

LAW OFFICES OF  
**Boyd & Boyd, P.C.**  
 ONE SENTRY PLAZA  
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 F. KEATS BOYD, III

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**PERSONAL FAMILY INFORMATION**

DATE: \_\_\_\_\_

NAME (HUSBAND) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 OCCUPATION/EMPLOYER \_\_\_\_\_  
 E-MAIL \_\_\_\_\_  
 U.S. CITIZEN? Yes \_\_\_\_\_ No \_\_\_\_\_

NAME (WIFE) \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 OCCUPATION/EMPLOYER \_\_\_\_\_  
 E-MAIL \_\_\_\_\_  
 U.S. CITIZEN? Yes \_\_\_\_\_ No \_\_\_\_\_

FAMILY MEMBER'S NAME	BIRTH DATE	RELATIONSHIP	FULL ADDRESS
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____
_____	/ /	_____	_____

Please note step-children or illegitimate children

**SHORT FORM ESTATE INVENTORY**

ASSETS	WIFE	HUSBAND	JOINT
RESIDENCE(market value)*	_____	_____	_____
OTHER REAL ESTATE*	_____	_____	_____
COLLECTIONS	_____	_____	_____
BANK ACCOUNTS/CDs	_____	_____	_____
STOCKS	_____	_____	_____
BONDS	_____	_____	_____
PENSION PLAN	_____	_____	_____
IRA, 401K, etc.	_____	_____	_____
BUSINESS INTEREST	_____	_____	_____
(Group Insurance)	_____	_____	_____
LIFE INSUR. (face value)	_____	_____	_____
TANGIBLE PERSONAL PROPERTY	_____	_____	_____
(Cars,Boats Jewelry, Etc.)	_____	_____	_____
Powers of Appointment	_____	_____	_____
<b>TOTAL ASSETS:</b>	\$ _____	\$ _____	\$ _____
<b>LIABILITIES</b>			
MORTGAGES	_____	_____	_____
EQUITY LINE OF CREDIT	_____	_____	_____
INSTALLMENT LOANS	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL LIABILITIES:</b>	\$ _____	\$ _____	\$ _____
<b>NET WORTH</b> (Total Assets Less Total Liabilities):	\$ _____	\$ _____	\$ _____

\* Please bring copy of deed by which you took title, if available.

ESTATE PLANNING PROVISIONS

Please consider which persons you would like to administer your estate and care for your minor or disabled children.

You

Spouse

Personal Representative:

Primary \_\_\_\_\_

Successor \_\_\_\_\_

Name

Address

Durable Power of Attorney:

Primary \_\_\_\_\_

Successor \_\_\_\_\_

Name

Address

Health Care Proxy:

Primary \_\_\_\_\_

Successor \_\_\_\_\_

Name

Address

Guardians of minors:

Primary \_\_\_\_\_

Successor \_\_\_\_\_

Will your choice of guardian be affected by the marriage, divorce, remarriage or relocation of the person named: \_\_\_\_\_

DISPOSITION OF ESTATE: What are your general desires as to the disposition of your estate. Indicate any specific gifts of cash or items you wish to make.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Gift	Description	Specific Gifts - Including Charities	
		Name of Recipient	Relationship or Address
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER CONSIDERATIONS:** (Prior marriages, support or settlement obligations, marital agreement, disabled children or beneficiaries.)

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Are you or your spouse beneficiaries or trustees of any trust? \_\_\_\_\_

Do you or your spouse anticipate receiving a substantial inheritance? \_\_\_\_\_

**IMPORTANT:**

**Prior Trust**—Please attach copies of all prior wills and trust agreements of you and your spouse with this checklist if convenient. Otherwise, bring them to your conference.

**Insurance**—Please bring all life insurance policies (or copies) and any insurance study prepared for you to the conference.

**Gift Tax Returns**—If you have filed any federal or state gift tax returns, please either attach them to this form or bring them with you to the conference.

Have you ever lived in or owned real estate in Arizona [ ], California [ ], Idaho [ ], Louisiana [ ], Nevada [ ], New Mexico [ ], Texas [ ], or Washington [ ]?

**PREVIOUS GIFTS:** (Do not include gifts to charity or gifts of less than \$10,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: \_\_\_\_\_  
\_\_\_\_\_

Location of Gift Tax Returns: \_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIALITY:** As is true in any communication between lawyer and client, the information reported here will be held in the strictest confidence and released to no one without your consent.

