

ESTATE PLANNING QUESTIONNAIRE

Do you currently have any of the following documents? Please check those that apply.

- | | | |
|---|------------------------------|-------------------------------|
| Last Will and Testament | Community Property Agreement | Premarital Agreement |
| Durable Power of Attorney | Separate Property Agreement | Dissolution/Separation Decree |
| Power of Attorney for Health Care | Living Trust Agreement | Property Settlement Agreement |
| Advance Medical Directive
<i>(Living Will)</i> | | Child Support Order |

PERSONAL INFORMATION

	Client 1	Client 2
Legal Name		
Preferred Name		
Home Address		
Mailing Address		
Preferred Phone		
Secondary Phone		
Personal Email		
Date of Birth		
Occupation		
Date of Marriage		
Prior Spouse		
Veteran (Dates of Service)		

MINOR CHILDREN

Full Legal Name	Age	Child of Both Clients?

Please nominate a guardian (and an alternate) for any minor children, in the event of both parents' deaths.

Guardian

Alternate

Name _____
 Relationship _____
 City, State _____

Name _____
 Relationship _____
 City, State _____

LIVING ADULT CHILDREN

Full Legal Name (and name of spouse, if married)	City State	Child of Both Clients?	Married Yes/No	Names & Ages of Children

DECEASED CHILDREN

Name	Date of Birth	Date of Death	Child of Both?	Married at death?	Names & Ages of Children

BUSINESS AND PROFESSIONAL ADVISORS

	Name	Firm
Accountant		
Insurance Advisor		
Stockbroker		
Financial Planner		
Attorney		
Realtor		
Other		

CONSIDERATIONS

Do you own any property (real estate, bank accounts, etc.) jointly with any third parties, including family members?

Does any member of your family receive Social Security Disability Insurance, Supplemental Security Income, Medicaid, or other government assistance?

Please describe any significant family concerns – special needs, estrangement, substance abuse, incapacity, etc.

Does a child or other beneficiary of your estate possibly need protection from creditors or assistance with managing finances?

Please describe any significant issues with respect to your assets (large inheritance, children from prior marriages, prenuptial agreement, etc.)

Please describe any important planning philosophy, objectives, and priorities.

What is your **number one** goal for your estate plan? Why are you taking this step? And why now?

ESTATE AND BENEFICIARY INFORMATION

Who do you want to administer your estate, ensuring that the provisions of your will are carried out?

PERSONAL REPRESENTATIVE (EXECUTOR)

Client 1

Client 2

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

ALTERNATE PR

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

SECOND ALTERNATE PR

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

SPECIFIC BEQUESTS

If you want to make specific gifts of money (other than or in addition to percentages) in your Will, please list the amount, recipient, and relationship. Please use an extra sheet if you need more space.

Client 1

Client 2

\$ _____ to my _____,

\$ _____ to my _____,

\$ _____ to my _____,

\$ _____ to my _____,

BENEFICIARIES

Who do you want to receive the assets of your estate? Please give fractions or percentages if more than one beneficiary.

Client 1	Client 2
Primary	Primary
Contingent (if primary predeceases you)	Contingent (if primary predeceases you)

Do you want any of these persons to receive their inheritance in trust? (This could be important if the intended beneficiary is a minor, disabled, spendthrift, incompetent, etc.) If so, please nominate a Trustee and alternate. At what age do you want a beneficiary's trust to terminate?

If any beneficiaries are people other than your children, please list their names and relationship to you. If you are leaving assets to a charity, please provide the exact corporate name of the charity. You should contact the charity so it can send you the information in writing.

Client 1	Client 2
Name _____	Name _____
Relationship _____	Relationship _____
City, State _____	City, State _____
Charity Name _____	Charity Name _____
Address _____	Address _____
City, State _____	City, State _____

DECISION MAKING – DURABLE POWER OF ATTORNEY FOR FIDUCIARY MATTERS

If you were unable to carry out your business, financial, and legal affairs, who do you want to be the agent who will act in your place?

ATTORNEY IN FACT

Client 1

Client 2

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

ALTERNATE

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

DECISION MAKING – DURABLE POWER OF ATTORNEY FOR HEALTH CARE MATTERS

If you were unable to communicate your wishes or make decisions for yourself, who would you want your doctor or hospital to consult with about your care?

ATTORNEY IN FACT

Client 1

Client 2

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

ALTERNATE

Name _____

Name _____

Relationship _____

Relationship _____

City, State _____

City, State _____

FINANCIAL INFORMATION AND WORKSHEET

The purpose of this section is to anticipate any potential liability for Washington State estate taxes. Please try to estimate values as accurately as possible. Do not include account numbers. Married couples – please indicate the individual owner if separate property, life insurance, or retirement assets.

Type of Asset	Description	Approximate Value
Washington Real Estate <i>(indicate primary residence)</i>		
Real Estate Outside of Washington		
Cash, Bank Accounts (non-retirement checking and savings, cash portion of brokerage accounts)		
Retirement Assets (Pension Plans, IRAs, 401(k)s, etc.) INCLUDE BENEFICIARIES		
Life Insurance (face value, term or whole life, employer or private) INCLUDE BENEFICIARIES		
Business Ownership, including family corporations or LLCs		

Stocks & Mutual Funds		
Bonds & Treasury Notes		
Annuities		
Anticipated Inheritance		
Vehicles / Boats		
Valuable Personal Property <i>(jewelry, art work, antiques, collections, etc.)</i>		

Have you **ever** given a gift greater than the annual gift-tax exclusion (\$15,000 for 2019) to any individual?

If so, did you file a gift tax return?

Do you have a safe deposit box? Who has access to it?