

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

Legal Name	
Preferred Name	
Home Address	
Mailing Address	
Preferred Phone	
Secondary Phone	
Personal Email	
Date of Birth	
Occupation	
Marriages <i>spouse's name</i> <i>marriage date</i> <i>date of death or divorce</i>	
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	Married Yes/No	Names & Ages of Children

DECEASED CHILDREN

Name	Date of Birth	Date of Death	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)

Name _____

Relationship _____

City, State _____

ALTERNATE

Name _____

Relationship _____

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.

\$ _____ 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.

Primary

Contingent (if your primary beneficiary or beneficiaries predecease 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.

Name, Relationship, Address

Name, Relationship, Address

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.

Charity Name & Address

Charity Name & Address

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 FOR FIDUCIARY MATTERS

Name _____

Relationship _____

City, State _____

ALTERNATE

Name _____

Relationship _____

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 FOR HEALTH CARE MATTERS

Name _____

Relationship _____

City, State _____

ALTERNATE

Name _____

Relationship _____

City, State _____

FINANCIAL INFORMATION AND WORKSHEET

The purpose of this section is to anticipate any potential liability for Washington State estate taxes upon your death.

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?