

WELCOME TO THE LAW OFFICE OF JOHN L. ROBERTS

1200 Converse Street, Longmeadow, Massachusetts 01106



**TRUST & ESTATE PLANNING TEMPLATE
for a SINGLE PERSON**

This Template will organize important information so we can begin to identify your best options. You may not have all the information close at hand. Fill in the information that you do have. To protect your privacy, log off your internet connection before you enter any data onto the form. Call to schedule an educational meeting, and print out your Template to bring to our office.

Your Name: _____

Street Address: _____

City, State, Zip Code _____

Your Phone: _____ **Cell:** _____

Your Email: _____

Today's Date: _____

[Printing Options](#)

[Effective Communication with Your Attorney](#)

People	Professional Planning Team	Property & Assets	Income & Resources	Your Plan and Legacy
People	<i>In this section, please list your children and / or the people who are most closely related to you.</i>			

Name of Relative	Street Address	City, State, Zip Code	Relationship	Date of Birth
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Were you previously married? YES NO Is your Spouse Deceased? ____ Were you Divorced? Year divorced: ____

Name of Previous Spouse: _____

	Professional Planning Team	Do you have professional advisors?
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An Accountant, CPA or Tax Preparer?

Name: _____

Address: _____

Phone: _____

Financial Advisor or other financial professional?

Name: _____

Address: _____

Phone: _____

A securities broker? Brokerage Firm?

Name: _____

Address: _____

Phone: _____

An insurance agent?

Name: _____

Address: _____

Phone: _____



	Property & Assets	
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YES NO *Do you own a residence, vacation home and / or other Real Estate?*



Please list the information about your real estate.

Real Estate Location, Address	Are You the Sole Owner? Joint Owner?	Property Value
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(List any current mortgage balance amount at the bottom of page 5)

Total Real Estate _____

Your bank account information.
Please list all of your bank accounts:



Bank Name & Type of Acct (Chk'ng, Savings, CD)	Sole Owner? Joint Owner?	\$ Bank Balance
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Current Total Bank Accounts _____

YES NO *Do you own a Traditional IRA, Roth IRA, Qualified Plan, 401k, 403(b) or other retirement accounts?*



Please list:

Custodian of Account, Type of Retirement Plan, and beneficiary designations	\$ Plan Value
-----------------------------------------------------------------------------	---------------

Total Current Value of IRA, 401k and other Retirement Plans _____

	Property & Assets	
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YES NO *Do you own any annuities?*

 Please list:

Financial Institution, term of annuity, beneficiary designation	\$ Surrender Value	\$ Annuity Face Value
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Annuity Values Totals _____

YES NO *Do you own any securities accounts, individual stocks, or, mutual funds?*

 Please list:



Name of Security	Number of shares	Market Value
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Total Current Value of Securities _____

YES NO *Do you own any corporate, municipal or US Savings bonds?*

 Please list:



Description, Ownership, Beneficiary Designations	\$ Current Value	\$ Bond Maturity Value
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Bond Value Totals _____

Property & Assets

YES NO **Do you own life insurance policies?**

WL = Whole Life; G = Group Term; T = Term; UL - Universal Life; SPWL = Single premium Whole Life; SL - Survivorship Life. Please list:

Insurance Company, Type of Policy, Beneficiaries	\$ Cash Surrender Value	\$ Policy Face Value
Insurance Policy Values Totals:		

YES NO **Do you have a substantial amount of cash on hand?**

Please list the amount of cash, and location.

Total Cash on Hand: _____



YES NO **Do you own, or have access to a safe deposit box?**

If Yes: list the location and contents of the safe deposit box. Is the safe deposit box owned jointly with another person?



YES NO **Do you own an interest in a partnership, an unincorporated business, or stock in an inactive or closely held corporation?**

Total Value of Business Interests _____



YES NO **Did you make any gifts or transfers during the past three years involving more than \$14,000.00? If YES, please list the \$ amount of each gift, and the name of person(s) who received each gift or transfer:**



YES NO **Have you ever filed any Gift Tax Returns? Please list the year(s):**

Attach photocopies of each Form 709 Gift Tax Return.

YES NO

Do you have Long Term Care Insurance? If YES, please list the provider, the \$ monthly or quarterly premium amount, elimination period and details of policy benefits.



Property & Assets

YES NO **Do you own any motor vehicles?**
Please list:



Year, make, model	Motor Vehicle Value

Total Current Market Value of Motor Vehicles _____

YES NO **Do you own any other types of property, such as Oil And Gas Interests, Literary And Artistic Rights, Patents, Copyrights, And Trademarks, Claims, Any Right Of Action or Lawsuit pending or possible in the future? If Yes, please describe:**

YES NO **Do you own articles of artistic or collectable value? Please list each item in the collection.**

YES NO **Do you have Joint Ownership of bank accounts, real estate or any other type of property that are not mentioned above? If Yes: describe the property and list name and address of the joint owner(s):**

YES NO **Do you own bank accounts, real estate or any other type of property not mentioned above as a Life Tenant or lifetime owner? If Yes: describe the property and list name and address of the joint owner(s) or remainder owner(s):**

YES NO **Do you owe any money to anyone?**
If Yes: list unpaid bills, loans, credit card balances, mortgages with:



Name of creditor, credit card company or lender, and nature of claim.	\$ Amount of Debt

Enter each debt as a negative number using - minus sign

Total Current Debts and Liabilities _____

Including bond maturity values and face values of life insurance at death TOTAL of ASSETS : _____
 less LIABILITIES : _____
TOTAL of ASSETS less LIABILITIES : _____

Income & Resources

Employment Income, Social Security Retirement or other government pension	Monthly Income
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Total Monthly Employment Income or Government Retirement Pension Income _____

IRA, 401k, annuity income	Monthly IRA Income
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<hr/>	<hr/>
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Total Monthly Retirement Plan Income _____

Income from stocks or bonds, bank interest or income from other sources	\$ Monthly Dividends & Interest
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Total Monthly Dividend & Interest Income _____

YES NO *Are you a Veteran? List years of service and indicate whether you receive any Veterans' Benefits:* _____

Total Monthly Veterans Income _____

Attach photocopies of discharge papers, account statements.

TOTAL MONTHLY INCOME: _____



YES NO *Do you have Power of Attorney? Year you signed the POA document: _____*
 Person you designated to manage your financial affairs: _____

YES NO *Do you have a Health Care Proxy? Year you signed the Proxy: _____*
 Name of Agent you designated to manage your health care: _____

YES NO *Do you have a Will? If yes, year signed: _____*
 Name of Personal Representative you designated to manage your estate: _____

YES NO *Have you created any Trusts? List Trustee(s) and other details:*



YES NO *Are there any Trusts that were not created by you, but which give you a power, a beneficial interest, or a trusteeship?*

YES NO *Are you the beneficiary of a Trust that claimed a tax deduction by an estate of a pre-deceased spouse?* _____

YES NO *Do you have power of appointment (ability to exercise or release ownership) over assets or property of other people?* _____

