



WILL/TRUST INFORMATION FORM

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Please **FULLY** read and complete this form to provide us with some preliminary information prior to our first meeting. Once completed, please email or fax this form using the contact information provided above. If you have any questions please feel free to contact us.

GENERAL INFORMATION

Spouse 1 name: _____
Phone number: _____
Email address: _____
Social security number: _____
Are you a veteran? Yes No

Spouse 2 name: _____
Phone number: _____
Email address: _____
Social security number: _____
Are you a veteran? Yes No

Mailing address: _____

FAMILY INFORMATION

1. Marital status

- Spouses 1 and 2 are married
- Unmarried, widow or widower
- Unmarried, divorced
- Married individual establishing separate property trust

2. Children

If either spouse has a child from a previous marriage, indicate which spouse is the parent by including “**Spouse 1**” or “**Spouse 2**” next to the child’s name. Indicate any legally adopted children by including an “**A**” after the child’s name.

Name of child: _____
Child date of birth: _____ If deceased, child’s date of death: _____

Name of child: _____
Child date of birth: _____ If deceased, child’s date of death: _____

Name of child: _____
Child date of birth: _____ If deceased, child’s date of death: _____

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Child date of birth: _____ If deceased, child’s date of death: _____

Name of child: _____
Child date of birth: _____ If deceased, child’s date of death: _____

Other pertinent family information or explanation of the above items: _____

ASSET INFORMATION

1. Marital assets

- Spouse 1 has separate property assets
- Spouse 2 has separate property assets
- All assets are held jointly

2. Estimate of amount of net worth of estate: \$ _____

3. Cash or cash-equivalent accounts held at financial institutions other than stock broker firms (check all that apply):

Checking and savings accounts or certificates of deposit with banks, savings, and loans, not including IRAs. How many different financial institutions? _____

Checking and savings accounts or certificates of deposit with credit unions, not including IRAs. How many different credit unions? _____

4. Retirement plans (check all that apply):

Individual retirement accounts (IRAs), Keogh, or other individual plan providing tax deferral for deposits and income. How many different financial institutions hold IRA accounts for:

Spouse 1: _____

Spouse 2: _____

Employer provided profit sharing, retirement, or other benefit plans:

Company stock is presently held in the plan

Vested benefits are provided after the death of the plan participant that can be paid to beneficiaries other than the participant's spouse

5. Other investments (check all that apply):

"Ready cash", money fund accounts, or certificates of deposit with stock broker firms, not including IRAs. How many different broker firms? _____

Stocks and bonds in which your broker holds the certificates and sends you periodic statements showing your account balance. How many different stock brokerage firms? _____

Stocks and bonds, other than U.S. savings bonds, in which you hold the certificates in your possession. How many different companies/issuers? _____

Mutual funds in which you deal directly with the issuing company rather than through your stock broker. How many different mutual fund companies? _____

U.S. savings bonds

Treasury bills or other government securities not held by a broker or mutual fund.

Do you have a "Treasury Direct" account? Yes No

"Public" limited partnerships in which you deal directly with the limited partnership, instead of through your stock broker. Do not include any partnerships that are listed in item 6 below. How many public limited partnerships? _____

Oil and gas royalty or working interests. How many? _____

Oil and gas mineral rights in land. How many parcels of land? _____

Other securities (describe): _____

6. Business ownership

Do you own a business or are you a partner in an operating business? Yes No

If yes, complete the following:

Business is organized as an LLC. How many LLCs? _____

Business is organized as a corporation. How many corporations? _____

Business is organized as a partnership. How many partnerships? _____

Business is organized as a sole proprietorship. How many sole proprietorships? _____

7. Do you own any mobile homes? Yes No

If yes, how many? _____

8. Real estate ownership

For purposes of this question, real estate is owned whether or not you still owe money on your mortgage or purchase contract. Real estate is not owned if you have sold the property and are receiving installment payments. Property that has been sold should be listed under item 9 below.

Personal residence, located in the state of _____

Other property: how many different parcels of real estate do you own, other than your primary residence? All property conveyed to you under a single deed is considered one parcel.

_____ Parcels, located in the state of _____

_____ Parcels, located in the state of _____

_____ Parcels, located in the state of _____

_____ Parcels, located in the state of _____

Are you purchasing any of the above properties on a contract of sale or land sale contract? Yes No

Have you refinanced your primary residence since you last filed your declaration of homestead? (only applicable to Massachusetts residents) Yes No

9. Receivables

If money is owed to you as payments on contracts or as payments on obligations secured by real estate where you have sold a business or loaned money to someone and you hold a note, whether or not secured by real or personal property, indicate each type of evidence of indebtedness by writing the number of each kind in the space.

