

ESTATE PLANNING QUESTIONNAIRE



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ESTATE PLANNING

Date: _____

Family Information:

**SPOUSE / PARTNER
1 (P1)**

**SPOUSE / PARTNER
2 (P2)**

Full Name: _____

Citizenship: _____

Social Security No.: _____

Age: _____

Home Address: _____

City, State, Zip Code: _____

Home Telephone: _____

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:

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	_____	\$ _____

Other Assets:

Description: _____	Value \$ _____
_____	Value \$ _____
_____	Value \$ _____

Machinery & Equipment:

_____	Value \$ _____
_____	Value \$ _____
_____	Value \$ _____

Livestock:

a. Milk Cows	Value \$ _____
b. Heifers	Value \$ _____
c. Dry Cows	Value \$ _____
d. Steers	Value \$ _____
e. Bulls	Value \$ _____
f. Calves	Value \$ _____
g. Horses	_____

(1) registered Value \$ _____

(2) non-registered Value \$ _____

Other Livestock:

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

Total Assets: \$ _____

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. 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? _____

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 8 above.
- 4. Any buy-sell agreement referred to Item 9 above.

Tentative Will Provisions:

- 1. Personal Representative (administers Will during probate)
 - First Choice: _____ Relationship: _____
 - Second Choice: _____ Relationship: _____
 - Third Choice: _____ Relationship: _____
- 2. Guardian of Minors (raises children who are not yet 18)
 - First Choice: _____ Relationship: _____
 - Second Choice: _____ Relationship: _____
 - Third Choice: _____ Relationship: _____
- 3. Trustee (manages estate for the benefit of beneficiaries)
 - First Choice: _____ Relationship: _____
 - Second Choice: _____ Relationship: _____
 - Third Choice: _____ Relationship: _____
- 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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