



Informed and compassionate legal care

279 York Street (PO Box 467)
York, Maine 03909

Estate Analysis – Privileged and Confidential

Date Prepared: _____

Please fill in the information requested below to the extent you are comfortable. Please consider this document as a work in progress, one which you will refine over time. **Please do not delay your estate planning because you cannot provide complete or exact answers to all of the questions asked.**

A. Client Information

Who referred you to our firm? Friend/Family Internet Advisor Other:

General Personal Information

Legal Name:	
Name you Prefer:	
Date of Birth:	
Social Security Number:	
Occupation and Employer:	
Home Address (including zip):	
Mailing Address (if different):	
Home Phone:	
Work Phone:	
Cell Phone:	
E-mail:	

Confidentiality and Time Sensitivity

Do you consent to the use of e-mail for sending confidential information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If information sent to you is encrypted, what password do you want us to use?	<input type="checkbox"/> Last name and zip code <i>(this will be the default)</i> <input type="checkbox"/> Other:
Do you have serious health concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain briefly.
Is the completion of your estate plan time sensitive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Additional Background Questions

About You

<p>Do you have any of the following?</p> <p><i>* Please provide us with copies.</i></p>	<input type="checkbox"/> Will <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Health Care Directive; Health Care Proxy or Living Will <input type="checkbox"/> Revocable or <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Long Term Care Insurance
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship	<input type="checkbox"/> USA <input type="checkbox"/> Other:
Income taxpayer of:	<input type="checkbox"/> Maine <input type="checkbox"/> Other:
Marital status:	<input type="checkbox"/> Married to: <input type="checkbox"/> Engaged to: <input type="checkbox"/> Other:
<p>Are any of the following relevant?</p> <p><i>* If applicable, please provide us with a copy.</i></p>	<input type="checkbox"/> I have a premarital agreement or marital agreement in place. <input type="checkbox"/> I want a premarital agreement or marital agreement.
Were you previously married?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to whom?
Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children with more than one person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any foreign accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own real estate in more than one state?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Do you have a General Power or Limited Power of Appointment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know what this is but know I have a power under an estate planning document executed by someone else.
Do you have any outstanding tax obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever filed gift tax returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate a future inheritance that we should be made aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please estimate the amount: \$
Do you have an interest in any of the following? <i>Please disregard any public corporation unless you feel your ownership interest is relevant regarding your planning.</i>	<input type="checkbox"/> A Subchapter C corporation that owns real estate? <input type="checkbox"/> A Subchapter S Corporation? <input type="checkbox"/> Any property or business interest with environmental hazards/waste concerns or general liability concerns?
Are you a party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is the adverse party?
Are you receiving any of the following? <i>Approximate amounts are fine.</i>	<input type="checkbox"/> Social Security Annual total is: \$ _____ <input type="checkbox"/> SSI Annual total is: \$ _____ <input type="checkbox"/> SSDI Annual total is: \$ _____ <input type="checkbox"/> Other government benefits
Do you have any other concerns that you want to discuss with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please briefly explain:

General Questions about Other Relevant People

Is there anyone that depends on you for general support? <i>Example: A child or grandchild that turns to you frequently for money.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? Should your estate plan provide for transitional support for this person? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be discussed.
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Does any person you expect might inherit from you other than your spouse receive any of the following?	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other government benefits
Is any member of your family or that will inherit from you a party to a lawsuit (including divorce)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
Does any member of your family or that will inherit from you have concerns about exposure to other creditors, such as due to his/her employment (ex. a doctor, lawyer, accountant, or other professional that may have malpractice exposure)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?
Do you have any other concerns about any member of your family or that will inherit from you that you want to discuss with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?

Space for your comments or other concerns:

If additional pages are needed to complete this section please attach the needed pages and check this box.

Your Family

If you feel some or all of the following information is not relevant, please just move on to the next question or section. All the information provided is confidential.

