

# Estate Planning Questionnaire

**\*CONFIDENTIAL\***

Please complete the following questionnaire as completely and accurately as possible prior to meeting with us. If you are unable to provide us with an answer to particular questions, or if the question does not apply, please skip that question and proceed with answering the remainder of the questionnaire.

## Section 1: Personal Information

Today's Date \_\_\_\_\_

<b>Information</b>	<b>Your Information</b>	<b>Notes</b>
Your complete legal name (please include middle initial)		
Other names used (nicknames/maiden names)		
Home Address		
Mailing Address (if different from home)		
Home Phone		
Work Phone		
Cell Phone		
Email Address		
Birth Date		
SSN		
Date and Location of Marriage		
Citizenship		

Information	Your Information	Notes
Current Health Status		
Occupation		
Employer		
Years Residing in Washington		

Former Marriage(s)		
Information	Your Information	Notes
Name of Former Spouse		
Date and Place of Marriage		
Date and Place Marriage Terminated		
Terminating Event (Death or Divorce)		
Is any alimony or maintenance owed?		
Is any child support owed?		

*If you have additional former marriages, please add information to page 15*

Is either spouse required by the divorce decree to maintain life insurance for the benefit of a former spouse or children?  Yes  No

If yes, please provide details:

If you pay or receive maintenance or child support, does the obligation continue after your death?  Yes  No

*Please attach a copy of the Decree of Dissolution, Separation Agreement, Findings of Fact, etc. to this questionnaire.*

<b>Retirement</b>
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If you are employed, when do you plan to retire?

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<b>Safe Deposit Box</b>
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Do you have a safe deposit box? If yes, please complete the information below.  Yes  No

Location	Contents	Names on Account	Location of Key
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### Additional Information

1. Who referred you to us? \_\_\_\_\_
2. Who is your Accountant? \_\_\_\_\_
3. Computer passwords: NOTE OF CAUTION: We do not ask for your passwords, but please make arrangements so that your passwords can be located by the person who holds your Power of Attorney or by the Executor.
4. Do you own long-term care (Nursing Home) insurance?  Yes  No

<b>Children</b>		
<b>Information</b>	<b>Please list additional (grand)children on Page 16</b>	<b>Notes</b>
<p><b>Living children</b></p> <p>Please provide child's full name (with middle initial), birth date and child's current address.</p>	<b>Child's Name #1:</b>	
	Birth Date:	
	Current Address:	
	<b>Child's Name #2:</b>	
	Birth Date:	
	Current Address:	
	<b>Child's Name #3:</b>	
	Birth Date:	
	Current Address:	
<p><b>Deceased children</b></p>	<b>Child's Name:</b>	
	Birth Date:	
	Date of Death:	
<p><b>Grandchildren</b></p>	<b>Grandchild's Name:</b>	
	Birth Date:	
	Parents' Names:	
	Current Address:	
	<b>Grandchild's Name:</b>	
	Birth Date:	
	Parents' Names:	
	Current Address:	
	<b>Grandchild's Name:</b>	
	Birth Date:	
	Parents' Names:	
	Current Address:	

### Financial Support

Do you give financial support to any person other than your minor children? If yes, please provide details.

Yes  No

### Existing Documents You May Have Signed

Below is a chart of documents you may have signed. If you have signed any of the named documents, please fill in when and where you signed them.

Document	Date Signed	In which state?
Will		
Document	Date Signed	In which state?
Financial and/or Medical Power of Attorney		
Living Trust		

*Please attach a copy of the above-referenced documents to this Questionnaire*

1. Have you signed any other agreement regarding your mutual ownership of property?

Yes  No

If yes, list type of document (partnership, prenuptial, etc.) and the date it was signed:

2. Do you or your children currently receive income from a trust?

Yes  No

If yes, who is the beneficiary, and who created the trust?

