

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date _____

I. PERSONAL INFORMATION

Full Name _____

(First, Middle, Last)

Date of Birth _____

Citizenship _____

Home Address _____

City _____

State _____ Zip _____

Phone: Home (_____) _____

e-mail _____

Veteran U S Armed Forces? _____

Occupation _____

Company _____

Business Address _____

City _____

State _____ Zip _____

Phone (_____) _____

e-mail _____

To which address should we send estate planning correspondence, bills? _____

Any Prior Marriages or WA Registered Domestic Partnerships? _____

How prior marriage or domestic partnership ended? death divorce (Please provide copies of any dissolution documents if you have ongoing obligations.)

Full Names of Children (Please indicate if children are from a prior marriage/relationship and whether adopted)

Birth Dates / Children?

If you have no children, please identify all of your nearest living family members (i.e., parents, siblings, etc.)

Should we discuss provisions for any pets? Yes No

II. EXISTING DOCUMENTS Have you ever signed any of the following?

Will _____ Trust _____ (Please provide copies where possible.)

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III. FINANCIAL INFORMATION (Please list current market values and bring copies of current statements if possible.)

- 1. Cash \$ _____
- 2. Marketable Securities \$ _____
- 3. Real Property \$ _____
- 4. Cars, Furn., Art, etc \$ _____
- 5. Life Insurance \$ _____
- 6. Retirement Benefits \$ _____
- 7. Other \$ _____
- 8. Liabilities \$ _____
- 9. Net Value of Estate \$ _____

Is any property owned as joint tenants with right of survivorship? Yes No Identify asset & joint owner _____

Please bring copies of any beneficiary designations on insurance, annuities, retirement plans, CDs, bank accounts, etc.

Do you have a safe deposit box? Yes No

If Yes, where? _____

Who else has access? _____

Do you have an interest in any trust created by you or another person or a power to dispose of any property held in trust? _____ Do you expect to inherit over \$10,000 from any person? Yes No How much/when/from whom? _____

IV. INFORMATION FOR WILL

1. Full Name and location of Personal Representative: _____

Alternate(s): _____

2. Full Name and location of Guardian(s): _____

Alternate(s): _____

3. Full Name and Location of Trustee: _____

Alternate(s): _____

4. How would you like your assets to be distributed on your death? Please identify any specific gifts or provisions you would like to include and the full names of all beneficiaries and their relationship to you. Identify any minor beneficiaries or beneficiaries with special needs. _____

5. Alternate Beneficiaries, in case the beneficiary(ies) above don't survive you? _____

6. Do you have specific wishes regarding disposition of your remains? _____

V. POWER OF ATTORNEY: If you wish to have a power of attorney drafted, please complete this section:

General/Financial

Health Care

Full Name of Attorney-in-Fact: _____

Alternate(s): _____