Children

Name	Address and Phone	Other information	Spouse and/or children
1. Name: This child has: <input type="checkbox"/> Special needs <input type="checkbox"/> Marital/Creditor problems <input type="checkbox"/> Drug/alcohol issues <input type="checkbox"/> Other issues I need to discuss	Address: Phone: This child lives with: <input type="checkbox"/> Me <input type="checkbox"/> Someone else <input type="checkbox"/> Both	Date of Birth (Month/day/year): Child of: <input type="checkbox"/> Me and <input type="checkbox"/> Is this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's name: Children of child 1 (ex. John (age 12)): Do you have concerns regarding the above children: <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name: This child has: <input type="checkbox"/> Special needs <input type="checkbox"/> Marital/Creditor problems <input type="checkbox"/> Drug/alcohol issues <input type="checkbox"/> Other issues I need to discuss	Address: Phone: This child lives with: <input type="checkbox"/> Me <input type="checkbox"/> Someone else <input type="checkbox"/> Both	Date of Birth (Month/day/year): Child of: <input type="checkbox"/> Me and <input type="checkbox"/> Is this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's name: Children of child 1 (ex. John (age 12)): Do you have concerns regarding the above children: <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Name: This child has: <input type="checkbox"/> Special needs <input type="checkbox"/> Marital/Creditor problems <input type="checkbox"/> Drug/alcohol issues <input type="checkbox"/> Other issues I need to discuss	Address: Phone: This child lives with: <input type="checkbox"/> Me <input type="checkbox"/> Someone else <input type="checkbox"/> Both	Date of Birth (Month/day/year): Child of: <input type="checkbox"/> Me and <input type="checkbox"/> Is this child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse's name: Children of child 1 (ex. John (age 12)): Do you have concerns regarding the above children: <input type="checkbox"/> Yes <input type="checkbox"/> No

If additional pages are needed to complete this section please attach the needed pages and check this box.

Parents

If you feel some or all of the following information is not relevant, please just move on to the next question or section. All the information provided is confidential.

Mother's name:	
Address:	
Phone:	
Concerns (if any):	<input type="checkbox"/> Her long term care plan <input type="checkbox"/> She is being exploited <input type="checkbox"/> Effect of an inheritance on my estate or estate plan <input type="checkbox"/> Other:
If deceased, cause of death and date	
Father's name:	
Address:	
Phone:	
Concerns (if any):	<input type="checkbox"/> His long term care plan <input type="checkbox"/> He is being exploited <input type="checkbox"/> Effect of an inheritance on my estate or estate plan <input type="checkbox"/> Other:
If deceased, cause of death and date	

If additional pages are needed to complete this section please attach the needed pages and check this box.

Siblings (Optional)

This information is optional depending on your desired plan. If you feel some or all of the following information is not relevant, please just move on to the next question or section. All the information provided is confidential.

Name: _____ Address: _____ Phone: _____ Additional information: _____ <input type="checkbox"/> Half Blood relation <input type="checkbox"/> Step relation <input type="checkbox"/> Estranged <input type="checkbox"/> Other concerns
Name: _____ Address: _____ Phone: _____ Additional information: _____ <input type="checkbox"/> Half Blood relation <input type="checkbox"/> Step relation <input type="checkbox"/> Estranged <input type="checkbox"/> Other concerns
Name: _____ Address: _____ Phone: _____ Additional information: _____ <input type="checkbox"/> Half Blood relation <input type="checkbox"/> Step relation <input type="checkbox"/> Estranged <input type="checkbox"/> Other concerns
Name: _____ Address: _____ Phone: _____ Additional information: _____ <input type="checkbox"/> Half Blood relation <input type="checkbox"/> Step relation <input type="checkbox"/> Estranged <input type="checkbox"/> Other concerns

If additional pages are needed to complete this section please attach the needed pages and check this box.

Family Dynamics and Other Issues

Examples of important family dynamics and issues: Child 1 and 2 do not get along; Child 2 and Stepfather are very close; Child 2 is very good with finances; I do not trust Child 3's spouse; Child 1 abuses drugs or alcohol, etc.

Your Concerns Regarding Family Dynamics or Family Issues (if any):

Estate Planning Goals

Check all applicable boxes:

- Provide for spouse/partner
- Provide for children
- Provide for grandchildren
- Avoid estate taxes
- Provide for charity
- Establish or fund a foundation
- Protect assets from creditors conserve or protect a child's inheritance
- Preserve a property for use by future generations avoid probate
- Name a guardian
- Provide for a child or person with special needs
- Protect assets from collection by estate recovery for nursing/medical care expenses
- Other (what you are looking to accomplish in your own words):

If additional pages are needed to complete this section please attach the needed pages and check this box.