3. Do either you or your children expect to be named as a beneficiary of a trust established by someone else?

Yes  No

If yes, please describe:

4. Please provide any additional details on the next page:

## Section 2: Your Current Assets (Net Worth)

### A. Cash Assets (Checking, Savings, Money Market, etc. - Not Retirement Accounts)

Name(s) on Account: \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death ("pay on death" or "transfer on death")

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death ("pay on death" or "transfer on death")

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death ("pay on death" or "transfer on death")

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death ("pay on death" or "transfer on death")

**TOTAL CASH ASSETS \$**

**B. Retirement Accounts and Annuities**

**Owner:** \_\_\_\_\_

Type (IRA, Roth IRA, 401(k), Pension, etc.): \_\_\_\_\_

Institution Name: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Current Value \$: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Type (IRA, Roth IRA, 401(k), Pension, etc.): \_\_\_\_\_

Institution Name: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Current Value \$: \_\_\_\_\_

**Owner:** \_\_\_\_\_

Type (IRA, Roth IRA, 401(k), Pension, etc.): \_\_\_\_\_

Institution Name: \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_

Secondary Beneficiary: \_\_\_\_\_

Current Value \$: \_\_\_\_\_

**Combined Total of Retirement Accounts \$** \_\_\_\_\_

*Please attach a written confirmation from the institution stating your current beneficiary designations.*

**C. Stocks & Bonds (Not Retirement Accounts)**

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship  I named someone to receive this account on my death ("pay on death" or "transfer on death")

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship  I named someone to receive this account on my death ("pay on death" or "transfer on death")

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_ Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship  I named someone to receive this account on my death ("pay on death" or "transfer on death")

**Name(s) on Account:** \_\_\_\_\_

Account Type (checking, savings, etc.) \_\_\_\_\_

Institution Name: \_\_\_\_\_

Account Number (last 4 digits only) \_\_\_\_\_

Approximate Current Value \_\_\_\_\_

Held in Joint Tenancy with Rights of Survivorship \_\_\_\_\_

I named someone to receive this account on my death ("pay on death" or "transfer on death") \_\_\_\_\_

**TOTAL STOCKS & BONDS (not in retirement accounts) \$** \_\_\_\_\_

**D. Real Estate**

**Address of Property #1** \_\_\_\_\_

Property Type (residence, rental, etc.) \_\_\_\_\_

Name(s) Currently on Title \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase Price \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

County Assessed Value \_\_\_\_\_

Market Value	_____
- Mortgage Balance	_____
<b>Net Value</b>	_____

**Address of Property #2** \_\_\_\_\_

Property Type (residence, rental, etc.) \_\_\_\_\_

Name(s) Currently on Title \_\_\_\_\_

Date of purchase \_\_\_\_\_

Purchase Price \_\_\_\_\_

Tax Parcel Number \_\_\_\_\_

County Assessed Value \_\_\_\_\_

Market Value	_____
- Mortgage Balance	_____
<b>Net Value</b>	_____

**Total Net Value of Real Estate \$** \_\_\_\_\_

**E. Valuable Items of Tangible Personal Property**

*(This category includes jewelry, automobiles, boats, silver, art, musical instruments, furniture, or collections which are valued at more than \$5,000.)*

Description of Item	Estimated Wholesale Value

**Total of Valuable Items \$** \_\_\_\_\_

**F. Other Assets (Business Interests, Real Estate Assets, etc.)**

1. Do you own other valuable assets not listed above?

If yes, please describe the asset and its fair market value:

Yes  No

2. Please describe any partnership, joint venture, or other business interest held:

3. Do you plan on buying a business in the future?

Yes  No

**Total Value of Other Assets \$**

**G. Debts (other than real estate mortgages)**

Creditor Name _____	Amount of Debt \$ _____
Creditor Name _____	Amount of Debt \$ _____
Creditor Name _____	Amount of Debt \$ _____

**Total Debt \$**

**H. Summary of Assets**

A – Total Cash Assets (page 7)	\$ _____
B – Total Retirement Accounts (page 8)	\$ _____
C – Total Stocks & Bonds (page 9)	\$ _____
D – Total Net Real Estate (page 10)	\$ _____
E – Total Valuable Items (page 10)	\$ _____
+ F – Total Other Assets (page 10)	\$ _____
<b>TOTAL ASSETS (Section A-F)</b>	\$ _____
- <b>TOTAL DEBT (Section G, page 10)</b>	\$ _____
<b>NET WORTH</b>	\$ _____

**Section 3: Life Insurance, Gifts and Inheritances**

<b>A. Life Insurance</b>		
	Your Information	Notes
<b>Name of Insurance Company #1</b>		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		



Owner's Name		
Insured's Name		
Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
<b>Name of Insurance Company #2</b>		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		
Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
<b>Name of Insurance Company #3</b>		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		

Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
<b>Total Face Value</b>		

Total Face Value of All Life Insurance	\$	_____
+ Net Worth (from page 11)	\$	_____
<b>Estimated Size of Taxable Estate</b> (for estate and inheritance tax purposes)	\$	_____

