

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 Brith: _____

Home Address: _____

City, State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Employer: _____

Office Address: _____

City, State, Zip Code: _____

Office Phone: _____

Estimated Size of Any
Potential Inheritance: _____

Names of Prior Spouses
(if any): _____

Descendants 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

Accountant (if any):

Name and Company: _____

Address: _____

Phone: _____

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

Employer Plans

Annual Salary:

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	_____	\$ _____
 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 \$17,000.00? _____
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):

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