

**CONFIDENTIAL**

Date: \_\_\_\_\_

**Preliminary Estate Planning Questionnaire:**

*Please note there are **two** sections, Data and Will Provisions. Kindly give equal thought to the second as the first, for it will be incorporated into your final Estate Plan. Please call with any questions. Our firm's phone number is 206-284-2932.*

**Part I: Estate Planning Data**

A. PERSONAL

Partner 1

Partner 2

- |     |                                     |       |       |
|-----|-------------------------------------|-------|-------|
| 1.  | Name                                | _____ | _____ |
| 2.  | Other Names                         | _____ | _____ |
| 3.  | Addresses                           |       |       |
|     | a. Home                             | _____ |       |
|     | b. Mailing                          | _____ |       |
| 4.  | Telephone                           |       |       |
|     | a. Home                             | _____ |       |
|     | b. Work                             | _____ | _____ |
| 5.  | Birth date                          | _____ | _____ |
| 6.  | S.S. No.                            | _____ | _____ |
| 7.  | Partnership Date:<br>(Marriage)     | _____ | _____ |
| 8.  | Place of Partnership:<br>(Marriage) | _____ | _____ |
| 9.  | Citizenship                         | _____ | _____ |
| 10. | Other                               | _____ | _____ |

B. PRIOR MARRIAGES (If applicable)

- |    |               |       |       |
|----|---------------|-------|-------|
| 1. | Former Spouse | _____ | _____ |
| 2. | Marriage Date | _____ | _____ |
| 3. | Terminated by |       |       |

Death/Divorce on \_\_\_\_\_

4. Obligations to or from former spouse \_\_\_\_\_

5. Child Support \_\_\_\_\_

6. Separate Maintenance \_\_\_\_\_

In the event of divorce, please provide a copy of the Decree of Dissolution and any related Agreements.

C. CHILDREN (Please indicate if child of prior marriage)

1. Living Children of Partner 1:

- a. Name \_\_\_\_\_  
Birth date \_\_\_\_\_
- b. Name \_\_\_\_\_  
Birth date \_\_\_\_\_
- c. Name \_\_\_\_\_  
Birth date \_\_\_\_\_
- d. Name \_\_\_\_\_  
Birth date \_\_\_\_\_

2. Deceased Children of Partner 1 (Do you have any deceased children, with surviving children; if so, please list)

3. Living Children of Partner 2:

- a. Name \_\_\_\_\_  
Birth date \_\_\_\_\_
- b. Name \_\_\_\_\_  
Birth date \_\_\_\_\_
- c. Name \_\_\_\_\_  
Birth date \_\_\_\_\_
- d. Name \_\_\_\_\_  
Birth date \_\_\_\_\_

4. Deceased Children of Partner 2 (Do you have any deceased children, with surviving children; if so, please list)

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future? \_\_\_\_\_

E. INTERSPOUSAL AGREEMENTS or PARTNERSHIP AGREEMENTS

1. Have you ever executed a Community Property Agreement OR a Partnership Agreement? \_\_\_\_\_

2. Have you ever executed any other agreements between spouses OR Partners regarding your property? \_\_\_\_\_

3. Please furnish a copy of any agreements.

F. TRUSTS

1. Does any member of your family receive income from any trust? If yes, who created it?  
\_\_\_\_\_

2. Has Partner 1 or 2 ever created a trust, except as part of a Will?  
If yes, give details \_\_\_\_\_

3. Does any family member expect to be named a beneficiary or remainderman of a trust?  
If yes, please describe \_\_\_\_\_

4. Please furnish copies of all instruments relating to the trusts, as well as a current list of assets and statement of income.

G. INSURANCE

1. Are there any life insurance policies in existence on the life of either partner or rights thereto?

2. If so, please provide information regarding:

a. Name of Company(ies) \_\_\_\_\_

b. Type of Insurance \_\_\_\_\_

c. Amount and Cash Surrender Value \_\_\_\_\_

H. JOINT TENANCY ASSETS

Do you own any real or personal property as joint tenants with each other or third parties?

If so, please describe \_\_\_\_\_

I. RETIREMENT BENEFITS

Is either spouse a participant in a retirement plan? If so, please provide information regarding type of plan, current value, beneficiary designation, etc. \_\_\_\_\_

J. GIFTS AND/OR INHERITANCES

1. Is Partner 1, Partner 2, or children likely to receive any gifts or inheritances? \_\_\_\_\_
2. Does either Partner make, or intend to make regular gifts to any person? If yes, please describe

K. PLANNING OBJECTIVES AND PRIORITIES

Please describe any significant planning objectives or priorities you may have.

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L. ASSET SCHEDULE (Please indicate if any asset is separate property of either Partner 1 or 2 and the approximate current value)

1.	Real Property	\$ _____
2.	Stocks and, Bonds	\$ _____
3.	Checking/Savings	\$ _____
4.	Life Insurance	\$ _____
5.	Miscellaneous Property (including furniture, furnishings, antiques, automobiles, boats, collectibles, etc.)	\$ _____
	_____	_____
6.	Retirement Programs	\$ _____
	Subtotal	\$ _____
	_____	_____
7.	LESS Liabilities & Net Worth	\$ _____
	_____	_____

**Part II: Will Provisions**

**TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY:**

- |    | Partner 1   | Partner 2 |
|----|---|-----------|
| 1. | Personal Representative(s): <i>administers Will during Probate</i>  |           |
|    | 1st Choice: _____   | _____     |
|    | 2nd Choice: _____   | _____     |
| 2. | Trustee(s): <i>manages Estate on behalf of the beneficiaries</i>  |           |
|    | 1st Choice: _____   | _____     |
|    | 2nd Choice: _____   | _____     |
| 3. | Guardian(s) of Minor(s): <i>Raises children who are not yet age 18</i>  |           |
|    | 1st Choice: _____   |           |
|    | 2nd Choice: _____   |           |
| 4. | Distribution of Trust Estate  |           |
| a. | Age of youngest child before Distribution _____   |           |
| b. | Age for Distribution _____  |           |
|    | (1) First portion _____   |           |
|    | (2) Second portion _____  |           |
|    | (3) Third portion _____   |           |
| 5. | Specific Bequests: Who will receive your assets? _____  |           |
|    | _____   |           |
|    | _____   |           |
| 6. | Funeral Burial Arrangements   |           |
|    | (Note: We do not recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his or her death. However, if the client prefers, it can be included in the will.) |           |
| 7. | Other specific provisions or information to be included in Will, such as operation or provision for family business, etc. _____   |           |

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B. DURABLE POWER OF ATTORNEY

(The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetency.)

1. Have you executed a power of attorney? If you have done so, please provide a copy.
- | Partner 1 | Partner 2 |
|-----------|-----------|
| _____     | _____     |
2. Effective on signing or incapacity?
- |       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|
3. Individual to be given Power of Attorney:
- |                   |       |
|-------------------|-------|
| 1st Choice: _____ | _____ |
| 2nd Choice: _____ | _____ |

C. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The purpose of the Directive to Physicians is to make known the desire of the person signing the document of his wish not to have his life "artificially prolonged" in the case of any injury, disease, or terminal condition.

Does client wish to have such a document prepared or discuss this further?

Yes \_\_\_\_\_ No \_\_\_\_\_

D. ORGAN DONOR INFORMATION

Do you wish to discuss organ donation at death?

Yes \_\_\_\_\_ No \_\_\_\_\_