accounts:	Type:	Owner:	Approximate Value: \$
Stocks, Bonds, Mutual Funds or Brokerage Accounts:	Type:	Owner:	Approximate Value: \$

Total:

\$

## GIFTS

Have you made any gifts or transfer of property to an individual or trust within the past five years? If yes, please list below

☐ YES ☐ NO

Asset Transferred To:	Asset Description:	Date Asset Transfer:	Estimated Value: \$
Asset Transferred To:	Asset Description:	Date Asset Transfer:	Estimated Value: \$

Total:

\$

**THANK YOU. YOUR FORM IS NOW COMPLETED.**



Surprenant & Beneski, P.C.

*Strategic Planning for Your Peace of Mind*

ESTATE PLANNING | ELDER LAW