

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
FOR UNMARRIED PERSONS**

Date: _____

Full legal name _____

Other names used _____

Home address _____

City _____ State _____ Zip _____

Mobile phone _____

Check preferred contact method

Home phone _____

Business phone _____

E-mail _____

Secondary e-mail _____

Occupation _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Social Security Number _____

Birthdate _____

Place of birth _____

Any prior marriages? _____ Yes _____ No

If so, terminated by _____ Death _____ Divorce

Date of termination? _____

CITIZENSHIP/RESIDENCY

Are you a U.S. citizen? _____ Yes _____ No

If no, of what country are you a citizen? _____

Do you own property outside of Washington? _____ Yes _____ No

If yes, approximately how many days do you spend at that property each year? _____ days

Address _____

City _____ State _____ Zip _____

Do you own any bank accounts outside of the U.S.? _____ Yes _____ No

Approximately how much is in all foreign accounts (in U.S. dollars) \$ _____

Do you have the power to sign on any bank accounts outside of the U.S. that you do not own (e.g. You are the president of a company that has a foreign bank account and you can sign checks on the account)? _____ Yes _____ No

CHILDREN, FAMILY MEMBERS AND DEPENDENTS

Children

1. Child's full legal name _____

Date of Birth _____ M F
Adopted? _____ Yes _____ No Deceased? _____ Yes _____ No

If child is an adult, address? _____

City _____ State _____ Zip _____

If married, name of child's spouse _____

Grandchildren's Names by Above Child

Birthdates

2. Child's full legal name _____

Date of Birth _____ M F
Adopted? _____ Yes _____ No Deceased? _____ Yes _____ No

If child is an adult, address? _____

City _____ State _____ Zip _____

If married, name of child's spouse _____

Grandchildren's Names by Above Child

Birthdates

3. Child's full legal name _____

Date of Birth _____ M F
Adopted? _____ Yes _____ No Deceased? _____ Yes _____ No

If child is an adult, address? _____

City _____ State _____ Zip _____

If married, name of child's spouse _____

Grandchildren's Names by Above Child

Birthdates

4. Child's full legal name _____

Date of Birth _____ M F
Adopted? _____ Yes _____ No Deceased? _____ Yes _____ No

If child is an adult, address? _____

City _____ State _____ Zip _____

If married, name of child's spouse _____

Grandchildren's Names by Above Child

Birthdates

Other Family

Parent's names _____

Address _____

City _____ State _____ Zip _____

"

O qj gt "Nxlpi "qt "F gegcugf <"N"....."F "....."K'F ."f cvg"qh'f gcy "aaaaaaaaa"
Hcvj gt "Nxlpi "qt "F gegcugf <"N"....."F "....."K'F ."f cvg"qh'f gcy "aaaaaaaaa"
"

Names of siblings? _____

Other dependents

Are there any other persons who live in the household or about whom we should know?

OTHER PERSONAL INFORMATION

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
Accountant	_____	_____	_____
Life Insurance Agent	_____	_____	_____
Stock Broker	_____	_____	_____
Trust Officer	_____	_____	_____
Physician	_____	_____	_____
Employee Benefits	_____	_____	_____
Other Advisors	_____	_____	_____

ESTATE PLAN OBJECTIVES

1. **Property Distribution.** In your own words, please state what you would have wanted to happen to your assets if the following had occurred last week:

a. You died: _____

b. You died and none of the persons listed above survived you.

2. **Fiduciaries.**

Personal Representative. Who should administer your estate (e.g. inventory your belongings, open a probate, make gifts to beneficiaries)?

- (1) _____
- (2) _____
- (3) _____

Trustee. Whom would you like to manage the trusts that you create on an ongoing basis?

- (1) _____
- (2) _____
- (3) _____

Guardians. If you have minor children, whom would you nominate to care for them?

- (1) _____
- (2) _____
- (3) _____

3. **Specific Bequests.** We will provide you with a separate list to use for making gifts of tangible personal property (e.g. jewelry, art work, household goods, vehicles). Are there any gifts of cash or real property that you'd like to make?

<u>Recipient</u>	<u>Property</u>
_____	_____
_____	_____
_____	_____
_____	_____

4. **Charitable Bequests.** If you are considering gifts to charities, please complete as follows:

<u>Charity</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. **Pets.** Do you have pets for whom you wish to designate a caregiver?

_____ Yes _____ No

Caregivers: (1) _____
(2) _____
(3) _____

Any amount for the care of your pet? \$ _____

6. **Trusts.** Trusts can be created and held for the lifetime of a beneficiary (or beneficiaries) or some shorter period of time. Typically, we recommend either a trust for the lifetime of the child or distributions at intervals (e.g. 1/3 at 25; 1/3 at 30; 1/3 at 35).

Held for beneficiary's lifetime? _____ Yes _____ No

If no, at what ages should they receive assets outright?

1/3 at _____; 1/3 at _____; 1/3 at _____

Would you like to make special provisions for the education of your children/
grandchildren? _____ Yes _____ No

OTHER CRITICAL DATA RELEVANT TO ESTATE PLAN

1. **Important objectives.** Describe any especially important (or unusual) estate planning objectives (or problems):

2. **Beneficiary of Trusts.** Identify any trust of which you are a beneficiary and the approximate value of your interest therein. Please attached copies of the trust or will.

