

ESTATE PLANNING QUESTIONNAIRE



Betts

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ESTATE PLANNING

Date: _____

Family Information:

**SPOUSE / PARTNER 1
(P1)**

**SPOUSE / PARTNER 2
(P2)**

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: _____

Estimated size of any potential inheritance: _____

Names of prior Spouses (if any): _____

Dependents other than Children (if any): _____

Your Children:

Name	Birthdate	Social Security Number	Adopted? Mark "A"	*Parents (Joint, P1, P2)	Married Yes / No	No. of Children
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

***In describing "Parents," use the following abbreviations:**

J = Joint Children, P1 = Spouse/Partner 1's Child, P2 = Spouse/Partner 2's Child

Financial Advisor (if any):

Name and Company: _____

Address: _____

Phone: _____

Life Insurance:

**SPOUSE / PARTNER 1
INSURED**

**SPOUSE / PARTNER 2
INSURED**

Number of Policies: _____

Total Face Amount: _____

Total Present Cash Value: _____

Owner of Policies: _____

Total Loan Against Policies: _____

Primary Beneficiaries: _____

Contingent Beneficiaries: _____

Retirement Benefits:

	SPOUSE / PARTNER 1	SPOUSE / PARTNER 2
<u>Employer Plans</u>		
Annual Salary:	_____	_____
Type (pension, profit sharing, ESOP, etc.):	_____	_____
Balances:	_____	_____
Primary Beneficiaries:	_____	_____
	_____	_____
	_____	_____
Contingent Beneficiaries:	_____	_____
	_____	_____
<u>IRA Balance</u>		
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	_____	\$ _____

Burial plots _____ Value \$ _____

Other Assets _____ 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. If married, is all your property community property (i.e., marital property owned 50/50)?	_____
2. Have you ever signed a Community Property Agreement or Prenuptial Agreement?	_____
3. Are any of your assets titled Joint Tenancy with Right of Survivorship (JTWROS)?	_____
4. Do you intend for any JTWROS account to be distributed to such Joint Owner or under the Provisions of your Will?	_____
5. Are you a beneficiary or trustee of any trust?	_____
6. Have you ever made gifts over \$16,000.00?	_____
7. Have you ever filed any gift tax return?	_____
8. Do either of you suffer from any serious illness or incapacity?	_____
9. Do any of your children suffer from any serious illness or incapacity?	_____
10. Is either of you subject to any divorce or other court decree or agreement limiting your estate planning choices?	_____
11. Are you a party to any buy-sell agreement?	_____
12. Do you have a safe deposit box? If so, then where is it located, what is the box # 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 10 above.
4. Any buy-sell agreement referred to Item 11 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 (for 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
(SPOUSE / PARTNER 1)

- First Choice: _____ Relationship: _____
- Second Choice: _____ Relationship: _____
- Third Choice: _____ Relationship: _____

6. Durable Power of Attorney for Financial
(SPOUSE / PARTNER 2)

- First Choice: _____ Relationship: _____
- Second Choice: _____ Relationship: _____
- Third Choice: _____ Relationship: _____

7. Durable Power of Attorney for Health Care
(SPOUSE / PARTNER 1)

- First Choice: _____ Relationship: _____
- Second Choice: _____ Relationship: _____
- Third Choice: _____ Relationship: _____

8. Durable Power of Attorney for Health Care
(SPOUSE / PARTNER 2)

- First Choice: _____ Relationship: _____
- Second Choice: _____ Relationship: _____
- Third Choice: _____ Relationship: _____

7. Minor's Power of Attorney for Health Care

First Choice: _____ Relationship: _____

Second Choice: _____ Relationship: _____

Third Choice: _____ Relationship: _____

Your Specific Bequests or Special Objectives (if any):
