

# PERSONAL INFORMATION QUESTIONNAIRE

**for  
as of**

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## WHY THIS QUESTIONNAIRE?

Following are a number of personal questions and requests for private information. We need this information; without it we cannot serve you properly. Just as no two people are exactly alike, no two estate plans should be exactly alike. Our goal is to tailor an estate plan to fit your particular circumstances. To do so, it is vital that we find out as much as we can about you, your family and what is important to you.

Rest assured that any and all information you give us will be held in strictest confidence. The attorney-client relationship is built on confidentiality, open communication and trust. Lawyers have always understood the importance of confidentiality. The Attorney-Client Privilege, the legal profession's Canons of Ethics and Rules of Professional Conduct and centuries of legal tradition ensure that the information you give us will remain private and confidential.

I look forward to working with you.

## CHECKLIST

Please return this PERSONAL INFORMATION QUESTIONNAIRE to us, along with copies of documents applicable to your situation, at least 3 days prior to the day we are scheduled to meet.

- Yes  No      Divorce Decree, Property Settlement documents
- Yes  No      Pre- or post- marriage or relationship agreements
- Yes  No      Federal Income Tax Return (most recent year)
- Yes  No      Prior Gift Tax Returns
- Yes  No      Prior Estate Tax Returns (for the estate of a former spouse)
- Yes  No      Most recent Will
- Yes  No      Most recent Revocable Living Trust
- Yes  No      Irrevocable Trusts established by you (ILITs, etc.)
- Yes  No      LLC/Partnership/Closely Held Corporation documents
- Yes  No      Irrevocable Trusts established by others under which you are a beneficiary
- Yes  No      Cash account statements (# \_\_\_\_\_)
- Yes  No      Investment account statements (# \_\_\_\_\_)
- Yes  No      Retirement account statements (# \_\_\_\_\_)
- Yes  No      Life Insurance policies (first page) (# \_\_\_\_\_)
- Yes  No      Deeds to real property (# \_\_\_\_\_)
- Yes  No      Other statements and documents (# \_\_\_\_\_)

# PERSONAL INFORMATION QUESTIONNAIRE

Your Full Name \_\_\_\_\_

Your Signature Name  
for Legal Documents \_\_\_\_\_ Nickname \_\_\_\_\_

Other Names by Which  
You Are Known \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Your Home Address  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Home Fax \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ County \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Office Fax \_\_\_\_\_

Your E-Mail Address \_\_\_\_\_

Marital/Partner Status \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Citizenship \_\_\_\_\_

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Spouse/Partner's Full Name \_\_\_\_\_

Spouse/Partner's Signature  
Name for Legal Documents \_\_\_\_\_ Nickname \_\_\_\_\_

Other Names by Which Your  
Spouse or Partner is Known \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Home Fax \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Employer (or "Retired") \_\_\_\_\_ Office Fax \_\_\_\_\_

Position \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Citizenship \_\_\_\_\_

E-Mail Address \_\_\_\_\_





## ACCOUNTING, FINANCIAL, AND LEGAL ADVISERS

We work with all of your personal advisers to make sure you receive the best possible planning. We rely heavily on your other advisers to carry out the strategies you choose.

### ACCOUNTANT

Firm Name

Address

Phone

Fax

E-Mail Address

### INVESTMENT

Firm Name

Address

Phone

Fax

E-Mail Address

### INSURANCE

Firm Name

Address

Phone

Fax

E-Mail Address

### LAWYER

Firm Name

Address

Phone

Fax

E-Mail Address

## PERSONAL QUESTIONS

Following are a number of personal questions. We have found that no two estate plans are exactly the same because no two people are exactly the same. Because we want to tailor an estate plan to fit your particular circumstances, it is vital for us to find out as much as we can about you, your family and what is important to you.

