## ESTATE PLANNING QUESTIONNAIRE



ATTORNEYS AT LAW

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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:		Social			
Name	Birthdate	Security Number	Adopted? Mark "A"	<b>Married</b> Yes / No	No. of Children
	_				
Accountant (if any):					
Name and Company:					
Address:					
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:	

Accets	(attach	senarate	shoot	if necessarv	) •
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	Tota	ıl Value	<b>Less Liability</b>	Equity
Primary Home:				_ = \$
Secondary Home:	\$			_ = \$
Recreational Vehicles:	\$			= \$ = \$
Other Real Estate: (Description & Location)				
	\$			_ = \$
	\$			=\$
	\$			=\$
Business Interests:				
Closely-Held Corporate Stock:				
1. (Company Name)		Ste	ock Value \$	
2. (Company Name)		Sto	ock Value \$	
Partnerships:				
1. (Partnership Name)			Value \$	
2. (Partnership Name)			Value \$	
Sole Proprietorship:				
(Trade Name)			Value \$	

## 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 Value \$ \_\_\_\_\_ **Burial Plot** Value \$ Other Assets 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)	\$

Ba	ckground Questions:	Yes / No
1.	Have you ever signed a Community Property Agreement or Prenuptial Agreement?	Tes/No
2.	Are you a beneficiary or trustee of any trust?	
3.	Have you ever made gifts over \$17,000.00?	
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?	
9.	Do you have a safe deposit box? If so, then where is it located, what is the box number and who is the additional signer?	
Da	ocuments 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.	
Те	ntative Will Provisions:	
1.		
	First Choice: Relationship:	
	Address: Relationship:	
	Address:	
	Third Choice: Relationship:	
	Address:	

2.	Guardian of Minors (raises children who are no First Choice:  Address:	rt yet 18) Relationship:
	Second Choice:	Relationship:
	Address:	
	Third Choice:	Relationship:
	Address:	
3.	Trustee (manages estate for the benefit of benefit Choice:	Palationshine
	Address: Second Choice:	Palationshin:
	Address:	Kelationship.
	Third Choice:	Relationship:
	Address:	
4.	Distribution of Trust Estate  a. Age of youngest child before distribution:  (1) Age for first portion:  (2) Age for second portion:  (3) Age for third portion:	Percentage/Amount Percentage/Amount Percentage/Amount 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:

Your Specific Bequests or Special Objectives (if any):					

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