



Estate Planning Questionnaire  
Married Couples

Date: \_\_\_\_\_

Attorney: \_\_\_\_\_

*Thank you for considering Smith & Zuccarini, P.S. for your estate planning. Please either mail this questionnaire or contact your attorney to upload the questionnaire via our secure portal prior to your meeting. We also ask that you bring any existing estate planning documents to your meeting.*

**Contact Information**

Primary Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

**Spouse 1**

Full Name (*first, middle, last*):

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Spouse 2**

Full Name (*first, middle, last*):

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Child 1**

Full Name (*first, middle, last*):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_

Occupation (if any): \_\_\_\_\_

Parent?

**Child 2**

Full Name (*first, middle, last*):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_

Occupation (if any): \_\_\_\_\_

Parent?

**Child 3**

Full Name (*first, middle, last*):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_

Occupation (if any): \_\_\_\_\_

Parent?

**Child 4**

Full Name (*first, middle, last*):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

City, State: \_\_\_\_\_

Occupation (if any): \_\_\_\_\_

Parent?

**Asset information**

**Real Property**

**Property 1**

Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Value: \$ \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_

Type of Property:

(use negative number for mortgage)

**Property 2**

Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Value: \$ \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_

Type of Property:

(use negative number for mortgage)

**Property 3**

Address: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_

Value: \$ \_\_\_\_\_

Mortgage: \$ \_\_\_\_\_

Type of Property:

(use negative number for mortgage)

### Retirement Accounts & Pensions

Type of Account <i>(e.g. IRA, 401k, Roth)</i>	Custodian <i>(e.g. Microsoft, Fidelity, etc.)</i>	Value

### Checking and Savings Accounts

Institution <i>(e.g. Wells Fargo, BECU)</i>	Titling and beneficiaries <i>(e.g. both spouses, one spouse, POD/TOD)</i>	Value

### Investment Accounts

Custodian <i>(e.g. Morgan Stanley, Fidelity, Merrill Lynch)</i>	Titling and beneficiaries <i>(e.g. both spouses, one spouse, POD/TOD)</i>	Value

### Life Insurance

Custodian <i>(e.g. Great Life)</i>	Beneficiaries <i>(e.g. spouse, estate, children)</i>	Face Value

### Business Interests

Name of Company	Type <i>(e.g. LLC, corporation.)</i>	Percentage Interest	Value of Interest

### Other Assets

*Please list any other type of asset with a value greater than \$30,000. This might include intellectual property like patents or copyrights, expected inheritances, boats or airplanes, additional real estate, jewelry, collections, artwork, or any other asset of value and any outstanding loan balances (use negative number for loan).*

Type of Asset	Value

### Totals

<b>NonRetirement Assets</b>	<b>Value</b>
Real Property	
Cash and Savings Accounts	
Investment Accounts	
Life Insurance	
Business Interests	
Other Assets	
Total Non-Retirement Assets	
<b>Retirement Assets</b>	
<b>Total</b>	

## Fiduciaries

### Personal Representative

*In some states, this person is called the Executor. This is the person who will be responsible for your assets after you die. His or her responsibilities will include working with a lawyer to open the probate, tracking down all of your assets to create an inventory, notifying your family and other beneficiaries, filing any tax returns and distributing your assets to the persons named in your will. He or she should be organized, responsible and willing to seek the advice of accountants and lawyers when necessary. This is a short-term role, lasting 1-3 years.*

Spouse 1

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Spouse 2

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

### Trustee

*This is the person who will be responsible for managing the assets that get distributed to the trusts created in your will or revocable trust agreement. The trustee is responsible for (1) investing your assets and (2) making distributions to the beneficiaries.*

Spousal Trust for Spouse 2

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Spousal Trust for Spouse 1

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Descendants Trusts

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

*In our meeting, we will discuss whether to create lifetime dynasty trusts for your children (or other beneficiaries) or whether to create trusts with staged distributions (e.g. distributions at 25, 30 and 35). We can also discuss if your spouse should act as his or her own trustee, and whether your children (or other beneficiaries) should act as their own trustee.*

### Power of Attorney – Health Care

*The person named in your health care power of attorney is called your attorney-in-fact or your health care agent. This is the person who will make medical decisions in the event that you are unable. People who are good with financial matters are often not the same people that you would wish to be in charge of your medical decisions. Thus, we make these two separate documents.*

Spouse 1

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

Spouse 2

(1) \_\_\_\_\_  
(2) \_\_\_\_\_  
(3) \_\_\_\_\_

## Power of Attorney – General

*The person named in your power of attorney is called your attorney-in-fact. This is the person who will make financial decisions on your behalf. The person you name should be honest, organized and proactive. He or she will be able to pay your bills, sell your home, and do almost anything else that you could do with your resources.*

Spouse 1

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

Spouse 2

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

*Some powers given to the attorney in fact must be specifically granted in the document. We will discuss these powers in our meeting.*

- Ability to change life insurance beneficiaries
- Ability to change retirement account beneficiaries
- Ability to make large gifts to save taxes.

### Miscellaneous Questions

- |                                                                                                                                                      | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have any bank accounts outside of the United States?                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what is the highest balance from last year?<br>_____                                                                                          |                          |                          |
| 1. Are both spouses citizens of the United States?                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any particular privacy concerns?                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any family members (other than children) who are dependent upon you for support (e.g. an aging parent)?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a prenuptial or other spousal agreement?                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever made any gifts in excess of \$10,000?                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any irrevocable trusts that we set up before you came to me? <i>If so, please bring a copy of the trust agreement to our meeting.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do any of your beneficiaries have special needs, issues with money or substance abuse issues?                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any genetic material being stored? (e.g. frozen embryos)                                                                              | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                                                                                          | Yes                                | No                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------------|
| 9. Do you have any pets that you would like to provide for in your estate plan?                                                                                          | <input type="checkbox"/>           | <input type="checkbox"/>            |
| 10. Do you have any property that either of you considers his or her separate property?                                                                                  | <input type="checkbox"/>           | <input type="checkbox"/>            |
| 11. Were either of you previously married?                                                                                                                               | <input type="checkbox"/>           | <input type="checkbox"/>            |
| <i>If so, do either of you have continuing obligations to a former spouse?</i>                                                                                           | <input type="checkbox"/>           | <input type="checkbox"/>            |
| 12. What would you like your representative to do with your remains? <i>In Washington, in addition to cremation and burial, you now have the option to be composted.</i> |                                    |                                     |
| <input type="checkbox"/> Burial                                                                                                                                          | <input type="checkbox"/> Cremation | <input type="checkbox"/> Composting |

*Please let me know if there are any other matters that you wish to discuss with me at the meeting.*

Thank you for taking the time to fill out this questionnaire. This allows us to make efficient use of our time, which in turn, keeps your costs down. The questionnaire also ensures that we have asked the most important, relevant questions that pertain to your estate planning. If you have any questions prior to our meeting, please do not hesitate to give us a call.

THE LAW FIRM OF  
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◆ BUSINESS ◆ TAX ◆ ESTATES ◆ TRUSTS ◆

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