- Yes  No Do you have a child/family member with a learning disability?
- Yes  No Do you have a child/family member who receives governmental support or benefits?
- Yes  No Do you have a child/family member with special educational, medical, or physical needs?
- Yes  No Is a child/family member institutionalized?
- Yes  No Is a child/family member adopted?
- Yes  No Does a child/family member have a step-child?
- Yes  No Does a child/family member have a problem with alcohol or controlled substances?
- Yes  No Does a child/family member have a problem with gambling or other behaviors?
- Yes  No Do you provide primary or other major financial support to adult children?
- Yes  No Are you or your spouse/partner receiving social security, disability, or other governmental benefits?
- Yes  No Do you or your spouse/partner own a safe deposit box?
- Yes  No Do you own Long-Term Care insurance?
- Yes  No Have you made arrangements for your funeral or to purchase a burial plot?
- Yes  No Have either you or your spouse/partner been divorced? (If so, please send us a copy of any divorce decree and property settlement agreement).
- Yes  No Are you or your spouse/partner making payments pursuant to a marital settlement agreement? (If so, please send us a copy.)
- Yes  No Have you or your spouse/partner ever signed a pre- or post-marriage or relationship agreement? (If so, please send us a copy.)
- Yes  No Have you or your spouse/partner ever considered making a significant contribution to a religious, health care, educational or charitable organization?
- Yes  No Have you or your spouse/partner actually made arrangements for a

significant contribution to a religious, health care, educational or charitable organization, either during your lifetime or at your death? (Please send us a copy of any document you may have executed to confirm the arrangement.)

Yes  No

Have you or your spouse/partner ever filed federal or state gift tax returns? (If so, please send us a copy.)

Yes  No

Have you or your spouse/partner been widowed? (Please send us a copy of any federal or state estate tax return that you filed.)

Yes  No

Have you or your spouse/partner previously established a will or revocable living trust? (If so, please send us a copy.)

Yes  No

Have you or your spouse/partner previously established an irrevocable trust, e.g., a life insurance trust (ILIT), a qualified personal residence trust (QPRT), a grantor retained annuity trust (GRAT), or a charitable remainder or lead annuity trust (CRT or CLAT) or dynasty trust? (If so, please send us a copy.)

Yes  No

Have you or your spouse/partner previously established a family limited partnership, limited liability company or closely held corporation. (If so, please send us a copy.)

Yes  No

Are you or your spouse/partner the beneficiary of any trust established by another person, perhaps a parent or other relative? (If so, please send us a copy.)

We will want to go over any "yes" answers to these questions with you.

Please send any wills, trusts, agreements and other documents requested to us by mail, by fax or by email attachment to [rhg@richardhgregory.com](mailto:rhg@richardhgregory.com). See the document Checklist.

## YOUR REPRESENTATIVES

Who would you want to handle important matters for you if you could not handle them for yourself. WE CONSIDER YOUR ANSWERS TO THESE QUESTIONS TO BE AMONG, IF NOT THE, MOST IMPORTANT, DECISIONS YOU WILL BE CALLED UPON TO MAKE. Think about who you would want to act in your behalf, whether spouse, partner, child, etc. If you are not sure, list who you are considering, and we will help you decide who would be most appropriate.

**GUARDIANS FOR MINOR CHILDREN.** Who would you choose to raise your children?  
Note, a surviving parent will always have the right to raise his or her children.

N/A

First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_  
Third Choice \_\_\_\_\_

**DISABILITY.** If you ever become so mentally incapacitated that you are unable to handle your property or financial affairs, who would you want to handle these matters affairs for you?

FOR YOU

FOR YOUR SPOUSE OR PARTNER

First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_  
Third Choice \_\_\_\_\_

**MEDICAL DECISIONMAKERS.** If you ever become unable to communicate your wishes to your doctor, who would you want to make medical decisions for you?

