

BAKER LAW GROUP P.C.

www.mbakelaw.com
781.996.5656 Telephone
781.996.5657 Facsimile

Michael T. Baker, Attorney
(718) 996-5656
mbaker@mbakerlaw.com

South Shore/Boston

72 Sharp Street, Suite A5
Hingham, Massachusetts 02043

Metro West/Boston

841 Washington Street
Holliston, Massachusetts 01746

Plymouth/Cape Cod

36 Cordage Park Circle, Suite 217
Plymouth, Massachusetts 02360

Southeastern Massachusetts

130 Liberty Street, Suite 2A
Brockton, Massachusetts 02301

ESTATE AND TAX PLANNING DATA FORM

DATE OF CONFERENCE:

I. FAMILY INFORMATION

A. CLIENTS:

Please use full names, including middle initials, if any. Attach additional pages as needed.

Client A					
Date of Birth					
S.S. No.					
Cell Phone		Work Phone			
Email					
Employer					
Work Address					
Home Address					
Veteran Status		Date of Service/Branch			
Home Phone		Fax		Citizenship	

Client B					
Date of Birth					
S.S. No.					
Cell Phone		Work Phone			
Email					
Employer					
Work Address					
Home Address					
Veteran Status		Date of Service/Branch			
Home Phone		Fax		Citizenship	

B. LIVING AND DECEASED CHILDREN:

Please use full names, including middle initials, if any. If there is not enough space please print out copies of this page and attach.

Name (full name)								
Child of:	Client A: <input type="checkbox"/>	Client A: <input type="checkbox"/>	Client A: <input type="checkbox"/>	Client A: <input type="checkbox"/>				
	Client B: <input type="checkbox"/>	Client B: <input type="checkbox"/>	Client B: <input type="checkbox"/>	Client B: <input type="checkbox"/>				
Date of Birth								
Date of Death								
Address								
Telephone								
Marital Status								
Disability Status								
Their children	Name	DOB	Name	DOB	Name	DOB	Name	DOB
First								
Second								
Third								

C. FAMILY CIRCUMSTANCES: Note any special family considerations (i.e., previous marriages, special needs, disability, incapacity, special health problems of any family members; if spouse is deceased, please state date of death):

II. DISPOSITION OF ASSETS

In short, who or what would you like to benefit from your estate? It is important for us to know your wishes in a general way with regard to the disposition of your property; e.g., the desired shares for your children, or other relatives, friends, charity, etc.

III. INCOME AND EMPLOYMENT

	Client A	Client B
Occupation		
Salary	\$	\$
Rental Income After Expenses	\$	\$
Dividends/Interest	\$	\$
Pension	\$	\$
Social Security	\$	\$
Other Income	\$	\$
Total Annual Income	\$	\$

IV. ASSETS

A. REAL ESTATE: Please (1) provide a copy of any out of state deeds, if possible; (2) indicate whether you rent or own your residence; and for additional properties please print copies of this page and attach.

Location	Approximate Value	Mortgage Balance	Owners as Named On the Deed
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	
4.	\$	\$	
5.	\$	\$	
TOTAL:			

B. PENSION, PROFIT SHARING, IRA, KEOGH OR OTHER RETIREMENT PLANS:

Type of Plan (IRA, Keogh, Pension, TIAA, etc.)	Current Value	Participant (SA/SB)/Beneficiary
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
TOTAL		

Total Lump Sum Retirement Plan Value

Client A	\$	Client B	\$
----------	----	----------	----

C. BANK ACCOUNTS, CD'S, MONEY MARKET ACCOUNTS:

Type of Account Savings, Checking, CD, etc.	Approximate Balance	Name(s) on Accounts
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
TOTAL		

D. STOCKS, BONDS & OTHER INVESTMENTS: It is not necessary to list the individual stocks, bonds, etc.

Type of Assets (Stocks, Bonds, Mutual Funds, Treasury Bills, Single Premium Annuities, etc.)	Approximate Value	Name of Brokerage House or Fund	Name(s) on Securities or Brokerage Accounts
1.	\$		
2.	\$		
3.	\$		
4.	\$		
5.	\$		
TOTAL	\$		

E. LIFE INSURANCE: Please bring the most recent annual policy statement if you have it.

Person Insured				
Face Value	\$	\$	\$	\$
Cash Value (Loan)	\$	\$	\$	\$
Beneficiary				
Owner of the Policy				
Type of Policy (Term or Permanent) and Name of Company				

Total Life Insurance (Face Value):

Client A		Client B	
----------	--	----------	--

F. MINOR CHILDREN ACCOUNTS: If you have any minor children, state whether any such child has separate assets (such as custodial accounts, 529 plans), including approximate amounts and in whose name they are held:

Type of Account	Current Value	Beneficiary/Participant

G. SAFE DEPOSIT - Location and persons having access:

H. BUSINESS INTERESTS: Briefly explain any business interests owned by either (or both) of you. Please bring with you a copy of the business's last federal tax return, or Schedule C from your own return if your business is a sole proprietorship.

