

ESTATE PLANNING QUESTIONNAIRE



Betts

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ESTATE PLANNING

Date: _____

Family Information:

Full Name: _____

Citizenship: _____

Social Security No.: _____

Date of Birth: _____

Home Address: _____

City, State, Zip Code: _____

Home Telephone: _____

Cell Phone: _____

E-mail: _____

Employer: _____

Office Address: _____

City, State, Zip Code: _____

Office Telephone: _____

Father's Name (if living): _____

City, State: _____

Mother's Name (if living): _____

City, State: _____

Estimated size of any potential inheritance: _____

Names of Prior Spouses (if any): _____

Dependants other than Children (if any): _____

Your Children:

Name	Birthdate	Social Security Number	Adopted? Mark "A"	Married Yes / No	No. of Children
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Financial Advisor (if any):

Name and Company: _____

Address: _____

Phone: _____

Life Insurance:

Number of Policies: _____

Total Face Amount: _____

Total Present Cash Value: _____

Owner of Policies: _____

Total Loan Against Policies: _____

Primary Beneficiaries: _____

Contingent Beneficiaries: _____

Retirement Benefits:

Employer Plans

Type (pension, profit sharing, ESOP, etc.):

Balances:

Primary Beneficiaries:

Contingent Beneficiaries:

IRA Balance

Primary Beneficiaries:

Contingent Beneficiaries:

Assets (attach separate sheet if necessary):

	Total Value		Less Liability		Equity
Primary Home:	\$ _____	-	_____	= \$	_____
Secondary Home:	\$ _____	-	_____	= \$	_____
Recreational Vehicles:	\$ _____	-	_____	= \$	_____
<u>Other Real Estate:</u> (Description & Location)					
_____	\$ _____	-	_____	= \$	_____
_____	\$ _____	-	_____	= \$	_____
_____	\$ _____	-	_____	= \$	_____

Business Interests:

Closely-Held Corporate Stock:

1. _____ Stock Value \$ _____
(Company Name)

2. _____ Stock Value \$ _____
(Company Name)

Partnerships:

1. _____ Value \$ _____
(Partnership Name)

2. _____ Value \$ _____
(Partnership Name)

Sole Proprietorship:

_____ Value \$ _____
(Trade Name)

	Complete Names and Status Shown on Title Documents	Approximate Value
Cash or Cash Equivalents	_____	\$ _____
Traded Stock	_____	\$ _____
Bonds	_____	\$ _____
Receivables from Others	_____	\$ _____
Real Estate Contracts	_____	\$ _____
Loans to Children	_____	\$ _____
Investment Partnerships	_____	\$ _____
Autos, Boats, Furnishings, Jewelry	_____	\$ _____

Other Assets:

Description: _____ Value \$ _____
_____ Value \$ _____
_____ Value \$ _____

Debts and Liabilities (excluding Real Estate debts described above):

Creditor	Brief Description	Total Owed
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
	Total Debts and Liabilities	\$ _____
	TOTAL (assets less liabilities)	\$ _____

Background Questions:

	Yes / No
1. Have you ever signed a Community Property Agreement or Prenuptial Agreement?	_____
2. Are you a beneficiary or trustee of any trust?	_____
3. Have you ever made gifts over \$15,000.00?	_____
4. Have you ever filed any gift tax return?	_____
5. Do you suffer from any serious illness or incapacity?	_____
6. Do any of your children suffer from any serious illness or incapacity?	_____
7. Are you subject to any divorce or other court decree or agreement limiting your estate planning choices?	_____
8. Are you a party to any buy-sell agreement?	_____

Documents to Bring with You:

1. Existing Wills or Trust.
2. Any Community Property Agreements.
3. Any divorce decree or agreement referred to in Item 7 above.
4. Any buy-sell agreement referred to Item 8 above.

Tentative Will Provisions:

1. Personal Representative (administers Will during probate)

First Choice: _____ Relationship: _____

Address: _____

Second Choice: _____ Relationship: _____

Address: _____

Third Choice: _____ Relationship: _____

Address: _____

2. Guardian of Minors (raises children who are not yet 18)

First Choice: _____ Relationship: _____

Address: _____

Second Choice: _____ Relationship: _____

Address: _____

Third Choice: _____ Relationship: _____

Address: _____

3. Trustee (manages estate for the benefit of beneficiaries)

First Choice: _____ Relationship: _____

Address: _____

Second Choice: _____ Relationship: _____

Address: _____

Third Choice: _____ Relationship: _____

Address: _____

4. Distribution of Trust Estate

a. Age of youngest child before distribution: _____

b. Distribution:

(1) Age for first portion: _____ Percentage/Amount _____

(2) Age for second portion: _____ Percentage/Amount _____

(3) Age for third portion: _____ Percentage/Amount _____

5. Durable Power of Attorney for Financial

First Choice: _____ Relationship: _____

Second Choice: _____ Relationship: _____

Third Choice: _____ Relationship: _____

6. Durable Power of Attorney for Health Care

First Choice: _____ Relationship: _____

Second Choice: _____ Relationship: _____

Third Choice: _____ Relationship: _____