**B. Gifts and/or Inheritances**

1. Are either you or your children likely to receive any gifts to inheritances in the future?  Yes  No  
 If yes, please describe:

2. Have you made any gifts greater than \$12,000 to any person in a single calendar year?  Yes  No  
 If yes, please name the recipient, the date the gift was made, and the amount:

**Section 4: Your Heirs and Beneficiaries**

**A. Estate Planning Priorities**

Please describe your estate planning objectives and priorities:

**B. The Heirs and Beneficiaries You Will Name in Your Will**

**Whom do you want to inherit your property at your death?** (Use page 15 to list additional names.)

**1. First Choice(s):**

Name #1: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

What share (i.e. 100%, 50%, \$5000): \_\_\_\_\_

Name #2: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

What share (i.e. 100%, 50%, \$5000): \_\_\_\_\_

**2. Second (Contingent) Choice(s)** (often your children, if any) if First Choice(s) predecease(s) you:

Name #1: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

What share (i.e. 100%, 50%, \$5000): \_\_\_\_\_

Name #2: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

What share (i.e. 100%, 50%, \$5000): \_\_\_\_\_

Name #3: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

What share (i.e. 100%, 50%, \$5000): \_\_\_\_\_

Name #4: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

What share (i.e. 100%, 50%, \$5000): \_\_\_\_\_

**C. Testamentary Trusts**

1. If you name a child or young person as a beneficiary, do you want their share held in a Trust until they reach a certain age? Yes No

2. How old should the beneficiary be when the Trust terminates?

*Please indicate your choice for Trustee on page 12.*

**D. Disability of Heirs**

1. Are any of your beneficiaries disabled or receiving government assistance? Yes No  
If yes, please name them:

**E. Disinheritance**

1. Are you leaving nothing to one or more of your children? Yes No  
If yes, please name them:

**F. Specific Bequests (Gifts)**

Do you have specific items or money that you want to leave to someone?  
(i.e., "\$5,000 to my cousin Bob" or "my VW bug to Sue")

Person	Current Address	Item

Please list any additional bequests on page 15

### Section 5: Executors', Trustees', and Guardians' Names

Information	Your Information	Notes
<b>Executor/Personal Representative</b>  <u>First Choice</u>	Name:	This person manages the probate process after your death.
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Executor/Personal Representative</b>  <u>Second Choice</u>	Name:	
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Trustee</b>  <u>First Choice</u>	Name:	This person manages trust funds for beneficiaries, often a child, after your death.
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Trustee</b>  <u>Second Choice</u>	Name:	
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Guardian of Minor Children</b>  <u>First Choice</u>	Name:	This person provides physical care for minor children after your death.
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Guardian of Minor Children</b>	Name:	
	Relationship:	

<u>Second Choice</u>	Age:	
	Current	
	Address: Phone:	