B. Agents Serving Under Your Estate Planning Documents

Please consider the following for general information gathering purposes. We will review these nominations with you at our initial meeting.

Nominating multiple people: You can name more than one person to serve as an agent at the same time with another person or entity. We have provided you with an order of service option below that you can use to indicate your preferences. For example, if you want two people to serve together as your initial Personal Representative, you would select 1st for both nominations.

Personal Representative of your Estate (aka executor)

The Personal Representative is the person(s) named in your Will that will take control of your probate estate (assets passing under Will), will pay the debts, claims and expenses of your estate, will file any tax returns necessary required as a result of your death and will distribute your probate estate pursuant to the terms of your Will. You can name more than one person to serve at the same time as your Personal Representative.

Personal Representative: Order of service: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Personal Representative: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Personal Representative: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Personal Representative: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Personal Representative: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:

To indicate that one or more persons are to serve at the same time (jointly), check the same "order of service" number for each nominee. We will review your nominees together and can make changes as needed.

Comments:

Attorney-in-Fact or Agent under a Durable Financial Power of Attorney

This is the person or persons that during your life is authorized to make financial decisions on your behalf during your life. This power terminates at death.

Agent under Power of Attorney: Order of service: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Agent under Power of Attorney: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Agent under Power of Attorney: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Agent under Power of Attorney: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Agent under Power of Attorney: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:

Agents serving at the same time can serve “jointly” (requiring them to act together) or “jointly and severally” allowing them to act independently.

Comments:

Health Care Agent

This is the person or persons that you can appoint in an Advance Health Care Directive or Proxy that is authorized to speak to your medical care providers and to receive information from them. When you lack capacity, this person is authorized to make medical decisions for you after taking into account your directives (if any) and known wishes.

Agent under Health Care Directive: Order of service: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: Mailing address: Phone: E-mail:
Agent under Health Care Directive: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: Mailing address: Phone: E-mail:
Agent under Health Care Directive: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: Mailing address: Phone: E-mail:
Agent under Health Care Directive: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: Mailing address: Phone: E-mail:
Agent under Health Care Directive: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: Mailing address: Phone: E-mail:

Agents serving at the same time can serve “jointly” (requiring them to act together) or “jointly and severally” allowing them to act independently.

Comments:

Guardian

This is the person or persons nominated by you in your Will to take custody of your minor children. Your nomination will be considered by the Court but will not be determinative. Guardianship appointments are made based on the best interest of the child. You can nominate both primary (initial) and secondary (successor/alternate) guardians.

Guardian for Minors: Order of service: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Guardian for Minors: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Guardian for Minors: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Guardian for Minors: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Guardian for Minors: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Guardian for Minors: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:

Comments:

Trustee

A person or entity that assumes a fiduciary obligation (a legal obligation) to use and manage property (cash, stock, real estate, what have you) so entrusted for the benefit of the person named (the beneficiary). A Trustee may serve under a trust established under a Will (a testamentary trustee) or under a separate agreement, such as a revocable (amendable) trust or an irrevocable (non-amendable) trust.

Trustee: Order of service: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	<input type="checkbox"/> Self (if a revocable trust)
Trustee: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Trustee: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Trustee: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Trustee: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Trustee: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:
Trustee: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Name: City/state:

Comments:

C. Assets Information

You may be asked at a later time to provide us with additional information regarding your assets but at this time, please provide us with approximate values. **Summary of Values of Your Estate**

Asset	Client 1	Joint with:	Other information
Residence			Tax Basis:
Vacation Home			Tax Basis:
Other real property			
Cash & Bank Accounts			
Marketable Stocks and Bonds			Check if you are attaching additional information.
Annuities			
Whole life insurance		Beneficiary:	Cash value:
Term Insurance		Beneficiary:	Remaining years on policy:
IRA/401(K)s		Beneficiary:	
Roth IRAs		Beneficiary:	
Closely owned business			Name of business:
Household Furnishings			
Automobiles			
Other			
Subtotal			
Secured debts			
Unsecured debt			
Net			

If you are attaching additional financial information, please check this box.

D. Important Advisors

	Name	Address	Phone
Doctor:			
CPA/Return Preparer:			
Financial Advisor:			
Insurance Agent:			
Other Attorney:			
Former Estate planning attorney (if any):			
Other:			
Other:			

Additional Information or Comments: