

**ATTORNEY ANNMARIE ROARK
ROARK LAW OFFICE P.C.
(978) 256-4167
FACT SHEET**

PERSONAL DATA:

Party No. 1: _____
(Last Name, First, Initial) (Date of Birth)

Social Security # xxx-xx- _____ Citizenship: _____
Prior Marriage: _____ Health Status: _____
Employer: _____ Work Phone: _____
E-Mail Address: _____ Cell Phone: _____
Home Phone: _____

Home Address _____
City/Town Zip _____
County _____

Do you have existing estate planning documents _____ Dated _____?
If so, what type of documents _____

Divorced? If so, any outstanding obligations pursuant to Divorce Decree or Separation Agreement? _____

Widowed? Date of death _____. Is spouse's estate still open? Release of estate tax lien obtained for real estate? _____ Federal Estate Tax Return filed? _____

CHILDREN: (Note any special needs):

1. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
2. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
3. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____
4. Name _____ Address _____ Date of Birth _____
Social Security # xxx-xx- _____ Health _____ Marital Status _____ Children _____

OTHER DEPENDENTS:

1. _____

2. _____

ASSETS:

REAL ESTATE:

Location	Cost	Mkt. value	Owner	Lender & Mtg. Balance
----------	------	------------	-------	--------------------------

1. _____

2. _____

3. _____

LIFE INSURANCE

Insured	Owner	Type	Company	Value	Cash Value	Face Value
---------	-------	------	---------	-------	---------------	---------------

1. _____
Beneficiary _____ Policy # _____

2. _____
Beneficiary _____ Policy # _____

3. _____
Beneficiary _____ Policy # _____

4. _____
Beneficiary _____ Policy # _____

Employer Group Life Insurance:

Party No. 1: _____

LONG TERM CARE INSURANCE:

Daily Benefit Amount	Term	Elimination Period
----------------------	------	--------------------

Party No. 1: _____

ANNUITIES:

	Company	Type	Value	Joint/Survivor
Party No. 1	_____	_____	_____	_____

STOCKS & BONDS:

Shares/face	Company	Cost	Current Value	Owner
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

CASH DEPOSITS, CD'S AND MONEY MARKET ACCOUNTS:

Bank/Institution	Type of account	Avg. Balance	Owner
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PENSION/PROFIT SHARING PLANS - 401K - 403B

Vesting %	Employee Contribution	Investment Manager	Balance	Beneficiary
Party No. 1	_____	_____	_____	_____

IRA/KEOGH ACCOUNTS:

Contributory/Rollover Administrator	Balance	Beneficiary
Party No. 1	_____	_____
_____	_____	_____

BUSINESS INTEREST:

Company Name	% Ownership	Value	Buy/Sell Agreement?
1. _____			
2. _____			

PERSONAL PROPERTY:

Item	Value	Owner
1. _____		
2. _____		
3. _____		

EXPECTED INHERITANCES:

Description
Party No. 1 _____

ARE YOU THE BENEFICIARY OF A TRUST?

Description

SAFE DEPOSIT BOX:

Location	Box#	Parties with access
_____	_____	_____

INCOME:

Salary	Investment	Other	Total
Party No. 1 _____			

LIABILITIES:

	Lender	Outstanding Balance
1. Home Mortgage	_____	_____
2. Other Real Estate	_____	_____
3. Equity Line of Credit	_____	_____
4. Personal Loans	_____	_____
5. Insurance Policy Loans	_____	_____
6. Other Liabilities	_____	_____

LIST ALL GIFTS MADE:

Recipient	Date of Gift	Nature and Value	Was a Gift Tax Return Filed	Gift Made By Whom
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

PROFESSIONAL ADVISORS:

Name	Company	Address	Phone#
Accountant: _____	_____	_____	_____
Insurance Agent _____	_____	_____	_____
Banking Relationship _____	_____	_____	_____
Investment Advisor _____	_____	_____	_____