FOR YOU

FOR YOUR SPOUSE OR PARTNER

First Choice \_\_\_\_\_  
Second Choice \_\_\_\_\_  
Third Choice \_\_\_\_\_

**AT YOUR DEATH.** After your death, who would you want to administer and settle your affairs?

next page

AT YOUR DEATH (continued from prior page)

|               | FOR YOU | FOR YOUR SPOUSE OR PARTNER |
|---------------|---------|----------------------------|
| First Choice  | _____   | _____                      |
| Second Choice | _____   | _____                      |
| Third Choice  | _____   | _____                      |

ONGOING TRUSTS. If under your plan there will be trusts that will continue after your death, who would you want to be in charge of making decisions about trust management, investments and distributions?

|               | FOR YOU | FOR YOUR SPOUSE OR PARTNER |
|---------------|---------|----------------------------|
| First Choice  | _____   | _____                      |
| Second Choice | _____   | _____                      |
| Third Choice  | _____   | _____                      |

## YOUR GOALS AND CONCERNS

What are your key goals and concerns? What do you want to discuss or accomplish when we meet?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_

\_\_\_\_\_





UNEXERCISED EMPLOYEE STOCK OPTIONS

| GRANT<br>DATE | NUMBER<br>GRANTED | TYPE | VEST<br>DATE | COMPANY | OWNER | CURRENT<br>OPTION<br>VALUE |
|---------------|-------------------|------|--------------|---------|-------|----------------------------|
|---------------|-------------------|------|--------------|---------|-------|----------------------------|

\$

\$

Please provide a recent account statement for any unexercised options.

**RETIREMENT PLANS AND ACCOUNTS**

TYPE OF PLAN    EMPLOYER OR INSTITUTION    OWNER    DEATH BENEFICIARY    VALUE

\$

\$

Please provide a recent account statement for each retirement plan or account.



## LIFE INSURANCE POLICIES

| INSURANCE COMPANY | FACE VALUE | TYPE OF POLICY | WHOSE LIFE IS INSURED? | CASH VALUE | LOANS AGAINST POLICY |
|-------------------|------------|----------------|------------------------|------------|----------------------|
|                   | \$         |                |                        | \$         | \$                   |

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

WHO PAYS THE PREMIUM? \_\_\_\_\_

| INSURANCE COMPANY | FACE VALUE | TYPE OF POLICY | WHOSE LIFE IS INSURED? | CASH VALUE | LOANS AGAINST POLICY |
|-------------------|------------|----------------|------------------------|------------|----------------------|
|                   | \$         |                |                        | \$         | \$                   |

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

WHO PAYS THE PREMIUM? \_\_\_\_\_

| INSURANCE COMPANY | FACE VALUE | TYPE OF POLICY | WHOSE LIFE IS INSURED? | CASH VALUE | LOANS AGAINST POLICY |
|-------------------|------------|----------------|------------------------|------------|----------------------|
|                   | \$         |                |                        | \$         | \$                   |

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

WHO PAYS THE PREMIUM? \_\_\_\_\_

| INSURANCE COMPANY | FACE VALUE | TYPE OF POLICY | WHOSE LIFE IS INSURED? | CASH VALUE | LOANS AGAINST POLICY |
|-------------------|------------|----------------|------------------------|------------|----------------------|
|                   | \$         |                |                        | \$         | \$                   |

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

WHO PAYS THE PREMIUM? \_\_\_\_\_

**LIFE INSURANCE POLICIES (CONTINUED)**

| INSURANCE COMPANY | FACE VALUE | TYPE OF POLICY | WHOSE LIFE IS INSURED? | CASH VALUE | LOANS AGAINST POLICY |
|-------------------|------------|----------------|------------------------|------------|----------------------|
|                   | \$         |                |                        | \$         | \$                   |

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

WHO PAYS THE PREMIUM? \_\_\_\_\_

| INSURANCE COMPANY | FACE VALUE | TYPE OF POLICY | WHOSE LIFE IS INSURED? | CASH VALUE | LOANS AGAINST POLICY |
|-------------------|------------|----------------|------------------------|------------|----------------------|
|                   | \$         |                |                        | \$         | \$                   |

OWNER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

WHO PAYS THE PREMIUM? \_\_\_\_\_

NET CASH VALUE

\$

NET PROCEEDS

\$

Please copy the face page of each insurance policy showing the scheduled death benefit.



