

**FAZZONE RYAN &
RICCIUTI, LLC**

ONE TOWN CENTER • P.O. BOX 785

Cheshire, Connecticut 06410

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**ESTATE PLANNING
INFORMATION**

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For

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I. YOUR FAMILY

A. Your Name: _____

Date of Birth: _____ Social Security No. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business: _____ Cell: _____

E-Mail: _____

Employment: Title of Job: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

B. Your Spouse's Name: _____

Date of Birth: _____ Social Security No: _____

Home Phone: _____ Business: _____ Cell: _____

E-Mail: _____

Employment: Title of Job: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

C. Your Children: Please provide in the space below, your children's names [and addresses if living away from home]. Please note if children have been adopted.

Name	Date of Birth	*Married	Any Children
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Please give spouse's name

D. Your Parents: (if living)

Name: Father: _____

Mother: _____

Address: _____

Your Spouse's Parents: (if living)

Name: Father: _____

Mother: _____

Address: _____

E. Have there been any prior marriages? If so, please give date of dissolution and names and ages of any children from that marriage.

II. YOUR WILL

Do you have a Will: _____ Date: _____

Do you have a Living Will: _____ Date: _____

Have you executed a Power of Attorney: _____

If so, date and to whom _____

(Please bring copies of these documents to the interview if you can)

III. YOUR ESTATE:

NOTE: This information is requested to enable the attorney to properly advise you concerning taxes and any other unique aspects of your estate.

A. Real Estate: (Please bring deed if available.)

Location of Address	Co-Owners (if any)	Survivorship	Market Value	Amount of Mortgage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Bank accounts (please check bankbook concerning title)

Bank	Co-Owners (if any)	Survivorship	Accounts Savings/Checking	Approximate Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. Stocks, Bonds and Securities (including U.S. Bonds). Please check each for the accurate title description.

Company	Type of Security	Owners/ Co-Owners	Survivorship	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Insurance:

Company	Wife or Husband	Beneficiary	Policy Number	Face Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. Pensions and Annuities:

Please provide name of employer providing pensions and annuity and bring pertinent information or name, address and telephone number of person who has such information.

- F. Please list and describe any assets, i.e. valuable jewelry, collectibles, etc. (not previously requested) that you own. Also, note if you expect to inherit any substantial property or sums of money.

IV. DISPOSITION OF YOUR ESTATE:

- A. If you wish to leave specific items or sums to particular people or organizations, please list such items or sums and the persons or organizations to whom they are to be bequeathed. Please list an address for each.

- B. If any of your Beneficiaries are minors, please indicate the age(s) at which you wish distribution to be made.

- C. Please state to whom or how you wish to dispose of the balance of your estate. (You may want to discuss this at the time of your interview.) Please list complete names, addresses and relationship to you.

V. ADMINISTRATION OF YOUR ESTATE

A. State the name, address and relationship to you of the person you wish to be the Executor of your estate. Also, list an alternate name, if you wish, in the event the first named person will not or cannot serve. (This may be a bank if you so desire.) The Executor is responsible for probating your estate (with the help of your attorney) and distributing it to the recipients of your Will.

Proposed Executor(s): _____

Address: _____

Relationship to you: _____

Proposed Alternate Executor(s): _____

Address: _____

Relationship to you: _____

B. State (if you wish) the name, address and relationship to you of a person to serve as the guardian of the estates and persons of your minor children in the event your spouse does not survive you. The guardian of the estate cares for the property of your minor child until age eighteen. A bank or financial institution may be named guardian of the estate. The guardian of the person cares for the raising of the minor children, i.e. schooling, church, morals, etc. The guardian of the estate and person may be the same natural person or may be separate, i.e. one guardian of the person and one guardian of the estate.

Proposed Guardian(s): _____

Address: _____

Relationship to you: _____

Proposed Alternate Guardian(s): _____

Address: _____

Relationship to you: _____

C. State the name, address and relationship to you of the person(s) you wish to be the Trustee(s). Also, list an alternate name, if you wish, in the event the first named person(s) will not or cannot serve. The Trustee is responsible for administering any trust(s) created by your Will. A beneficiary of the trust cannot be named as a Trustee, i.e., spouse, children.

Trustee of Spousal Disclaimer Trust

Proposed Trustee(s): _____

Address: _____

Relationship to you: _____

Proposed Alternate Trustee(s): _____

Address: _____

Relationship to you: _____

Trustee of Minor Children's Trust

Proposed Trustee(s): _____

Address: _____

Relationship to you: _____

Proposed Alternate Trustee(s): _____

Address: _____

Relationship to you: _____

VI. WOULD YOU LIKE TO DISCUSS THE FOLLOWING?

_____ Intervivos or Living Trust

_____ Testamentary Trust

_____ Power of Attorney

_____ Conservator / Probate

_____ Living Will (Health Care Instructions)

_____ Other