

**SUMMERS, SUMMERS & ASSOCIATES, P.C.**  
**179 GREAT ROAD, SUITE 109**  
**ACTON, MA 01720**  
**TEL.: 978-263-0006**  
**FAX: 978-263-0042**

Office Use Only: <b>Ex Date</b> _____  <b>Decision Date</b> _____
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DATE: \_\_\_\_\_

**QUESTIONNAIRE**

**PERSONAL DATA**

*Please Print*

**Husband**

**Wife**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

\*E-Mail Address \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Retirement Date \_\_\_\_\_

Retirement Date \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Veteran Yes \_\_\_\_\_ No \_\_\_\_\_

Veteran Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security # \_\_\_\_\_

Social Security # \_\_\_\_\_

Driver License # \_\_\_\_\_

Driver License # \_\_\_\_\_

State DL issued \_\_\_\_\_

State DL issued \_\_\_\_\_

Resided in Massachusetts since \_\_\_\_\_

Resided in Massachusetts since \_\_\_\_\_

Type of residence:

- \_\_\_\_\_ Rent home/apartment
- \_\_\_\_\_ Own home/condominium
- \_\_\_\_\_ Nursing home/Care Facility
- Admission date: \_\_\_\_\_

Type of residence:

- \_\_\_\_\_ Rent home/apartment
- \_\_\_\_\_ Own home/apartment
- \_\_\_\_\_ Nursing home/Care Facility
- Admission date: \_\_\_\_\_

\_\_\_\_\_ Name of Facility

\_\_\_\_\_ Name of Facility

Name of person who completed this form: \_\_\_\_\_

How did you learn about Summers, Summers & Associates, P.C.? \_\_\_\_\_

Can we send a thank you note to the referral? \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Is this your first marriage? \_\_\_\_\_ If not, is there a divorce or separation agreement? \_\_\_\_\_

Children: Please complete the following for each child. If you need more room, please attach another sheet.

**Child #1 – Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Is child disabled? \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names & Ages of Children \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Child #2 – Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Is child disabled? \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names & Ages of Children \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Child #3 – Name** \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Is child disabled? \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Names & Ages of Children \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Have you or your spouse been married before? yes \_\_\_\_\_, no \_\_\_\_\_

If yes, do you or your spouse have any children from this previous marriage? yes \_\_\_\_\_, no \_\_\_\_\_

Do you or your spouse have children who have died leaving children? yes \_\_\_\_\_, no \_\_\_\_\_

Do you have Long Term Care Insurance? \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Daily Benefit \$ \_\_\_\_\_ Number of Years \_\_\_\_\_

Home Health Benefit \$ \_\_\_\_\_

Are you able to climb stairs? \_\_\_\_\_

ASSET INFORMATION

Please list each asset you own. Please use the following codes to identify whose name is on each asset:

- Use            H                            if the asset stands in husband's name alone  
                   W                            if the asset stands in wife's name alone  
                   JT                            if held in both husband and wife's name  
                   I                            if the asset stands in an unmarried individual's name alone  
                   JT/w/someone            if the asset is jointly held with someone other than spouse (indicate with whom it is jointly held)

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Real Estate How Held	Address of Property	Re Taxes	Amount of Any Mortgage	Current Value
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

How much is your homeowner's insurance premium? \$ \_\_\_\_\_

Do you have title insurance? \_\_\_\_\_ If so, with whom and what amount? \_\_\_\_\_

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Bank Accounts

How Held	Name of Bank	Type of Account (checking/Saving/CD/MM, etc.)	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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IRAs/401K

Owner	Name of Institution	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Current Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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Life Insurance

Insured	Name of Company	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Face Value/ CSV	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Stocks/Bonds/Mutual Funds/Annuities

How Held	Name of Company	#of Shares	Original Cost	Current Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Automobiles

Owner	Describe	Any Loan	Current Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Other Assets

Owner	Describe	Any Loan	Current Value
_____	_____	_____	_____
Owner	Describe	Any Loan	Current Value
_____	_____	_____	_____
Owner	Describe	Any Loan	Current Value
_____	_____	_____	_____
Owner	Describe	Any Loan	Current Value
_____	_____	_____	_____

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Monthly Income

Please list all sources of income for each of you. Please provide a monthly gross figure, without any deduction for taxes or 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	\$ _____	\$ _____	\$ _____
Annuity	\$ _____	\$ _____	\$ _____

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1. Do you have Medicare coverage? (Yes \_\_\_\_\_) (No \_\_\_\_\_)
2. Is it through an HMO? (Yes \_\_\_\_\_) (No \_\_\_\_\_)
3. Do you have Medigap (Medex) health insurance coverage? (Yes \_\_\_\_\_) (No \_\_\_\_\_)
4. If yes, who is the provider? \_\_\_\_\_
5. How much is your premium? \_\_\_\_\_

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Document Preparation

Will

Executor \_\_\_\_\_  
 Address \_\_\_\_\_  
 Subsequent Executor \_\_\_\_\_  
 Address \_\_\_\_\_

Durable Power of Attorney

Attorney-in-Fact \_\_\_\_\_  
 Address \_\_\_\_\_

Health Care Proxy

Agent \_\_\_\_\_  
 Address \_\_\_\_\_  
 Subsequent Agent \_\_\_\_\_  
 Address \_\_\_\_\_