

CHIPMAN, MAZZUCCO,
LAND & PENNAROLA, LLC
ATTORNEYS AT LAW

ESTATE PLANNING INFORMATION SHEET

A. Client Name(s) and Information:

CLIENT 1 / SPOUSE 1:

Name: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

Citizenship: ☐ I am a U.S. Citizen ☐ I am not a U.S. Citizen

Have you been divorced: ☐ Yes ☐ No

Do you have any obligations under a divorce decree or separation agreement: ☐ Yes ☐ No

Have you signed a prenuptial agreement: ☐ Yes ☐ No

Do you currently have a Will: ☐ Yes ☐ No

CLIENT 2 / SPOUSE 2:

Name: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____ Email: _____

Citizenship: ☐ I am a U.S. Citizen ☐ I am not a U.S. Citizen

Have you been divorced: ☐ Yes ☐ No

Do you have any obligations under a divorce decree or separation agreement: ☐ Yes ☐ No

Have you signed a prenuptial agreement: ☐ Yes ☐ No

Do you currently have a Will: ☐ Yes ☐ No

B. Family Information:

I. Children and Grandchildren:

(1) CHILD ONE:

Name: _____ Date of Birth: _____

Address: _____

Check any of the following that apply:

This child was adopted []

This is a child of one spouse but not both spouses []

This child has special needs [] and, if so, this child is receiving government benefits []

This child is married [] and, if so, I have concerns about a potential divorce []

This child has children [] and, if so, my grandchildren's names and dates of birth are:

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

One or more of the grandchildren listed above has special needs []

(2) CHILD TWO:

Name: _____ Date of Birth: _____

Address: _____

Check any of the following that apply:

This child was adopted []

This is a child of one spouse but not both spouses []

This child has special needs [] and, if so, this child is receiving government benefits []

This child is married [] and, if so, I have concerns about a potential divorce []

This child has children [] and, if so, my grandchildren's names and dates of birth are:

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

One or more of the grandchildren listed above has special needs []

(3) CHILD THREE:

Name: _____ Date of Birth: _____

Address: _____

Check any of the following that apply:

This child was adopted []

This is a child of one spouse but not both spouses []

This child has special needs [] and, if so, this child is receiving government benefits []

This child is married [] and, if so, I have concerns about a potential divorce []

This child has children [] and, if so, my grandchildren's names and dates of birth are:

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

One or more of the grandchildren listed above has special needs []

(4) CHILD FOUR:

Name: _____ Date of Birth: _____

Address: _____

Check any of the following that apply:

This child was adopted []

This is a child of one spouse but not both spouses []

This child has special needs [] and, if so, this child is receiving government benefits []

This child is married [] and, if so, I have concerns about a potential divorce []

This child has children [] and, if so, my grandchildren's names and dates of birth are:

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

Grandchild's Name: _____ Date of Birth: _____

One or more of the grandchildren listed above has special needs []

II. Other Family Information:

Client 1 / Spouse 1:

Mother's Name: _____ Check here if living: []

Father's Name: _____ Check here if living: []

Siblings: _____ This sibling has children []

Siblings: _____ This sibling has children []

Siblings: _____ This sibling has children []

Client 2 / Spouse 2:

Mother's Name: _____ Check here if living: []

Father's Name: _____ Check here if living: []

Siblings: _____ This sibling has children ☐ Yes ☐ No

Siblings: _____ This sibling has children ☐ Yes ☐ No

Siblings: _____ This sibling has children ☐ Yes ☐ No

C. Questions Related to Your Estate Planning

(1) Do you own real property outside the state in which you reside? ☐ Yes ☐ No

(2) Do you own an interest in a business? ☐ Yes ☐ No

If yes, list the name and type of business (LLC, Partnership, Corp., S Corp., etc.):

(3) Are you interested in planning to minimize federal/state estate taxes? ☐ Yes ☐ No

(4) Are you expecting an inheritance in the foreseeable future? ☐ Yes ☐ No

(5) Have you previously established and funded any trusts? ☐ Yes ☐ No

(6) Are you interested in establishing a revocable living trust? ☐ Yes ☐ No

(7) Are you currently a beneficiary of any trusts? ☐ Yes ☐ No

(8) Are you currently a trustee of any trusts? ☐ Yes ☐ No

(9) Do you have any current concerns related to your health? ☐ Yes ☐ No

If yes, please briefly describe your concerns (special needs/disability/diagnosis, etc.):

(10) Are you interested in discussing ways to protect assets from long-term care costs? ☐ Yes ☐ No

(11) Are you interested in discussing Medicaid eligibility or related elder law issues? ☐ Yes ☐ No

(12) Do you own any Pets?

[] Yes [] No

If yes, please list the type of pets you own:

If you own pets, are you interested in establishing a pet trust?

