
KAJKO, WEISMAN, COLASANTI & STEIN, LLP

ATTORNEYS AT LAW

WWW.MASSFIRM.COM

Peter J. Kajko
Mitchell E. Weisman
AnnMarie Colasanti
David B. Stein
Alisha S. Tomasino
Cynthia Sherman
Julie R. Hess

Edward A. Prisby*
Molly Wilson Chung

The Hon. Isaac Borenstein (Ret) **
Richard Keshian
of Counsel

430 Bedford Street, Suite 190
Lexington, MA 02420

Phone: (781) 860-9500
Fax: (781) 863-0046

*also admitted in NH
**also admitted in FL

ESTATE PLANNING CHECKLIST

Please use this checklist to collect your thoughts and ideas regarding your estate plan. It may also help you catalog your assets and their estimated values. Complete the checklist as best you can, but do not worry about questions which you do not understand or prefer not to answer. Your attorney will discuss wills, trusts, the probate process, Massachusetts and federal estate taxes, jointly owned property, avoiding probate through the use of trusts and other devices, durable powers of attorney and health care proxies.

Date completed: _____

Your Name: _____ Social Security # _____

Address: _____

Telephone: Home: _____ Cell: _____

Business: _____

Fax: _____

E-Mail Address: _____

Spouses Name: _____ Social Security # _____

Address: _____

Telephone: Home: _____ Cell: _____

Business: _____

Fax: _____

E-Mail Address: _____

PERSONAL INFORMATION

1. Your Date of Birth _____

Spouse's Date of Birth _____

2. U.S. Citizen: Yes No

Spouse: Yes No

3. State of Health: Client: _____ Spouse: _____

4. Occupation: Employers name, address, and phone number:

You: _____

Spouse: _____

5. Name and Address of Family Members:

Children: 1) _____ 2) _____
Name Name

Address Address

Phone Number Phone Number

Date of Birth Date of Birth

Social Security # Social Security #

E-Mail Address E-Mail Address

3) _____ 4) _____
Name Name

Address Address

Phone Number Phone Number

Date of Birth Date of Birth

Social Security # Social Security #

E-Mail Address E-Mail Address

6. Are any children adopted? Yes No

If yes, name of child: _____

7. Are any children handicapped or in poor health? Yes No

If yes, name of child: _____

8. Granchildren: Names, Age and Parents Names:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

9. Brothers/ Sisters, Names & Ages:

You:

Spouse:

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

4) _____

4) _____

10. Parents:

You:

Spouse:

Mother _____

Mother _____

Father_____

Father_____

11. Prenuptial or Marital Agreements (Bring with you to your appointment)

Yes No

12. Adopted Children: Include_____ Exclude_____ N/A_____

13. Name of Broker:_____ Telephone: _____

Name of Accountant:_____ Telephone: _____

Name of Insurance Agent:_____ Telephone: _____

14. Prior Wills, Trusts, or Powers of Attorney: Yes No

(Bring with you to your appointment)

15. Declaration of Homestead:

- I have made a homestead declaration. (Bring with you to your appointment)
- I do not have a homestead declaration.

GOALS

My (our) motivations for considering estate planning (*select all that apply*):

- Avoiding probate
- Guardianship for minor children
- Massachusetts and/or federal estate tax planning
- Other: _____

ASSETS

1. Cash (*savings and checking accounts, CD's, Money Market*)

<u>Type of Asset</u>	<u>Financial Institution</u>	<u>Title in which account is held</u> <i>(sole, joint, etc)</i>	<u>Current Value</u>

TOTAL: \$ _____

2. Life Insurance

<u>Name of Co.</u>	<u>Insured</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Face Amount</u>

TOTAL FACE AMOUNT: \$ _____

TOTAL CASH VALUE: \$ _____

3. Real Estate *(Bring copies of deeds to your appointment, if available)*

<u>Location</u>	<u>Date Acquired</u>	<u>Fair Market Value</u>	<u>How owned</u> <i>(joint/separate/trust)</i>

TOTAL: \$ _____

4. Stocks and Bonds Mutual Funds

<u>No. of Shares</u>	<u>Company</u>	<u>Common (C) Preferred (P)</u>	<u>Fair Market Value</u>	<u>How Owned</u> <i>(joint/separate/trust)</i>

TOTAL: \$ _____

5. Employee Benefits: *(Pension & Profit Sharing, IRA HR10 Plan)*

<u>Description</u>	<u>Beneficiary</u>	<u>Value</u>	<u>You or Spouse</u>

--	--	--	--

TOTAL: \$ _____

6. Business Interests Owned*

Firm Name and Address: _____

Type of Business: _____

Type of Ownership: Proprietorship
 Partnership
 Corporation

Other Owners: Yes No

If so, are other owners family members? Yes No

Is there a buyout agreement? Yes No (*If so, Bring a copy to your appointment*)

