

ESTATE PLANNING QUESTIONNAIRE

DATE PREPARED: _____

I. Family Data

A. Name in full: _____

B. Date of Birth: _____

C. Maiden name, if applicable: _____

D. Spouse's name: _____

Maiden name, if applicable: _____ Date of birth: _____

E. Social Security Numbers: Yours: _____ Spouse: _____

F. Principal residence: _____

G. Telephone number: _____

H. Citizenship: Yours: _____ Spouse: _____

I. List all family members, whether or not they are to be named as beneficiaries in your Will:

1. YOUR CHILDREN:

NAME: _____

RELATIONSHIP: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

SSN: _____

NAME: _____

RELATIONSHIP: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: _____

SSN: _____

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

2. YOUR SPOUSE'S CHILDREN:

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

3. YOUR PARENTS AND SIBLINGS:

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

NAME: _____

RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

NAME: _____
RELATIONSHIP: _____
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ADDRESS: _____

PHONE: _____
SSN: _____

NAME: _____
RELATIONSHIP: _____
DATE OF BIRTH: _____
ADDRESS: _____

PHONE: _____
SSN: _____

II. Will preparation information

- A. Described generally to whom you want your property to pass upon your death. Include each person's address if not already listed in the previous section.

- B. Give the name and address of a person trusted by you to be Personal Representative (Executor) of your estate. Name an alternate who could become Personal Representative if your first choice is unwilling or unable to serve. It is preferable that the Personal Representative be a Washington resident and usually a member of your family or a best friend.

- C. Do you want a Community Property Agreement drawn? _____
- D. Do you have any special instructions for funeral arrangements? _____

- E. Give the name, address, and relationship of a person trusted by you to be the guardian of your children, if needed, upon the death of you and your spouse.

III. Powers of Attorney

- A. Do you want a Durable Power of Attorney for Health Care Decision Making? This normally takes effect only upon your being unable to manage your own affairs and would allow the person you designate to make the ultimate decision to turn off life support systems if your condition is terminal. If so, give the name, address, and relationship of the persons you would like to designate as your primary attorney-in-fact and alternate attorney-in-fact.

- B. Do you want a Durable Power of Attorney for Asset Management? If so, give the name, address, and relationship of the persons you would like to designate as your primary attorney-in-fact and alternate attorney-in-fact.

IV. Preparatory steps

An estate planning conference appointment will be set for you. Please bring this completed questionnaire and the following documents:

- A. Copies of all Wills and/or Trusts
- B. Copy of Community Property Agreement and/or Joint Tenancy Agreement
- C. Copies of any Gift Tax Returns
- D. Rough inventory of all assets
- E. Statement describing known retirement plans, including amount vested, estimated benefits, and method of distribution (whether lump sum or periodic payment)

PERSONAL DATA QUESTIONNAIRE

I. Personal data

- A. Does either of you have a Will?
If so, what is its date and where is it kept?

B. Do you have a community property agreement or prenuptial agreement?
If so, please provide us with a copy.

C. Does either of you have a safe deposit box?
If so, where is it located?

Name any other person with access to the box.

D. Are you or your spouse a beneficiary of any trust (whether income, principal, or holder of a power of appointment)?

E. Is either of you a trustee of any trust?
If so, please provide us with a copy of the Will or trust agreement.

II. Financial data for you and your spouse

A. List real property, (including co-operative apartment):

	<u>Property</u>	<u>Present Value</u>	<u>Mortgage, if any</u>	<u>Owned by</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

B. List any personal property of significant value (e.g. airplane, jewelry, art, coins):

	<u>Item</u>	<u>Present Value</u>	<u>Owned by</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

C.	Cash or Cash equivalents:	<u>Present Value</u>	<u>Owned by</u>
	Checking accounts	_____	_____
	Savings accounts	_____	_____
	Other cash equivalents (treasury bills, certificates of deposit)	_____	_____

D. List any stocks or bonds traded on a U.S. exchange:

	<u>Item</u>	<u>Present Value</u>	<u>Owned by</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

E. List other securities (other than in a closely held or family business) which are not liquid (e.g. limited partnership interests, unlisted stock, etc.):

	<u>Item</u>	<u>Present Value</u>	<u>Owned by</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

F. List closely held or family business interests owned:

	<u>Name</u>	<u>Business form</u> (i.e. corporation)	<u>Present Value</u>	<u>Owned by</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Are there any purchase or restrictive agreements relating to any of these business interests?
If so, please provide us with copies.

G. Are you or is your spouse presently employed?

If so, does either of you have:

	<u>Owner</u>	<u>Present Value</u>	<u>Beneficiary</u>
1. Pension Rights	_____	_____	_____
2. Stock Options	_____	_____	_____

3. Group Life Insurance _____

 (face value)

H. Do you or does your spouse have life insurance (other than insurance listed above)?

	<u>Name of Company</u>	<u>Owner</u>	<u>Face Value</u>	<u>Beneficiary</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I. Do you or does your spouse have any substantial debts or liabilities (other than mortgages secured by real estate described above)?

	<u>Name of Creditor</u>	<u>Principal Amount</u>	<u>Security</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

J. Are you, or is your spouse, a guarantor on any debt other than those listed above?
 If so, please provide details.

K. Have you or has your spouse ever filed a gift tax return?
 If so, please provide us with copies.

L. Do you or does your spouse have any other significant property interest that we should know about (e.g. copyrights, patents, mortgages, annuities, expectancies from family, oil and gas properties, etc)? If so, please provide details.