

LAW OFFICES OF
GLENN J. ANDREONI, INC.

ADMITTED IN RI AND MA
www.rirealestatelaw.com

LINCOLN OFFICE:
640 GEORGE WASHINGTON HIGHWAY, SUITE 102
LINCOLN, RI 02865

WOONSOCKET OFFICE:
1028 PARK AVE.
WOONSOCKET, RI 02895

TEL. (401) 334-4770
FAX (401) 334-0696
email: glenn1@rيرهalestatelaw.com

TEL. (401) 766-2100
FAX (401) 766-2828
email: glenn@rيرهalestatelaw.com

SEAN D. ELLIOTT, ESQ.**
STEVEN J. ANDREONI, ESQ.***
***Admitted in M
***Of Counsel

GLENN J. ANDREONI, ESQ.**
LORIANN MOSKWA*
**Admitted in RI & MA
*Admitted in RI

QUESTIONNAIRE FOR WILLS/TRUSTS

NAME: _____

ADDRESS: _____

Telephone No.: Home _____ Office: _____

Social Security No.: _____ Date of Birth: _____

US Citizen?: _____ Place of Birth: _____

Spouse: _____
(If spouse is deceased please state)

Social Security No.: _____ Date of Birth: _____

US Citizen?: _____ Place of Birth: _____

Children: *(Please include all children, even if you have a child that predeceased you)*

<u>Name</u>	<u>Home</u>	<u>Birthday</u>	<u>Married</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE FILL THIS FORM OUT COMPLETELY

Husband's parents, brothers, sisters, others:

(Please include all even if predeceased you)

Wife's parents, brothers, sisters, others:

(please include all, even if predeceased you)

Executor(s): *(This is the person(s) who will administer your will upon your death)*

Trustee(s): *(This is the person(s) who will administer the Trust Assets upon you death)*

Guardian(s) for Minor Children: *(In the event you have minor children at the time of your death, you should choose a person(s) who you wish to be the guardian(s) of your minor children)*

PLEASE FILL THIS FORM OUT COMPLETELY

Durable Power of Attorney: *(This document is used to appoint an “Attorney in Fact” to act in your place and do all things you could do in the event you are not capable)*

Health Care Power of Attorney: *(This document is used to appoint a “Health Care Attorney in Fact on your behalf to make medical decisions on your behalf in the event you are unable)*

Names, Addresses and phone numbers: *(Please designate your first choice and an alternate choice)*

Assets

Real Property: (how held? joint tenancy, tenants in common, tenants by the entirety)
(circle one)

a) **Primary Residence:** _____

b) **Other:** (Investment property, summer residence)
Location and value (Estimate):

Personal Property: (how held? joint tenancy or tenants in common)
(circle one)

PLEASE FILL THIS FORM OUT COMPLETELY

a) **Tangibles:**

b) **Bank accounts:**

c) **Securities:**

d) **Insurance:**

e) **Pension plans, I.R.A.'s:**

f) **Other:**

PLEASE FILL THIS FORM OUT COMPLETELY