_____ Promissory note secured by Deed of Trust encumbering real estate.

- _____ Promissory note secured by Mortgage encumbering real estate.
- _____ Installment contract of sale of real estate.
- _____ Installment contract of sale of personal property (security interest).
- _____ Unsecured promissory note.

10. Life insurance

Please indicate the name of person insured and face amount of policy. Indicate whether the policy is a single premium policy by including "SP" after the face amount.

Name of insured _____ Face amount of policy _____
 Name of insured _____ Face amount of policy _____
 Name of insured _____ Face amount of policy _____

11. Annuities

Please indicate the name of annuitant and type of annuity. Do not list annuities under which no benefits are payable after your death.

Tax-deferred annuities:

Name of annuitant _____ Type of annuity _____
 Name of annuitant _____ Type of annuity _____
 Name of annuitant _____ Type of annuity _____

Regular annuities payable for guaranteed term or amount:

Name of annuitant _____ Type of annuity _____
 Name of annuitant _____ Type of annuity _____
 Name of annuitant _____ Type of annuity _____

12. Personal property other than automobiles, trucks, boats, and trailers

- Household furniture and appliances
- Collections, antiques, valuable jewelry
- Motor home
- Business machinery and equipment
- Personal equipment and tools
- Farm or ranch machinery and equipment (other than general household tools)
- Livestock

13. Gifts

If you or your spouse have created a trust or made any gifts to another person exceeding \$13,000 per year please indicate below.

Gift/Trust Property: _____ Dollar amount: _____
 Gift/Trust Property: _____ Dollar amount: _____
 Gift/Trust Property: _____ Dollar amount: _____
 Gift/Trust Property: _____ Dollar amount: _____
 Gift/Trust Property: _____ Dollar amount: _____

14. Do you or your spouse have a "power of appointment" or other interest under a Will or Trust of another person?

- Yes
- No

EXECUTOR INFORMATION

Person you would like to be your executor: _____

Phone number: _____

Email address: _____

Mailing address: _____

Person you would like to be your successor executor: _____

Phone number: _____

Email address: _____

Mailing address: _____

TRUSTEE INFORMATION

Person you would like to be your trustee: _____

Phone number: _____

Email address: _____

Mailing address: _____

Person you would like to be your successor trustee: _____

Phone number: _____

Email address: _____

Mailing address: _____

ESTATE PLAN

Please include a brief description of your estate plan: _____

BENEFICIARIES

Beneficiary name: _____

Phone number: _____

Email address: _____

Mailing address: _____

Percentage of estate: _____

Beneficiary name: _____

Phone number: _____

Email address: _____

Mailing address: _____

Percentage of estate: _____

Beneficiary name: _____

Phone number: _____

Email address: _____

Mailing address: _____

Percentage of estate: _____

Beneficiary name: _____
Phone number: _____
Email address: _____
Mailing address: _____
Percentage of estate: _____

Backup beneficiary or charity if all heirs predecease you: _____
Phone number: _____
Email address: _____
Mailing address: _____

Backup beneficiary or charity if all heirs predecease you: _____
Phone number: _____
Email address: _____
Mailing address: _____

Please list the name of any individuals you would like to exclude from your Will or Trust below.

Name: _____
Name: _____
Name: _____

SPECIFIC BEQUESTS

Gift: _____
Person you would like to give the gift: _____
Phone number: _____
Email address: _____
Mailing address: _____

Gift: _____
Person you would like to give the gift: _____
Phone number: _____
Email address: _____
Mailing address: _____

Gift: _____
Person you would like to give the gift: _____
Phone number: _____
Email address: _____
Mailing address: _____

Gift: _____
Person you would like to give the gift: _____
Phone number: _____
Email address: _____
Mailing address: _____

If you have made any advancements (gifts made during your life in anticipation of your passing) please indicate the gifts and dollar amounts below.

Gift: _____	Dollar amount: _____
Gift: _____	Dollar amount: _____
Gift: _____	Dollar amount: _____
Gift: _____	Dollar amount: _____
Gift: _____	Dollar amount: _____

POWER OF ATTORNEY

Person you would like to be your financial power of attorney: _____

Phone number: _____

Email address: _____

Mailing address: _____

Person you would like to be your successor financial power of attorney: _____

Phone number: _____

Email address: _____

Mailing address: _____

Person you would like to be your health care power of attorney: _____

Phone number: _____

Email address: _____

Mailing address: _____

Person you would like to be your successor health care power of attorney: _____

Phone number: _____

Email address: _____

Mailing address: _____

GUARDIAN INFORMATION

Person you would like to be the guardian of your children: _____

Phone number: _____

Email address: _____

Mailing address: _____

Person you would like to be the successor guardian of your children: _____

Phone number: _____

Email address: _____

Mailing address: _____