

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

Office Use Only:

Ex Date _____

Decision Date _____

DATE: _____

QUESTIONNAIRE

PERSONAL DATA

Please Print

Name _____

If widowed, please complete the following
Regarding your deceased spouse:

Name _____

Address _____

Date of death: _____

*E-Mail Address _____

City/State of death: _____

Telephone _____

County of death: _____

Business Telephone _____

Business Telephone _____

Birthdate _____ Age _____

Birthdate _____ Age _____

Employer _____

Social Security # _____

Retirement Date _____

Date of Massachusetts residency: _____

U.S. Citizen Yes _____ No _____

Veteran Yes _____ No _____

Social Security # _____

If divorced, please complete the following regarding
Your former house:

Driver License # _____

Name: _____

State DL issued _____

Date of divorce: _____

Resided in Massachusetts since _____

County/State of divorce: _____

Type of residence:

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

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? _____

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)

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? _____

Bank Accounts

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

IRAs/401K

Owner	Name of Institution	1 st Beneficiary	2 nd Beneficiary	Current Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Life Insurance

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

Stocks/Bonds/Mutual Funds/Annuities

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

Automobiles

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

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
_____	_____	_____	_____

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	\$ _____	\$ _____	\$ _____

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? _____

Document Preparation

Will

Executor _____
 Address _____
 Subsequent Executor _____
 Address _____

Durable Power of Attorney

Attorney-in-Fact _____
 Address _____

Health Care Proxy

Agent _____
 Address _____
 Subsequent Agent _____
 Address _____