ESTIMATE TOTAL VALUE: \$ _____

**If other business assets are owned, please list a total of all business interests, values, and disclose information on other interests on additional pages.*

7. **Debts due me/us** (*mortgages held or notes receivable*)

<u>Name of Debtor</u>	<u>Address</u>	<u>Joint (J) or Separate (S)</u>	<u>Amount Due</u>

TOTAL: \$ _____

8. **Special and Personal Assets:** (*automobile, jewelry, furniture, boats, paintings, collection, etc.*)

<u>Description</u>	<u>Joint (J) or</u>	<u>Cost Basis</u> <i>(if known)</i>	<u>Current Value</u> <i>(approximate)</i>

Do you have a Rider for any of the above on your Homeowners Insurance? Yes No

9. **Transfers by Gift** (in excess of \$13,000 per donee)

<u>Type of Asset</u>	<u>Cost Basis</u>	<u>Value of Gift</u>	<u>Year</u>	<u>To Whom</u>	<u>Gift Tax Return Filed?</u>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>

TOTALVALUE: \$ _____

10. **Other Assets** (interest in a trust or estate, royalties, patents, etc.)

<u>Description</u>	<u>Approximate Current Value</u>	<u>You or Spouse</u>

TOTAL: \$ _____

TOTAL ALL ASSETS: \$ _____

LIABILITIES

1. Mortgages

<u>Description of Property</u>	<u>Name of Creditor</u>	<u>Balance Owed</u>

TOTAL: \$ _____

2.

Margin Accounts: _____

Life Insurance Loans: _____

Bank Loans: _____

3. Contingent Liabilities:

Endorser: _____

Guarantor: _____

Stockbroker's Accounts: _____

Leases: _____

TOTAL OF ALL LIABILITIES: \$ _____

OTHER ISSUES/QUESTIONS TO DISCUSS: _____

APPOINTMENTS

1. Proposed Executor/Executrix: _____

Address: _____

Alternate: _____

Address: _____

2. Proposed Guardian for Minor Children: _____

Address: _____

Alternate: _____

Address: _____

3. If a trust is desired or recommended:

Proposed Trustee: _____

Address _____

Substitute or Co-Trustee: _____

Address: _____

4. If a Power of Attorney is desired or recommended:

YOU:

Name of Agent: _____

Address: _____

Substitute or Co-Agent _____

Address: _____

SPOUSE:

Name of Agent: _____

Address: _____

Substitute or Co-Agent: _____

Address: _____

5. If a Health Care Proxy is desired or recommended:

YOU:

Primary Agent: _____

Address: _____

Telephone Numbers of Agent:

(H)_____ (W)_____ (C)_____

Email Address:_____

Substitute

Agent:_____

Address:_____

Telephone Numbers of Agent:

(H)_____ (W)_____ (C)_____

Email Address:_____

SPOUSE:

Primary

Agent:_____

Address:_____

Telephone Numbers of Agent:

(H)_____ (W)_____ (C)_____

Email Address:_____

Substitute

Agent:_____

Address:_____

Telephone Numbers of Agent:

(H)_____ (W)_____ (C)_____

Email Address:_____

6. Homestead Declaration. A homestead offers additional credit protection to a family. Trustees may also declare a homestead protecting beneficiaries of a trust.

BASIC WILL/TRUST CHECKLIST

1. Specific Gifts of Personal Property. Do you want to make specific gifts to individuals or charities? Yes No

Description of Gift: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Description of Gift: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Description of Gift: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Specific Gifts of Real Estate:

Description of Gift: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Description of Gift: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Description of Gift: _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

Are there any outstanding mortgages on real estate you wish to gift? Yes No

If yes, is/are mortgages to be:

- paid from the estate
- assumed by the beneficiary

Are furniture and furnishings to be included in the transfer of real estate? Yes No

3. Disposition of Remainder of the estate after specific gifts:

- Outright to Spouse and then equally to children; if a child does not survive, to that child's children (your grandchildren)
- Outright to Spouse, then equally between or among surviving children
- All to spouse, then as follows: _____

Ultimate Disposition. You might want to provide for the distribution of your estate if neither you, your spouse, your children or other beneficiaries survive at your death:

- 4. Tax Clause.** In the event your estate may have a state or federal estate tax due:
- All estate taxes should be paid by the estate (including estate taxes for jointly owned property, property passing by trust, insurance proceeds or other assets not passing through probate)
 - Estate taxes should be prorated between probate and non-probate assets

5. Special Provisions:

- I operate a business. I need to discuss continued operation or sale of the business after my death
- It is my preference that any real estate I own be sold by my executor after my death
- I want a “no contest provision”. In the event any beneficiary contests disposition of the estate a provision would disinherit the beneficiary if he/she loses the contest.
- I want to specifically disinherit certain persons. Please discuss this with me.