### Section 6: Other Estate Planning Documents

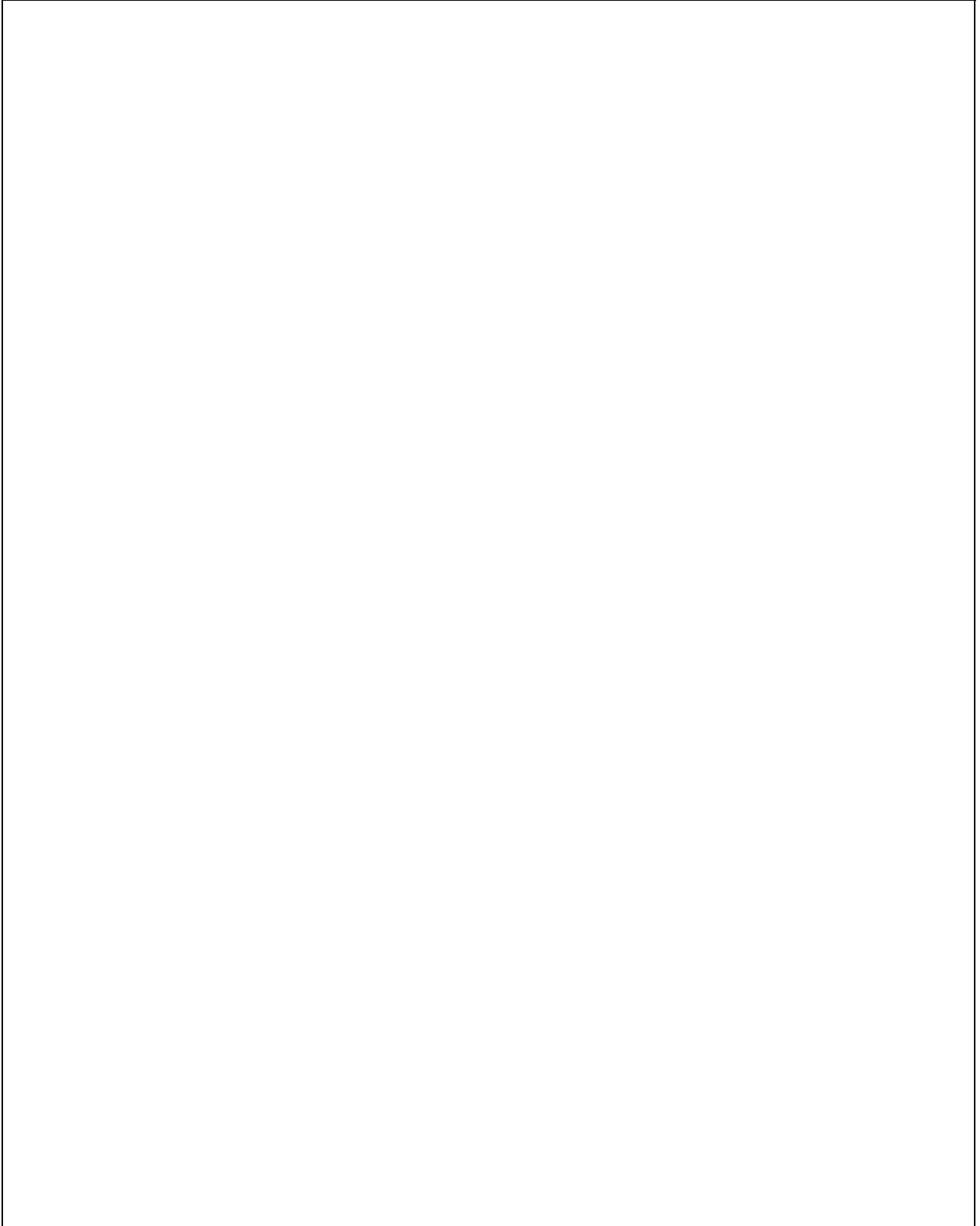
Information	Your Information	Notes
<b>Financial Power of Attorney</b>  <u>First Choice</u>	Name:	This person will make financial decisions for you if you are unable to make those decisions while you are alive.
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Financial Power of Attorney</b>  <u>Second Choice</u>	Name:	
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Should Financial Power of Attorney be effective <u>immediately</u> or only upon your <u>disability</u>?</b>  <b>(Please check one)</b>	<input type="checkbox"/> Effective Immediately  <input type="checkbox"/> Effective on Disability	<i>Effective immediately</i> means your nominee can sign documents for you as soon as you sign the Power of Attorney. <i>Effective on Disability</i> means you must be unable to manage your finances before the Power of Attorney goes into effect.
<b>Medical Power of Attorney</b>  <u>First Choice</u>	Name:	This person will make health care decisions for you if you are unable to make those decisions while you are alive.
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Medical Power of Attorney</b>  <u>Second Choice</u>	Name:	
	Relationship:	
	Age:	
	Current Address: Phone:	
<b>Durable Power of Attorney for Health Care Decisions For Minor Children &amp;</b>	Name:	If you have children under the age of 18, this document allows you to name a person
	Relationship:	
	Age:	

<b>Nomination of Guardian of Person and Estate of Minor Child</b>	Current Address: Phone:	to make decisions for your minor child while you are alive but disabled.
Do you want a <b>Health Care Directive</b> (Living Will)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	This document details your wishes regarding extraordinary measures under the Washington Natural Death Act.
<b>Burial/Cremation Arrangements</b> (Please choose one)	<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> No Preference	
<b>Information</b>		<b>Notes</b>
Who should make the funeral/memorial arrangements?	Name:	
	Relationship:	
	Age:	
	Current Address:	

Thank you for taking the time to fill out this Questionnaire. We will have an opportunity to discuss the questionnaire and address your planning objectives during our meeting.

Please use the following page for any information that did not fit in the specified areas, or information that you think may be helpful, or important.

Please use this page for any additional information:

A large, empty rectangular box with a thin black border, intended for providing additional information. It occupies most of the page below the instruction text.