# ESTATE PLANNING QUESTIONNAIRE 



ATTORNEYS AT LAW

Bellingham Office: 2200 Rimland Drive, Ste. 230, Bellingham, WA 98226 P: 360-733-3300 F: 360-733-8780 Bellevue Office: 11120 N.E. $2^{\text {nd }}$ Street, Bellevue, WA 98015 P: 425-450-3300 F: 425-450-3310
wjohnson@northwesttaxlaw.com
www.northwesttaxlaw.com

## ESTATE PLANNING

Date: $\qquad$ Family Information:


## Your Children:

Name
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$

Accountant (if any):
Name and Company: $\qquad$
Address: $\qquad$
Phone: $\qquad$

Financial Advisor (if any):
Name and Company: $\qquad$

Address: $\qquad$

Phone: $\qquad$

## Life Insurance:

Number of Policies:
Total Face Amount:
Total Present Cash Value:
Owner of Policies:
Total Loan Against Policies:
$\qquad$
$\qquad$

Primary Beneficiaries: $\qquad$
$\qquad$
$\qquad$

Contingent Beneficiaries: $\qquad$

## Retirement Benefits:

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

Balances:
Primary Beneficiaries:

Contingent Beneficiaries: $\qquad$
$\qquad$

IRA Balance
Primary Beneficiaries: $\qquad$
$\qquad$
$\qquad$
Contingent Beneficiaries: $\qquad$
$\qquad$
$\qquad$

Assets (attach separate sheet if necessary):


Other Real Estate:
(Description \& Location)


## Business Interests:

Closely-Held Corporate Stock:
1.
(Company Name)
2. $\qquad$

Stock Value \$ $\qquad$

Stock Value \$ $\qquad$

Value \$ $\qquad$

Value \$ $\qquad$

Value \$ $\qquad$


## 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:

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 $\$ 17,000.00$ ?
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?

## 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: $\qquad$
3. Trustee (manages estate for the benefit of beneficiaries)

First Choice: $\qquad$
Address:
4. Distribution of Trust Estate
a. Age of youngest child before distribution:
b. Distribution:
(1) Age for first portion: $\qquad$ Percentage/Amount $\qquad$
(2) Age for second portion: $\qquad$ Percentage/Amount $\qquad$
(3) Age for third portion: Percentage/Amount $\qquad$
5. Durable Power of Attorney for Financial

First Choice: $\qquad$ Relationship: $\qquad$
Second Choice: $\qquad$ Relationship: $\qquad$
Third Choice: $\qquad$ Relationship: $\qquad$
6. Durable Power of Attorney for Health Care

First Choice: $\qquad$ Relationship: $\qquad$
Second Choice: $\qquad$ Relationship: $\qquad$
Third Choice: $\qquad$ Relationship: $\qquad$

Your Specific Bequests or Special Objectives (if any):

E:FILES\ESTATE PLANNING FORMS\QUESTIONNAIRE.Single Person.2022.doc

