

ESTATE PLANNING QUESTIONNAIRE

CONFIDENTIAL

Estate Planning Data

Date: _____

A. PERSONAL

- 1. Name _____
- 2. Other Names _____
- 3. Addresses _____
 - a. Home _____
County _____
 - b. Mailing _____

- 4. Telephone and Email
 - a. Home _____
 - b. Work _____
 - c. Email _____
- 5. Birthdate _____
- 6. S.S. No. _____
- 7. Citizenship _____
- 8. Other _____

B. PRIOR MARRIAGES (if applicable)

SHORT CRESSMAN
& BURGESS PLLC

999 Third Avenue, Suite 3000, Seattle, WA 98104-4088 | 206.682.3333 phone | 206.340.8856 fax | www.scblaw.com

Error! No property name supplied.

Estate Planning Questionnaire - 2

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 (if applicable)

(please indicate if child of prior marriage)

1. Living Children:
 - a. Name _____
Birthdate _____
 - b. Name _____
Birthdate _____
2. Deceased Children (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 you for support now or possibly in the future?

E. PARENTS/SIBLINGS

1. Parents, names and addresses:

2. Siblings, names and addresses:

F. JOINT OWNERSHIP AGREEMENTS (if applicable)

1. Have you ever executed an agreement involving joint ownership of property?

2. Please furnish a copy of any agreements.

G. TRUSTS

1. Does any member of your family receive income from any trust? _____

If yes, who created the trust? _____

2. Have you 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 _____

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

H. INSURANCE

1. Do you have any life insurance policies? _____
2. If so, please provide information regarding:
- a. Name of Company(ies) _____
 - b. Type of Insurance _____
 - c. Amount and Cash Surrender Value _____
 - d. Cash Value _____
 - e. Designated Beneficiary(ies) _____
-

I. JOINT TENANCY ASSETS

Do you own any real or personal property as a joint tenant?

If so, please describe _____

J. RETIREMENT BENEFITS

Are you a participant in a retirement plan? If so, please provide information regarding type of plan, current value, beneficiary designation, and death benefit. _____

K. GIFTS AND/OR INHERITANCES

1. Are you likely to receive any gifts or inheritances? _____

2. Do you make, or intend to make regular gifts to any person? _____

If yes, please describe _____

L. PLANNING OBJECTIVES AND PRIORITIES

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

M. ASSET SCHEDULE

(Please indicate 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 (\$ _____)

8. Net Worth (Approximate) \$ _____

N. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

Estate Planning Questionnaire - 6

1. Personal Representative(s)
(administers Will during probate)

1st Choice: _____

2nd Choice: _____

2. Trustee(s)
(manages estate for the benefit of beneficiaries)

1st Choice: _____

2nd Choice: _____

3. Caretaker(s) of Minor(s)
(raises children who are not yet age 18)

1st Choice: _____

2nd Choice: _____

4. Distribution of Trust Estate

(Time when beneficiary receives all or part of trust principal outright)

a. Age of youngest child before distribution _____

b. Age for distribution

(1) First portion _____

(2) Second portion _____

(3) Third portion _____

5. Specific Bequests

(Specific people or organizations to whom you are giving specific amount, item or percentage of estate)

6. Contingent Bequests (To whom and what you are giving if primary beneficiaries predecease you)

7. Care of Pets _____

8. Charitable Bequests

9. Funeral/Burial Arrangements

10. Other specific provisions or information to be included in Will, such as operation or provision for family business, etc.

O. GENERAL DURABLE POWER OF ATTORNEY

The General 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 should avoid the necessity of a guardianship in the event of incompetency.

1. Have you executed a power of attorney? _____

2. If you have done so, please provide a copy.

3. Would you want it effective on signing or incapacity? _____

4. Who is your first choice and second choice for the person to act as attorney-in-fact for you? _____

P. HEALTH CARE POWER OF ATTORNEY

The Health Care Power of Attorney allows you to appoint someone to make health care decisions for you should you be unable to do so. In addition to decisions under your Health Care Directive, this document allows decisions regarding consent to treatment and other such health care issues. It is effective upon proof of disability.

1. Have you executed a Health Care Power of Attorney? _____
2. If you have done so, please provide a copy.

Q. 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 his/her wish not to have his/her life "artificially prolonged" in the case of any injury, disease, or terminal condition. Do you wish to have such a document prepared or discuss this further?

Yes _____ No _____