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## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please fill out the following information as completely as possible. Feel free to use additional sheets of paper or the back of this Questionnaire if necessary.

Name (First, M.I., Last): \_\_\_\_\_

Spouse's Name (First, M.I., Last): \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_ County: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Referred By: \_\_\_\_\_

### PERSONAL INFORMATION

Husband

Wife

Date of Birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_

Date and Place of Marriage \_\_\_\_\_

Length of residence in WA \_\_\_\_\_

Do you already have a Will? \_\_\_\_\_

Location of Will \_\_\_\_\_

Do you have a Community Property Agreement? \_\_\_\_\_ If so, is it recorded? \_\_\_\_\_ If not recorded, where is it kept? \_\_\_\_\_

Prior Marriage(s), if any \_\_\_\_\_  
(date, location)

Former Spouse(s) name \_\_\_\_\_

How (death/divorce) and \_\_\_\_\_  
When former Marriage ended

**Family History**

**Children\***

<u>Name (First, M.I., Last)</u>	<u>Address</u>	<u>Birth Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*If currently married, are any of the above children from a prior marriage/relationship? If so, please indicate. Also, please include the names of any deceased children and the names of any children of deceased children.

If you are not married and have no children, please list the full names, addresses and birthdates of brothers, sisters, children of deceased brothers or sisters, your parents or other next of kin in the space below. Make certain you designate their relationship to you. If you are not certain of their address or birth date, complete the balance of the questionnaire and provide the information at a later date.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ESTATE PLANNING QUESTIONNAIRE**

1) Do you want your entire estate to go to your spouse?

Husband: Yes  No  Into Trust  Other  (specify): \_\_\_\_\_  
Wife: Yes  No  Into Trust  Other  (specify): \_\_\_\_\_

2) If not survived by your spouse, do you want your children to share equally?

Husband: Yes  No   
Wife: Yes  No

If not, list share per child. \_\_\_\_\_

3) If one of your children predeceases you, do you want the children of your deceased child to have his/her share?

Husband: Yes  No   
Wife: Yes  No

4) If at your death, you have no surviving Spouse or children, or other descendants, your estate shall be distributed as follows:

Husband:

- One-half (1/2) thereof to my heirs and one-half (1/2) to my spouse's heirs under the laws of intestate succession of the State of Washington.
- Charitable organization: \_\_\_\_\_
- Other: \_\_\_\_\_

Wife:

- One-half (1/2) thereof to my heirs and one-half (1/2) to my spouse's heirs under the laws of intestate succession of the State of Washington.
- Charitable organization: \_\_\_\_\_
- Other: \_\_\_\_\_

5) Executor/Personal Representative The Personal Representative is the individual(s) or entity (e.g., a bank) designated to identify and collect assets of your estate, pay claims, expenses and obligations of the estate, settle the tax liability and distribute the estate assets as provided in your Will. Spouses frequently serve for each other, and another individual(s) or entity (e.g., a relative, close family friend, or bank) will serve as successor. You should notify the personal representative of your intent to designate him or her as personal representative prior to signing your Will.

Spouse

Executor if spouse is not first choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

(important to designate first and second alternate)

6) Guardian (if neither parent is able to care for the children, the guardian raises the children who are not yet 18):

First Choice: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

(important to designate first and second alternate)

7) Trusts and Trustees. Trusts have several uses. They are frequently used in Wills to avoid estate taxes and to manage assets for children until they reach an age where you feel they should be able to manage their portion of your estate. If you have minor children, I suggest creating a contingent children's trust in your Will. You designate a person or entity, called a *trustee*, to manage the trust assets for the benefit of the trust beneficiaries until a specified time/occurrence, e.g., your child(ren) reaching designated ages. Also, if your estate's value is greater than \$5,000,000 (including life insurance proceeds), you may wish to use a 'Credit Shelter Trust' to reduce your potential estate tax obligation. Who do you want to serve as Trustee(s) of any trust(s) created in your Will, including a trust for your children?

Spouse

First Choice if No Surviving Spouse: \_\_\_\_\_

Alternate: \_\_\_\_\_

Second Alternate: \_\_\_\_\_

(important to designate first and second alternate)

8) Distribution of Trust Estate (At what age(s) shall your child(ren) be entitled to receive their share of your estate? For example, a child's share may be distributed as follows: 1/3 of their share at age 25, 1/2 the balance at age 30, and the remaining balance at age 35.) The Trust estate shall be distributed as follows:

\_\_\_\_\_

\_\_\_\_\_

9) Authorization for Disclosure of Protected Health Information ("HIPAA Disclosure) Pursuant to the provisions of the Health Insurance Portability and Accountability Act of 1996, RCW 70.02.030 and the regulations issued thereunder, you must execute a HIPAA Disclosure if you want certain members of your family or friends to have access to your protected health care information. Please list those people whom you would like to be able to access your medical records:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

10) Financial Durable Power of Attorney (A Durable Power of Attorney enables you to designate a trusted third party to handle your financial affairs immediately or only upon your proven incompetency. This document is intended to eliminate the need for a guardianship proceeding in the event of incompetency).

