

CONFIDENTIAL ESTATE PLANNING DATA

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

Home Address

Street City County State Zip

Home Telephone _____

Business Telephone _____

Mobile/Cell Number _____

Email Address _____

Birthdate: _____

Years lived in Washington _____

Are you a U.S. Citizen? Yes___ No___

Yes___ No___

Date of Marriage _____

Prior Marriage Yes___ No___

Yes___ No___

Do you and/or your spouse have:

(a) previous Wills? (*If so, please bring copies with you for the attorney to keep.*) Yes___ No___

(b) a Community Property Agreement? (*If so, please bring copies with you for the attorney to keep.*) Yes___ No___

(c) pre- or post-nuptial agreements? (*If so, please bring copies with you for the attorney to keep.*) Yes___ No___

(d) previous Powers of Attorney? (*If so, please bring copies with you for the attorney to keep.*) Yes___ No___

(e) Did either you or your spouse own a substantial amount of property prior to this marriage? Yes___ No___

(f) Have either you or your spouse received any large gifts? Yes___ No___

If yes, indicate amount and year: _____

(g) Have either you or your spouse given any large (\$3,000 prior to 1981 and \$10,000

during or after 1982) gifts? Yes___ No___

If yes, indicate amount and year: _____

(h) Have either you or your spouse received an inheritance? Yes___ No___

If yes, indicate amount and year: _____

(i) Are you or your spouse the beneficiaries of a trust? Yes___ No___

(j) Do you or your spouse expect to receive any gifts or inheritances in the future? Yes___ No___

If your response is "yes" to any of (a) - (d) (or i) above, please bring copies of the documents to our first conference.

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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	_____	_____	_____
	<u>Fourth Child</u>	<u>Fifth Child</u>	<u>Sixth Child</u>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
Name of child's Spouse	_____	_____	_____

Please attach information for additional children. Do you have any deceased children? Yes____ No____
 Do you have any stepchildren not listed above? Yes____ No____
 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? Yes____ No____
 Are any of your children disabled? Yes____ No____
 Have any of your natural children been adopted by anyone (including step parents)? Yes____ No____
 Have any of your grandchildren been adopted by their stepparents? Yes____ No____
 If yes, do you wish to remember them in your estate planning? Yes____ No____
 Does anyone else live in your home with you? Yes____ No____
 Are you contributing to the support of anyone on a regular basis other than your minor children? Yes____ No____

2. **Asset Information** Please complete the attached estimate of your net worth or submit balance sheet or statement of net worth if available.

3. **Life Insurance Information**

	<u>On Client 1's Life</u>	<u>On Client 2's Life</u>
Company	_____	_____
Face Amount	_____	_____
Type (whole life, term)	_____	_____
Loans out on policy	_____	_____
Owner of policy	_____	_____
Beneficiaries designated in policy	1 _____ 2 _____	1 _____ 2 _____

Company	_____	_____
Face Amount	_____	_____
Type (whole life, term)	_____	_____
Loans out on policy	_____	_____
Owner of policy	_____	_____
Beneficiaries designated in policy	1 _____ 2 _____	1 _____ 2 _____

5. Long Term Care Insurance Information

Company	_____	_____
Amount	_____	_____

6. Retirement Benefit Plans

Current account balance	_____	_____
Please describe any retire- ment benefit plan which your employer maintains for its employees	_____ _____ _____	_____ _____ _____

7. Advisors: Please list the names and addresses of other persons who serve as your advisors:

Accountant/Tax Preparer	_____
Investment Counselor	_____

8. Executor/Guardian/Trustee:

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.

Personal Representative:

First choice: _____

Alternate: _____

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: _____

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: _____

9. 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: _____

10. 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: _____

11. 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)

