

# ESTATE PLANNING QUESTIONNAIRE

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

**\*\*Please note: It is important that the information you provide (including the Net Worth Statement following) be as accurate as possible since we will be relying on its accuracy in making recommendations with regard to your estate planning.\*\***

**1. General Information**

Client 1

Client 2

Name (list names as you want them in your documents)

First	Middle	Last	First	Middle	Last
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Home Address

Street	City	County	State	Zip
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Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

Mobile/Cell Number \_\_\_\_\_

Email Address \_\_\_\_\_

(please provide an email address where we can correspond with you without breaching any confidentiality concerns you may have)

Birthdate: \_\_\_\_\_

Years lived in Washington \_\_\_\_\_

Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_

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

Date of Marriage \_\_\_\_\_

Prior Marriage Yes \_\_\_ No \_\_\_

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

Yes No (a) Do you have:


- (i) Will?
- (ii) Community Property Agreement?
- (iii) Prenuptial or Postnuptial Agreement?
- (iv) Power of Attorney?
- (v) Trust?

**If your response is "yes," please bring copies of the documents to our first conference.**


- (b) Did either you or your spouse own more than the other prior to this marriage?
- (c) Have either you or your spouse received any large gifts?
- (d) Have either you or your spouse given any large (\$3,000 prior to 1981 and \$10,000 during or after 1982) gifts?
- (e) Have either you or your spouse received an inheritance?
- (f) Are you or your spouse the beneficiaries of someone else's trust?
- (g) Do you have long-term care insurance?

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2. **Children** It is vital that you name all children, even if they will not be beneficiaries (list names as you want them in your documents.)

	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____ _____	_____ _____	_____ _____
Name of child's Spouse	_____	_____	_____
How many children does your child have?	_____	_____	_____

	<u>Fourth Child</u>	<u>Fifth Child</u>	<u>Sixth Child</u>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____ _____	_____ _____	_____ _____
Name of child's Spouse	_____	_____	_____
How many children does your child have?	_____	_____	_____

Please attach information for additional children.

Yes	No	
		Do you have any deceased children?
		Do you have any stepchildren not listed above?
		Do any of your children receive (or likely to receive) any government assistance, i.e., SSI, where receiving assets outright will disqualify them for benefits?
		Are any of your children disabled?
		Have any of your natural children been adopted by anyone (including step parents)?
		Have any of your grandchildren been adopted by their stepparents?
		If yes, do you wish to remember them in your estate planning?
		Does anyone else live in your home with you?
		Have you filed a state registered domestic partnership?
		Are you contributing to the support of anyone on a regular basis other than your minor children?
		Have you been granted a "power of appointment" in anyone else's will, trust, etc.
		Is it possible that you or our spouse will receive a significant inheritance?

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3. **Advisors:**

Accountant/Tax Preparer \_\_\_\_\_  
Investment Counselor \_\_\_\_\_

4. **Personal Representative:** Who will settle your estate (executor/personal representative)?

*Your personal representative is responsible for settling the financial affairs of your estate including paying any final bills and distributing your assets in accordance with your will.*

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

5. **Trustee:** If any trust is created, who will be trustee?

*Your trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including a divorce). Trusts can last for many years. Please consider this when selecting your trustee.*

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

6. **Guardian:** If you have minor children and you and your spouse die before they come of age, who will raise them (guardian of person)?

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

7. **Attorney-in-Fact (Financial):** If you become disabled or incompetent, who will handle your affairs to include such things as signing documents on your behalf, providing for your support, maintenance, health, etc.?

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

8. **Attorney in Fact (Health Care):**

*The duties of a health care power of attorney include giving directions to health care providers regarding medical treatment and life sustaining procedures; access to medical records; and addressing your long-term care requirements.*

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

9. **Briefly state how you prefer to have your property distributed upon your death:** (If you want to make a charitable bequest, please give the official name and address of the charity)

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

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

**ASSETS**

**LIABILITIES**

\*

**Real Estate**

Home (fair market value) \$ \_\_\_\_\_ ( )  
 Vacation Home \$ \_\_\_\_\_ ( )  
 Business real estate \$ \_\_\_\_\_ ( )  
 Other \$ \_\_\_\_\_ ( )

**Life Insurance**

Total Death Benefit (Client 1) \$ \_\_\_\_\_ ( )  
 Total Death Benefit (Client 2) \$ \_\_\_\_\_ ( )

**Cash in Bank**

Checking account \$ \_\_\_\_\_ ( )  
 Savings account \$ \_\_\_\_\_ ( )  
 Other accounts \$ \_\_\_\_\_ ( )  
 Other accounts \$ \_\_\_\_\_ ( )

**Retirement Plans**

IRA (Client 1) \$ \_\_\_\_\_ ( )  
 Is your IRA a Roth IRA? yes \_\_\_ no \_\_\_  
 IRA (Client 2) \$ \_\_\_\_\_ ( )  
 Is your IRA a Roth IRA? yes \_\_\_ no \_\_\_  
 401K (Client 1) \$ \_\_\_\_\_ ( )  
 401K (Client 2) \$ \_\_\_\_\_ ( )  
 Other Retirement Plans \$ \_\_\_\_\_ ( )

**Other Investments**

Stocks \$ \_\_\_\_\_ ( )  
 Bonds \$ \_\_\_\_\_ ( )  
 Mutual Funds \$ \_\_\_\_\_ ( )  
 Annuities \$ \_\_\_\_\_ ( )  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_ ( )  
 \_\_\_\_\_ \$ \_\_\_\_\_ ( )  
 \_\_\_\_\_ \$ \_\_\_\_\_ ( )  
 \_\_\_\_\_ \$ \_\_\_\_\_ ( )

**TOTAL ASSETS**

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

**Mortgages/Contracts Owed**

Home \$ \_\_\_\_\_ ( )  
 Vacation Home \$ \_\_\_\_\_ ( )  
 Business \$ \_\_\_\_\_ ( )  
 Other \$ \_\_\_\_\_ ( )

**Loans**

Autos and other vehicles \$ \_\_\_\_\_ ( )  
 Personal \$ \_\_\_\_\_ ( )  
 Life Insurance \$ \_\_\_\_\_ ( )  
 Other Indebtedness \_\_\_\_\_ \$ \_\_\_\_\_ ( )  
 \_\_\_\_\_ \$ \_\_\_\_\_ ( )

**TOTAL LIABILITIES**

\$

\* \*

**Is anyone else's name on your assets as co-owner, joint tenant, beneficiary in case of death, etc.? If so, please list the asset and the person.**

Asset	Name on Asset (besides yours)
	_____

\* ASSETS - PARENTHESIS INDICATE WHETHER:  
 (HSP) Husband separate property  
 (WSP) Wife separate property  
 (CP) Community property  
 (JTWROS) Joint tenants with right of survivorship