Do you want a Financial Durable Power of Attorney? \_\_\_\_\_

If yes, please designate:

Effective immediately  Effective upon disability or  Effective immediately for spouse only

Do you want your spouse to act as your "attorney-in-fact" under this Durable Power of Attorney? \_\_\_\_\_

If you do not have a spouse, or s/he is unable or unwilling to act as your attorney-in-fact, please designate an alternate(s):

First Alternate: \_\_\_\_\_

Second alternate: \_\_\_\_\_  
(important to designate first and second alternate)

- 11) Durable Power of Attorney for Health Care (A Durable Power of Attorney for Health Care enables you to designate a trusted third party to make health care decisions for you when you are proven unable to do so for yourself. This document is intended to allow someone who knows your wishes to communicate those wishes to your health care providers when you are unable to do so.).

Do you want a Durable Power of Attorney for Health Care? \_\_\_\_\_

Do you want your spouse to act as the "attorney-in-fact" under said Power of Attorney? \_\_\_\_\_

If you do not have a spouse, or s/he is unable or unwilling to act as your attorney-in-fact, please designate an alternate:

First Alternate: \_\_\_\_\_

Second alternate: \_\_\_\_\_  
(important to designate first and second alternate)

- 12) Health Care Directive ("Living Will") (The purpose of the Health Care Directive is to make known the desire of the person signing the document of their wish not to have their life "artificially prolonged" in the case of an injury/disease causing irreversible brain damage, i.e., "brain dead", or some terminal condition.)

Do you want a Health Care Directive? \_\_\_\_\_

- 13) Community Property Agreement A Community Property Agreement can do some or all of the following: 1) convert separate property (property owned and controlled individually by one spouse) to community property (property in which each spouse owns an undivided one-half interest) – this is generally done for tax purposes; 2) convert community property into separate property; 3) identify certain property which is to become/remain separate property, while converting the balance to community property; dispose of assets upon death in lieu of a Will.

Would you like to discuss a Community Property Agreement? \_\_\_\_\_

- 14) If you have a prior Will, or are a party to, or a beneficiary of, a trust, pension or profit sharing plan, or are a party to a buy-sell agreement, have filed a gift tax return, or have been divorced, please provide me with copies of the document(s).

### FINANCIAL INFORMATION

#### Real Property

\*Please indicate how title is held (e.g., John and Jane Doe, husband and wife; John Doe and Jane Smith, joint tenants with right of survivorship; etc.)

<u>Description/Address</u>	<u>≈Fair Market Value</u>	<u>≈Loan Balance</u>	<u>≈Net Value</u>
_____	_____	_____	_____

\*Title to Property held as follows:

_____	_____	_____	_____
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\*Title to Property held as follows:

\_\_\_\_\_

**Bank Accounts**

<u>Bank</u>	<u>Ownership of Account*</u>	<u>Savings/Checking</u>	<u>Approximate Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*Please designate whose name is on the account; and the ownership, i.e., joint tenancy with right of survivorship, etc.

Do you have a safe deposit box? \_\_\_\_\_ If so, state location: \_\_\_\_\_

Person(s) authorized to enter: \_\_\_\_\_

**Stocks, Bonds, Securities**

**Approximate Balance**

(describe/indicate ownership of account and/or attach most recent brokerage statement(s))

_____	\$ _____
_____	\$ _____
_____	\$ _____

**Personal Property**

Please describe items of important financial or sentimental value.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note significant anticipated inheritances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Separate property (note property exceeding \$10,000.00 in value, acquired before marriage or by gift or inheritance after marriage):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List property located out of state (describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Life Insurance**

List insurance policies with death benefits of \$10,000.00 or greater.

Company _____	Company _____
Insured _____	Insured _____
Death Benefit _____	Death Benefit _____

1st Beneficiary \_\_\_\_\_  
2nd Beneficiary \_\_\_\_\_  
Company \_\_\_\_\_  
Insured \_\_\_\_\_  
Death Benefit \_\_\_\_\_  
1st Beneficiary \_\_\_\_\_  
2nd Beneficiary \_\_\_\_\_

1st Beneficiary \_\_\_\_\_  
2nd Beneficiary \_\_\_\_\_  
Company \_\_\_\_\_  
Insured \_\_\_\_\_  
Death Benefit \_\_\_\_\_  
1st Beneficiary \_\_\_\_\_  
2nd Beneficiary \_\_\_\_\_

**Retirement Accounts/Plans** e.g., 401K, Profit Sharing, Pensions, IRA's, etc.  
(describe/indicate ownership of account and any beneficiary designation)

**Approximate Balance**

\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_  
\_\_\_\_\_  
\$ \_\_\_\_\_

**Miscellaneous**

List any other valuable or important papers, documents, such as Promissory Notes, contracts, pending patents, etc. and their location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have made any gifts of \$10,000.00 or more, list to whom, when, what and why, and date of filing gift tax returns;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are engaged with anyone else in any business venture or joint enterprise, list with whom and details of the venture:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any further instructions to your spouse, children or anyone else? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN COMPLETED QUESTIONNAIRE TO:**



3035 Island Crest Way, Suite 201  
Mercer Island, WA 98040