

Nicholas P. Vontzalides, Esquire
Vontzalides Law Offices
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DATE _____

QUESTIONNAIRE

Your legal name _____ DOB _____

Spouse's legal name _____ DOB _____

Other names or "nicknames" known by: _____

Address _____

City/State/Zip _____

Tel. No. - Home _____ Work (H/W) _____

Cell phone (H/W) _____

EMAIL address _____

Preferred method of communication: U.S. Mail Email

Occupation: (H) _____ (W) _____

Name of Employer: (H) _____ (W) _____

If retired, former occupation(s) _____

Are you a U.S. Citizen? _____ Is your spouse a U.S. Citizen? _____

Is this a first or second marriage? _____ Date of Marriage _____

Any premarital agreement? _____ (if yes, provide a copy)

How did you learn about Attorney Vontzalides?

Do you have Long Term Care Insurance? _____
Name of Insurance Company _____
Daily Benefit \$ _____ Number of Years _____
Home Health Benefit? \$ _____

Children: please complete the following for each child. If you need more room, please attach another sheet. *If both parties are not the parents of the children, please identify the parent (H or W)*

Child #1 - Legal Name _____ DOB _____
Address: _____
Tel. No. _____ Is child disabled, alcoholic, spendthrift, etc?
If yes, please explain _____

Spouse's name _____

Names & Ages of Their
Children _____

EMAIL ADDRESS: _____

Child #2 - Legal Name _____ DOB _____
Address: _____
Tel. No. _____ Is child disabled, alcoholic, spendthrift, etc?
If yes, please explain _____

Spouse's name _____

Names & Ages of Their
Children _____

EMAIL ADDRESS: _____

Child #3 - Legal Name _____ DOB _____

Address: _____

Tel. No. _____ Is child disabled, alcoholic, spendthrift, etc?

If yes, please explain _____

Spouse's name _____

Names & Ages of Their
Children _____

EMAIL ADDRESS: _____

Child #4 - Legal Name _____ DOB _____

Address: _____

Tel. No. _____ Is child disabled, alcoholic, spendthrift, etc?

If yes, please explain _____

Spouse's name _____

Names & Ages of Their
Children _____

EMAIL ADDRESS: _____

Do you have any deceased children? If yes, give date of death, name(s), address(es) and ages of the his or her children and the name of the surviving spouse:

Should children born to or adopted by you after the date of the will be included? _____

Please note any adopted children or step-children: _____

If you own one or more pets would you like to nominate a caregiver for your pets and set aside money for the care of your pet? _____

OTHER BENEFICIARIES: (Include parents, grandchildren, spouses of children, relatives, others or charities and organizations that you or your spouse might desire to benefit.)

<u>Name</u>	<u>Relation- ship</u>	<u>Date of Birth</u> (if a minor)	<u>Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSET INFORMATION

Please list each asset you own. Identify whether title is held in your name alone (I), in husband and wife together (J), in husband's name only (H), in wife's name only (W), joint with someone else (JT w/brother, etc.)

Real Estate

<u>How held (owners)</u>	<u>Address of Property</u>	<u>Amount of Any Mortgage</u>	<u>Current Value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Bank Accounts

<u>How Held (owners)</u>	<u>Name of Bank</u>	<u>Type of Account (checking/saving/CD/MM, etc.)</u>	<u>Current Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

IRAs/401K/403B

Owner	Name of Institution/Custodian	1 st Beneficiary	2 nd Beneficiary	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Life Insurance

Insured	Name of Company	1 st Beneficiary	2 nd Beneficiary	cash value	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have there been any transfers or gifts of money or other assets (including real estate) within the last five (5) years? If so, please provide complete details.

Stocks/Bonds/Mutual Funds/Annuities

How Held	Name of Company	# of Shares	Current Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Automobiles

Owner	Year/Make/Model	Any Loan	Current Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Other Assets

Owner	Description	Any Loan	Current Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Monthly Income

Please list all sources of income for each of you. Please provide a monthly gross figure, without any deduction for taxes or other withholdings. Please separate your income between you. For joint assets, such as bank accounts, please split the interest income equally between you.

Type	H	W	Total
Wages	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Pension #1	\$ _____	\$ _____	\$ _____
Pension #2	\$ _____	\$ _____	\$ _____
Interest-Dividends	\$ _____	\$ _____	\$ _____

ESTATE PLANNING PROVISIONS

FIDUCIARIES: Please consider which persons you would like to administer your estate and care for your minor or disabled children.

	<u>You</u>	<u>Spouse</u>
Personal Representative:		
Primary	_____	_____
Successor	_____	_____
Guardians:	<u>Name</u>	<u>Address</u>
Primary	_____	_____
Successor	_____	_____

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the person named: _____.

DISPOSITION OF ESTATE:

What are your general desires as to the disposition of your estate. Indicate any specific gifts of cash or items you wish to make.

Specific Gifts Wishes

<u>Amount of Gift</u>	<u>Description of Gift</u>	<u>Name of Recipient</u>	<u>Address of Recipient</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PREVIOUS GIFTS: (Do not include gifts to charity or gifts of less than \$14,000.00)

<u>Name of Recipient</u>	<u>Nature of Gift</u>	<u>Value</u>	<u>Date of Gift</u>	<u>Gift Tax Return Filed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Gift Tax Returns - If you have filed any federal or state gift tax returns, please either attach them to this form or bring them with you to the conference.

Names of your financial advisors:

Accountant _____

Insurance _____

Broker/Trustee(s)
or Investment Advisor(s) _____