

# ASSET PROTECTION ANALYSIS WORKSHEET

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 Telephone

\_\_\_\_\_

\_\_\_\_\_

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 or any gifts more than \$100 after May 1, 2006? 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) (and i) above, please bring copies of the documents or a description, if applicable, to our first conference.**

ELIZABETH A. PERRY  
Attorney at Law  
P.O. Box 1086  
Vancouver, WA 98666  
(360) 816-2485

2. **Children** It is vital that you name all children, even if they are not beneficiaries.

	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
Name(list names as you want them in your documents)	_____	_____	_____
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 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\_\_\_\_

Have you registered under Washinton's Domestice Partnership Act or similar laws in other states? Yes\_\_\_\_ No\_\_\_\_

Have you been granted a "power of appointment" in anyone else's will, trust, etc. Yes\_\_\_\_ No\_\_\_\_

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)	_____	_____
Cash Surrender Value	_____	_____
Loans out on policy	_____	_____
Owner of policy	_____	_____
Beneficiaries designated in policy	1 _____ 2 _____	1 _____ 2 _____

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

**4. Long Term Care Insurance Information**

Company	_____	_____
Amount	_____	_____

**5. Prepaid Funeral Plan**

Company	_____	_____
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**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. Monthly Income.**

**Client 1**

Wages: \$ \_\_\_\_\_

Pension Income: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Investment Income: \$ \_\_\_\_\_

**Client 2**

Wages: \$ \_\_\_\_\_

Pension Income: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Investment Income: \$ \_\_\_\_\_

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

**WORTH SUMMARY**

ASSETS

\*

**Real Estate**

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

**Personal Property**

Home Furnishings \$ \_\_\_\_\_ ( )  
 Autos and other vehicles \$ \_\_\_\_\_ ( )  
 Jewelry, collectibles, etc. \$ \_\_\_\_\_ ( )

**Life Insurance**

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

**Cash in Bank**

Checking account \$ \_\_\_\_\_ ( )  
 Savings account \$ \_\_\_\_\_ ( )  
 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: \_\_\_\_\_ \$ \_\_\_\_\_ ( )  
 \_\_\_\_\_ \$ \_\_\_\_\_ ( )

**Trust Assets**

\$ \_\_\_\_\_ ( )

**Miscellaneous** (e.g., business)

\$ \_\_\_\_\_ ( )

**TOTAL ASSETS**

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

LIABILITIES

**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