3. **Prior Gifts.**

Have you ever made gifts over \$10,000? _____ Yes _____ No

Did you make any gifts over \$3,000 before 1982? _____ Yes _____ No

Have you ever filed any gift tax returns? _____ Yes _____ No

If yes, describe the gifts.

<u>Recipient</u>	<u>Date</u>	<u>Description</u>	<u>Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. **Business Interests.** If you have any interest in a business or operating company, please give a brief description.

5. **Entitlement Programs.** Do any of your children have special educational, medical, or physical needs? Are you or any of your children or other beneficiaries receiving social security, disability, or other governmental benefits? If yes, please describe below.

6. **Charitable Organizations.** Have you founded any charitable organizations or donor advised funds or are you a major contributor to any charities?

_____ Yes _____ No

7. **Property Status Agreements.** Are there any agreements that you've signed that might limit your estate planning choices? Common agreements are prenuptial agreements, community property agreements, and divorce decrees.

_____ Yes _____ No

Are you making payments pursuant to any divorce or property settlement orders?

_____ Yes _____ No

If yes, please attach a copy of the agreement.

8. **Surviving Spouse.** Do you have a deceased spouse?

_____ Yes _____ No

If yes, please attach a copy of any state or federal tax return filed.

9. **Other Items.** Your estate plan should address all of your hopes, fears and wishes. Are there any other items that you haven't included or wish to discuss?

OTHER ESTATE PLANNING DOCUMENTS

1. **Durable Power of Attorney.** Would you like someone to be able to act on your behalf in handling your financial and business affairs?

_____ Yes _____ No

Attorney(s)-in-fact: (1) _____
(2) _____
(3) _____

_____ Effective immediately?
_____ Effective upon disability?

2. **Health Care Power of Attorney.** Who should make health care decisions on your behalf if you become incapacitated?

Attorney(s)-in-fact: (1) _____
(2) _____
(3) _____

3. **Health Care Directive (Living Will)** Do you want life support procedures terminated in the event of a terminal condition?

_____ Yes _____ No

4. **Burial or Cremation Instructions.** You have the right, by law, to control your own burial arrangements. Please let us know which of the following you would prefer:

_____ Cremation _____ Burial

Do you have any special instructions as to the placement of your remains or as to a funeral or other memorial service? If so, please give a brief description.

ASSETS AND LIABILITIES

Instructions. If you have a recent financial statement, please attach it rather than completing the following schedules. Please estimate current value to the best of your knowledge for assets valued at more than \$1,000.

Assets

1. **Real Estate.** Describe any real estate interests that you have.

<u>Address</u>	<u>Description</u> (e.g. residence, farm land, etc.)	<u>Titleholder</u>	<u>Present value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2. **Stocks, Mutual Funds.** Describe interest that you have in any intangible personal property, including stocks, mutual funds, bonds, notes and mortgage receivables.

<u>Description</u>	<u>Owner</u>	<u>Cost at Date of Acquisition</u>	<u>Present value</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

3. **Cash.** Describe interest that you have in bank accounts.

<u>Bank Name and Account No.</u>	<u>Account Type</u>	<u>Titleholder</u>	<u>Present value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4. **Tangible Personal Property.** Please describe your tangible personal property, including automobiles, household furnishings, artwork and personal belongings. Separately describe assets worth more than \$5,000. Please also list any season tickets.

<u>Description</u>	<u>Owner</u>	<u>Cost at Date of Acquisition</u>	<u>Present value</u>
household furnishings	_____	\$ _____	\$ _____
personal belongings	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

5. **Business Interests.** Please describe any interest that you have in corporations, LLCs, partnerships and other businesses

<u>Name of Business</u>	<u>Form (e.g. corporation)</u>	<u>Percentage ownership</u>	<u>Present value</u>
_____	_____	_____ %	\$ _____
_____	_____	_____ %	\$ _____
_____	_____	_____ %	\$ _____
_____	_____	_____ %	\$ _____

6. **Life Insurance.** Please describe any life insurance policies.

<u>Insured</u>	<u>Company & Policy No.</u>	<u>Beneficiary</u>	<u>Loan Amount (if any)</u>	<u>Face value</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

7. **Pensions and Retirement Accounts.** Please describe any pensions, profit sharing, retirement accounts, and other employee benefits

<u>Company Name</u>	<u>Account Type</u>	<u>Beneficiary</u>	<u>Present value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

8. **Trust Interests.** Describe any trusts in which you are a current beneficiary.

<u>Trust Name</u>	<u>Grantor</u>	<u>Date Established</u>	<u>Approximate Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

9. **Likely Inheritances.** Describe any inheritances or bequests likely to be received in the future or any trusts that you will be a beneficiary of in the future.

<u>Source</u>	<u>Recipient</u>	<u>Approximate Value</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

10. **Liabilities.** Describe any liabilities.

<u>Description</u>	<u>Property Securing Debt</u>	<u>Creditor</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

NET WORTH SUMMARY

Assets and Liabilities

Real Estate	\$ _____
Stocks, Mutual Funds	\$ _____
Cash	\$ _____
Tangible Personal Property	\$ _____
Business Interests	\$ _____
Life Insurance	\$ _____
Pensions/Retirement Accounts	\$ _____
Trust Interests	\$ _____
Inheritances	\$ _____
Sub Total	\$ _____
Liabilities	(\$ _____)
Net Estate Value	\$ _____

Income

Compensation	\$ _____
Income	\$ _____
Other (please describe)	\$ _____
_____	\$ _____