**LLC, CORPORATE, OR PROFESSIONAL INTERESTS**

| NAME OF COMPANY OR CORPORATION | TYPE OF ENTITY | BUY/SELL AGREEMENT?      | PERCENT OWNED | OWNER | VALUE     |
|--------------------------------|----------------|--------------------------|---------------|-------|-----------|
| _____                          |                | <input type="checkbox"/> | %             |       | \$        |
| _____                          |                | <input type="checkbox"/> | %             |       |           |
| _____                          |                | <input type="checkbox"/> | %             |       |           |
| _____                          |                | <input type="checkbox"/> | %             |       |           |
| _____                          |                | <input type="checkbox"/> | %             |       |           |
|                                |                |                          |               |       | _____     |
|                                |                |                          |               |       | <b>\$</b> |

**SOLE PROPRIETORSHIP BUSINESS INTERESTS**

| NAME OF CORPORATION OR COMPANY | DESCRIPTION OF BUSINESS | OWNER | VALUE     |
|--------------------------------|-------------------------|-------|-----------|
| _____                          |                         |       | \$        |
| _____                          |                         |       |           |
| _____                          |                         |       |           |
| _____                          |                         |       |           |
|                                |                         |       | _____     |
|                                |                         |       | <b>\$</b> |



**ANTICIPATED INHERITANCE OR LAWSUIT JUDGMENT**

PLEASE DESCRIBE THE INHERITANCE OR LAWSUIT  
SO THAT WE UNDERSTAND THE NATURE OF IT

OWNER

ESTIMATED  
VALUE

\$

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\$

**OTHER ASSETS**

PLEASE DESCRIBE EACH ASSET SO THAT WE  
UNDERSTAND THE NATURE OF IT

OWNER

ESTIMATED  
VALUE

\$

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\$



**LIABILITIES (other than real property liabilities)**

| PLEASE DESCRIBE EACH LIABILITY SO THAT WE UNDERSTAND THE NATURE OF IT | WHO OWES THE DEBT? | ESTIMATED VALUE |
|---|--------------------|-----------------|
|---|--------------------|-----------------|

\$

\$

# ASSETS AND LIABILITIES

|   | TOTAL<br>COMBINED<br>ASSETS | RESERVED FOR<br>OFFICE USE |
|---|-----------------------------|----------------------------|
| Cash Accounts                               | \$                          |                            |
| Investment Accounts                         |                             |                            |
| Unexercised Employee Stock Options          |                             |                            |
| Retirement Plans and Accounts               |                             |                            |
| Annuities                                   |                             |                            |
| Mortgages, Notes & Other Debts Owed to You  |                             |                            |
| Partnership Interests                       |                             |                            |
| LLC, Corporate, or Professional Interests   |                             |                            |
| Sole Proprietorship Business Interests      |                             |                            |
| Real Property Interests                     |                             |                            |
| Anticipated Inheritance or Lawsuit Judgment |                             |                            |
| Other Assets                                |                             |                            |
| Personal Effects, Boats, and Automobiles    |                             |                            |
| <b>TOTAL ASSETS</b>                         | <b>\$</b>                   |                            |
| Real Property Mortgages & Liabilities       | \$                          |                            |
| Other Liabilities                           | \$                          |                            |
| <b>TOTAL LIABILITIES</b>                    | <b>\$</b>                   |                            |
| <b>NET WORTH</b>                            | <b>\$</b>                   |                            |
| Insurance Cash Values Less Policy Loans     | \$                          |                            |
| Insurance Face Amounts Less Policy Loans    | \$                          |                            |
| <b>NET WORTH TODAY</b>                      | <b>\$</b>                   |                            |
| <b>TOTAL ESTATE</b>                         | <b>\$</b>                   |                            |

You need not complete gray entries labeled "for office use".  
We will complete any entries that you do not.