



Estate Planning Information

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DATE:

PERSONAL INFORMATION

Name of person filling out form:
Date of birth: SS#: U.S. citizen: Y / N
Spouse's name:
Date of birth: SS#: U.S. citizen: Y / N
Date of marriage: Prior marriages Y/N

Home Address:

Home) () E-Mail Address
(Work - you) () Cell
(Work - spouse) () Cell

Family Information

Table with 4 columns: Child's Name, Date of Birth, Address (if not home), Comments.

Should children born to or adopted by you after the date of the will be included?
Please note any adopted children or stepchildren.

At what age(s) would you like property distributed outright to your children? ("property" meaning non-tangible items, real estate and tangible goods of substantial value, unless otherwise noted)

Please Circle one of the following age distributions:

- A. All at once at a particular age, if A, then choose: 18 years old; 21 years old; 25 years old; or 30 years old
E. At 21 years old, 50% is distributed, 25 years old, the remaining one half (1/2)
F. At 21 years old, one-third (1/3) is distributed, at 25 years old, another one-third (1/3) is distributed and at 30 years old the remaining one-third (1/3)
G. At 25 years old, one-third (1/3) is distributed, at 30 years old, another one-third (1/3) is distributed and at 35 years old the remaining one-third (1/3)

OTHER BENEFICIARIES (IF ANY, such as parents, grandchildren, spouses of children, relatives or others you or your spouse want to include in your will.)

Name	Relationship	Date of Birth (if minor)	Address
1.			
Specific Cash/tangible gift to Beneficiary:			
2.			
Specific Cash/tangible gift to Beneficiary:			
3.			
Specific Cash/tangible gift to Beneficiary:			
4.			
Specific Cash/tangible gift to Beneficiary:			
5.			
Specific Cash/tangible gift to Beneficiary:			

Special Considerations for children or grandchildren: (prior marriages; special education or health needs; extraordinary financial obligations) _____

CHARITABLE DONATIONS: (Identify charities in which you are currently interested or which may benefit from your estate. _____

Are you or your spouse beneficiaries or trustees of any trust? Y/N _____
 Do you or your spouse anticipate receiving a substantial inheritance? Y/N _____

Asset Information

(1) **Real Estate** List any properties you or your spouse owns, please include the approximate value of the home and how much, if any, remains on your mortgage: _____

- (2) **Do you or your spouse have any of the following:**
- a. IRAs/401(k)s/other retirement accounts? Yes or No. If Yes, approximate value _____
 - b. Stocks/Bonds/Mutual Funds? Yes or No. If Yes, approximate value _____
 - c. Life insurance? Yes or No. If Yes, approximate value _____

LAST WILL & TESTAMENT

Who would you like to appoint in your Will to act as your Personal Representative (formerly executor) (the individual responsible for overseeing the distribution of property and for paying debts of the estate)?

Name: _____

Address (City & State): _____

Who would you like to appoint in your Will as an alternate Personal Representative, in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

Who would your spouse like to appoint in his/her Will to act as his/her Personal Representative?

Name: _____

Address (City & State): _____

Who would your spouse like to appoint as an alternate Personal Representative?

Name & Phone # _____

Address (City & State): _____

Who would you and your spouse like to appoint in your Wills as guardian (the individual who takes care of your children in the event of your death)? Spouses should appoint the same guardians.

Name & Phone # _____

Address (City & State): _____

Who would you and your spouse like to appoint in your Wills as an alternate guardian, in the event the person named above is unavailable?

Name & Phone #: _____

Address (City & State): _____

Who would you and your spouse like to appoint in your Wills as trustee (the individual who would oversee the trust established for your minor children in the event of your death)? Spouses should appoint the same trustees.

Name & Phone # _____

Address (City & State): _____

Who would you and your spouse like to appoint in your Wills as an alternate trustee, in the event the person named above is unavailable?

Name & Phone # _____

Address (City & State): _____

POWER OF ATTORNEY

Who would you like to appoint as your power of attorney (the individual to make your financial decisions for you in the event that you are incapacitated; typically your spouse if married)?

Name & Phone # _____

Address (City & State): _____

Who would you like to appoint as your alternate power of attorney, in the event the person named above is unavailable?

Name & Phone # _____

Address (City & State): _____

Who would your spouse like to appoint as his/her power of attorney?

Name & Phone # _____

Address (City & State): _____

Who would your spouse like to appoint as his/her alternate power of attorney?

Name & Phone # _____

Address (City & State): _____

HEALTH CARE PROXY

Who would you like to appoint as your health care proxy (the individual to make your health care decisions for you in the event that you are incapacitated; typically your spouse if married)?

Name & Phone # _____

Full Address: _____

Who would you like to appoint as an alternate health care proxy, in the event the person named above is unavailable?

Name & Phone # _____

Full Address: _____

Who would your spouse like to appoint as his/her health care proxy?

Name & Phone # _____

Full Address: _____

Who would your spouse like to appoint as an alternate health care proxy?

Name & Phone # _____

Full Address: _____

LIVING WILL

A living will is a set of instructions that memorializes your wishes if you do not want extraordinary life-sustaining measures used in the event you are terminally ill or in an irreversible coma. Although they are not recognized in Massachusetts by statute, living wills are still encouraged because they help instruct your health care proxy agent as to how to carry out your wishes regarding terminal illness.

Do you want a living will? Y/N Special directions you wish your health care proxy know about?

Prefer to Die at Home: _____
Donate Organs: _____ For Science: _____ .

Does your spouse want a living will? Y/N Special directions you wish your health care proxy know about?

Prefer to Die at Home: _____
Donate Organs: _____ For Science: _____ .

Comments? Questions? Or additional information: _____