Company Name	Structure (Sole Proprietorship, Corporation, Partnership, LLC)	Percentage Interest/ Units/Shares	Current Value

I. MISCELLANEOUS: Indicate expected inheritances; valuable personal property; promissory notes payable to you; or any other special factors which may affect your situation.

J. PRIOR GIFTS: Itemize past gifts greater than \$15,000/year you made to anyone individual. Please indicate whether you filed gift tax returns.

K. PERSONAL ITEMS/COLLECTIONS: Indicate any valuable items you own, particularly ones that are separately insured.

V. LIABILITIES

Indicate significant debts and debts guaranteed by you [excluding mortgages listed earlier], as well as lawsuits, or claims, present or anticipated.

Total Liabilities

Client A	\$	Client B	\$	Joint	\$
----------	----	----------	----	-------	----

VI. FINANCIAL RECAP

Please list the total values from Section IV, Items A through K:

	Client A	Client B	Jointly Owned
Real Estate	\$	\$	\$
Retirement (IRAs)	\$	\$	\$
Bank Assets	\$	\$	\$
Mutual Funds & Savings Bonds	\$	\$	\$
Insurance	\$	\$	\$
Business	\$	\$	\$
Miscellaneous	\$	\$	\$
Total Assets	\$	\$	\$
Total Liabilities (Including Mortgages)	\$()	\$()	\$()
Net Worth	\$	\$	\$

VII. FIDUCIARIES

Most estate plan documents involve the appointment of a "fiduciary." That is to say, a person who occupies a position of trust, and who must carry out certain duties. For example, in Wills, spouses typically serve as the Personal Representative/Executor for each other. Please think about whom you would choose to serve as a successor fiduciary in case the first person chosen is unable to serve. Please indicate below the person(s) or professional(s) you might choose. In the box next to each fiduciary role, please enter a number 1-4: 1 indicating your first choice, 2 indicating your second choice, 3 for third choice, etc.

Trustee: The person who will ensure that any trust assets are held and dispersed according to your wishes as expressed in your trust.

Guardian of Minor Children: The person who would care for your children during their minority in the event you are unable to do so during your life.

Personal Representative: The person who administers your estate through the court and follows the terms of your last will and testament upon your passing.

Health Care Proxy: The person who makes health care decisions for you upon your incapacity.

Durable Power of Attorney: The person who can make financial decisions on your behalf during your life.

Full Name/Relationship	Address and Telephone Number	Fiduciary Role and Priority of Service (1-4)
		<input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Personal Representative <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Successor Trustee <input type="checkbox"/> Guardian
		<input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Personal Representative <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Successor Trustee <input type="checkbox"/> Guardian
		<input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Personal Representative <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Successor Trustee <input type="checkbox"/> Guardian
		<input type="checkbox"/> Health Care Proxy <input type="checkbox"/> Personal Representative <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Successor Trustee <input type="checkbox"/> Guardian

VIII. YOUR PROFESSIONAL ADVISORS

	Name	Firm	Telephone
Accountant			
Attorney			
Insurance Advisor			
Financial Planner			
Stockbroker			

IX. ADDITIONAL COMMENTS OR QUESTIONS

NOTICE ABOUT ATTORNEY-CLIENT RELATIONSHIP

The purpose of this initial consultation is to determine if Baker Law Group, P.C. can assist you with your legal needs, to inform you about the services our firm provides, and to discuss the potential agreement for the provision of legal services and formation of an attorney-client relationship. This initial consultation does not create an attorney-client relationship and does not mean Baker Law Group, P.C. will act as your attorneys. After the initial consultation, if your case/matter is accepted by Baker Law Group, P.C. and you desire to retain Baker Law Group, P.C. as your attorneys, we will provide you with a written fee agreement which will set forth the terms of the agreement for legal services. Upon receipt of the signed fee agreement and the required retainer, we will begin to act as your attorneys.

Your legal rights may be affected by laws that place time restrictions on certain legal claims or may be otherwise affected if prompt action is not taken. If Baker Law Group, P.C. does not accept your case/matter or you decide not to retain our services you should seek alternate legal counsel immediately to ensure that your legal rights are not affected. **BAKER LAW GROUP, P.C. WILL NOT TAKE ANY ACTION ON YOUR BEHALF PRIOR TO RECEIPT AND ACCEPTANCE BY OUR LAW FIRM OF A SIGNED FEE AGREEMENT AND REQUIRED LEGAL FEE.**

