

# ESTATE PLANNING QUESTIONNAIRE



Betts

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Austin

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Johnson

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:***

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

***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):***

	<b>Total Value</b>		<b>Less Liability</b>		<b>Equity</b>
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 Plot \_\_\_\_\_ 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	\$ _____
	<b>TOTAL</b> (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 \$16,000.00?	_____
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: \_\_\_\_\_ 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: \_\_\_\_\_

***Your Specific Bequests or Special Objectives (if any):***

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