

Estate Planning Consultation

Amend Documents/Discuss Estate Planning

Thank you for reaching out to discuss your estate planning needs. This is an important moment to review your assets and clarify your goals. We'll explore aspects like asset ownership and the role of trusts and wills in your plan. It's essential to ensure that the ownership of your assets aligns with your estate planning intentions. For further assistance, please feel free to reach out to us at 781 863-8606 or by email at joel@jbernsteinlaw.com.



1. Input information then print this form.
2. US Mail form with \$425 check for legal fee.
3. You mail to 'Joel Bernstein, Attorney' to 33 Bedford Street, Suite 13, Lexington MA 02420
4. When we receive form with check, we will telephone you and arrange a review.

Our policy: After discussion we will write you and quote for any needed work. We'll receive payment before preparing documents.

Person1 name: **Phone:** **Email:**

Person2 name: **Phone:** **Email:**

Section 1: Asset ownership

<i>DESCRIPTION of non-retirement accounts</i>	<i>Account in SOLE Name of:</i>		<i>Account in JOINT ownership</i>		<i>Account in LIVING TRUST of:</i>	
	Person1	Person2			Person1	Person2
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$
<input style="width: 100%; height: 25px;" type="text"/>	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$	\$

REAL ESTATE (subtract mortgage)

SOLE
Name of:

JOINT
ownership

LIVING TRUST of:

	Person1	Person2		Person1	Person2
	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$
	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$
	\$	\$	\$	With non-spouse? <input type="checkbox"/>	\$

RETIREMENT accounts/
LIFE Insurance

Account of:

BENEFICIARY NAME
Primary
Contingent (if Primary deceased)

Financial Institution Name	Person1	Person2	
	\$	\$	Primary
			Contingent
	\$	\$	Primary
			Contingent
	\$	\$	Primary
			Contingent

Section 2: Documents to change. Questions you have.

Which documents to change? ALL of them

Trust only Will only Health Care Proxy only Durable Power of Attorney only
CHANGE names of beneficiaries DEATH of person named in your documents?

Desired changes to estate planning/issues you have

Changes you want

Replace with your own words