[] Yes [] No

(13) Please describe any specific questions/concerns you would like to discuss or special provisions you would like to include in your Wills:

D. Appointments of Fiduciaries
(See last page for definitions)

I. Executors:

Client 1/ Spouse 1

Client 2 / Spouse 2

Primary: _____

Primary: _____

Successors: _____

Successors: _____

II. Trustees:

Client 1 / Spouse 1

Client 2 / Spouse 2

Primary: _____

Primary: _____

Successors: _____

Successors: _____

III. Guardian of Minor Children:

Primary: _____

Successors: _____

IV. Agent under a Durable Power of Attorney:

Client 1 / Spouse 1

Client 2 / Spouse 2

Primary: _____

Primary: _____

Additional or Successor Agents:

Additional or Successor Agents:

V. Health Care Representative:

Client 1 / Spouse 1

Client 2 / Spouse 2

Primary: _____

Primary: _____

Successors: _____

Successors: _____

VI. Conservator/Guardian of Adult:

Client 1 / Spouse 1

Client 2 / Spouse 2

Primary: _____

Primary: _____

Successors: _____

Successors: _____

E. Asset Information

Please List All Assets with Estimated Values

Please fill in the chart below to the best of your ability (estimated values are fine). For an example of what we are looking for, please see the Sample Asset Chart attached to this Client Information Sheet.

Asset	Owned by Client 1 / Spouse 1	Owned by Client 2 / Spouse 2	Jointly Owned
Real Property:			
Cash (checking/savings accounts, money market accounts, CD's, etc.):			
Investments (stocks, bonds, mutual funds, etc.):			
Business Interests:			

Retirement Accounts (IRAs, 401ks, etc.):			
Life Insurance:			
Personal Property (special collections, artwork, jewelry, cars, etc.):			
Other Assets:			
TOTAL:			

SAMPLE ASSET CHART

Asset	Owned by Client 1 / Spouse 1	Owned by Client 2 / Spouse 2	Jointly Owned
Real Property: Primary Residence 2 Wonderful Way Danbury, CT 06810			\$500,000
Cash (checking/savings accounts, money market accounts, CD's, etc.): Great Bank Savings Account Great Bank Checking Account	\$100,000		\$10,000
Investments (stocks, bonds, mutual funds, etc.): Investment Portfolio with ABC Investment Co.		\$500,000	
Business Interests: Sole Member of XYZ, LLC	\$1,000,000		
Retirement Accounts (IRAs, 401ks, etc.): IRAs	\$300,000	\$500,000	
Life Insurance: Whole Life Policy 20 Year Term Policy	\$500,000 \$1,000,000	\$500,000	
Personal Property (special collections, artwork, jewelry, cars, etc.): Art Collection Jewelry			\$100,000 \$50,000
Other Assets:			
TOTAL:	\$2,900,000	\$1,500,000	\$660,000

DEFINITIONS

Agent under a Durable Power of Attorney: An Agent under a Durable Power of Attorney is someone you designate to manage your assets and make financial decisions for you (pay your bills, sell real estate, manage your finances, etc.) if you become incapable of doing so yourself. Often, people will appoint more than one person with authority to act severally (any agent can act).

Conservator/Guardian of Adult: In Connecticut, a Conservator is someone who is appointed by the Probate Court to manage your assets and make financial decisions (a "Conservator of your Estate") and to make medical decisions for your (a "Conservator of your Person") if you are over age 18 and become incapable of managing your own affairs. In New York, such person is referred to as a Guardian and would be appointed by the Surrogate's Court.

Executor: An Executor is someone you designate in your Will who will be responsible for settling your estate upon your death. An Executor is appointed by the Probate Court (or the Surrogate's Court in New York) and has the responsibility to identify and collect your property, pay your debts, taxes and expenses of estate settlement, and distribute the remaining property in accordance with the terms of your Will.

Fiduciary: a person who is required to act for your benefit on all matters within the scope of such person's appointment. Your fiduciary owes you a duty of good faith, trust, confidence and candor.

Guardian of Minor Children: A Guardian is someone you designate in your Will who will be responsible for caring for your minor children (children under age 18) upon your death.

Health Care Representative: A Health Care Representative is someone you designate in your Health Care Instructions who will have the authority to make health care decisions on your behalf if you become incapable of doing so yourself. Your Health Care Instructions (referred to frequently as a "Living Will") will often include instructions about life support, end of life decisions, and organ donation.

Revocable Living Trust: A revocable living trust is a trust established while you are alive pursuant to a trust agreement. Revocable living trusts frequently take the place of Wills and include provisions for distribution of your assets upon your death. Revocable living trusts can also be beneficial for asset management upon incapacity and for avoiding probate proceedings.

Testamentary Trust: A testamentary trust is a trust established upon your death pursuant to the terms of your Will.

Trustee: A Trustee is someone you designate to hold property in trust for the benefit of others, to manage, protect and preserve the trust property, and to distribute trust property to or for the benefit of the beneficiaries in accordance with the terms of the trust. Examples of such trusts include trusts for the benefit of young children, trusts to reduce or eliminate estate taxes, trusts to protect assets from creditors or the costs of long-term care and revocable living trusts.