

WILLS, TRUSTS AND ESTATE PLANNING INTAKE QUESTIONNAIRE

PERSONAL INFORMATION

Please state the names requested below exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please attach an additional sheet.

Name: _____

Mr. Mrs. Ms. Dr.

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Have you ever used another name? yes no

Names: _____

Why? _____

Citizenship: _____

Are you now or have you ever been in the Military Service of the United States? yes no

Contact Information

Home address: _____

Home phone: _____

May I leave you messages on this line? yes no

Mobile phone: _____

May I leave you messages on this line? yes no

Work phone: _____

May I leave you messages on this line? yes no

Email: _____

Employer: _____

Work address: _____

Fax number: _____

Prior estate planning

Do you have any of the following documents?

- Last Will and Testament No Yes, dated: _____
- Revocable Living Trust No Yes, dated: _____
- Living Will No Yes, dated: _____
- Health care power of attorney No Yes, dated: _____
- Financial power of attorney No Yes, dated: _____
- Other: _____ No Yes, dated: _____

Name: _____

Mr. Mrs. Ms. Dr.

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Have you ever used another name? yes no

Names: _____

Why? _____

Citizenship: _____

Are you now or have you ever been in the Military Service of the United States? yes no

Contact Information

Home address: _____

Home phone: _____

May I leave you messages on this line? yes no

Mobile phone: _____

May I leave you messages on this line? yes no

Work phone: _____

May I leave you messages on this line? yes no

Email: _____

Employer: _____

Work address: _____

Fax number: _____

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- Living Will No Yes, dated: _____
- Health care power of attorney No Yes, dated: _____
- Financial power of attorney No Yes, dated: _____
- Other: _____ No Yes, dated: _____

Marital Status

Single Married Divorced Separated Widowed

If married, date of marriage: _____

Place of marriage: _____

Name of current spouse: _____

Prior spouses:

Name: _____

Divorced Deceased Date: _____

Name: _____

Divorced Deceased Date: _____

Name: _____

Divorced Deceased Date: _____

Name: _____

Divorced Deceased Date: _____

Personal Advisors

Accountant: _____

Phone: _____

Email: _____

May I talk to this person about your estate plan, if needed? yes no

Financial Planner: _____

Phone: _____

Email: _____

May I talk to this person about your estate plan, if needed? yes no

Insurance Advisor: _____

Phone: _____

Email: _____

May I talk to this person about your estate plan, if needed? yes no

Safe Deposit Box

Bank name: _____

Branch location: _____

Box number: _____

Registered to self self & spouse self & other: _____

Marital Status

Single Married Divorced Separated Widowed

If married, date of marriage: _____

Place of marriage: _____

Name of current spouse: _____

Prior spouses:

Name: _____

Divorced Deceased Date: _____

Name: _____

Divorced Deceased Date: _____

Name: _____

Divorced Deceased Date: _____

Name: _____

Divorced Deceased Date: _____

Personal Advisors

Accountant: _____

Phone: _____

Email: _____

May I talk to this person about your estate plan, if needed? yes no

Financial Planner: _____

Phone: _____

Email: _____

May I talk to this person about your estate plan, if needed? yes no

Insurance Advisor: _____

Phone: _____

Email: _____

May I talk to this person about your estate plan, if needed? yes no

Safe Deposit Box

Bank name: _____

Branch location: _____

Box number: _____

Registered to self self & spouse self & other: _____

INCOME AND ASSETS

The following information is collected for four reasons: 1) to help you identify all of the assets you own; 2) to determine the size of your estate; 3) to help you determine the appropriate method for distributing your assets as quickly and cost-effectively as possible; and 4) to be able to write a clear description of the asset for documentation purposes.

Cash Accounts

1. Name of financial institution: _____

Account number: _____ Type: checking savings

Owned by husband wife husband & wife other: _____

2. Name of financial institution: _____

Account number: _____ Type: checking savings

Owned by husband wife husband & wife other: _____

3. Name of financial institution: _____

Account number: _____ Type: checking savings

Owned by husband wife husband & wife other: _____

4. Name of financial institution: _____

Account number: _____ Type: checking savings

Owned by husband wife husband & wife other: _____

5. Name of financial institution: _____

Account number: _____ Type: checking savings

Owned by husband wife husband & wife other: _____

6. Name of financial institution: _____

Account number: _____ Type: checking savings

Owned by husband wife husband & wife other: _____

Real Estate

1. Description or address: _____

Approx. value: _____ Current mortgage: _____ Net current value: _____

Owned by husband wife husband & wife other: _____

2. Description or address: _____

Approx. value: _____ Current mortgage: _____ Net current value: _____

Owned by husband wife husband & wife other: _____

3. Description or address: _____

Approx. value: _____ Current mortgage: _____ Net current value: _____

Owned by husband wife husband & wife other: _____

Stocks & Bonds

- 1. Name of financial institution: _____
Account number: _____ Approximate value: _____
Owned by husband wife husband & wife other: _____
- 2. Name of financial institution: _____
Account number: _____ Approximate value: _____
Owned by husband wife husband & wife other: _____
- 3. Name of financial institution: _____
Account number: _____ Approximate value: _____
Owned by husband wife husband & wife other: _____
- 4. Name of financial institution: _____
Account number: _____ Approximate value: _____
Owned by husband wife husband & wife other: _____

Retirement Accounts

- 1. Financial institution: _____ Type of account: _____
Account number: _____ Approximate value: _____
Owned by: husband wife Beneficiaries: _____
- 2. Financial institution: _____ Type of account: _____
Account number: _____ Approximate value: _____
Owned by: husband wife Beneficiaries: _____
- 3. Financial institution: _____ Type of account: _____
Account number: _____ Approximate value: _____
Owned by: husband wife Beneficiaries: _____
- 4. Financial institution: _____ Type of account: _____
Account number: _____ Approximate value: _____
Owned by: husband wife Beneficiaries: _____

US Government Bonds

- 1. Issue date: _____ Face value: _____ Current value: _____
Payable on death to: _____
- 2. Issue date: _____ Face value: _____ Current value: _____
Payable on death to: _____

Life Insurance

- 1. Company: _____ Name of insured: _____
Policy Number: _____ Beneficiaries: _____
- 2. Company: _____ Name of insured: _____
Policy Number: _____ Beneficiaries: _____
- 3. Company: _____ Name of insured: _____
Policy Number: _____ Beneficiaries: _____
- 4. Company: _____ Name of insured: _____
Policy Number: _____ Beneficiaries: _____

Annuities and other pay-on-death benefits (e.g. Keogh and IRAs)

- 1. Company: _____ Held by: _____
Type of Plan: _____ Beneficiaries: _____
Approx. contribution: _____ Approx. value: _____
- 2. Company: _____ Held by: _____
Type of Plan: _____ Beneficiaries: _____
Approx. contribution: _____ Approx. value: _____
- 3. Company: _____ Held by: _____
Type of Plan: _____ Beneficiaries: _____
Approx. contribution: _____ Approx. value: _____

SUMMARY TABLES

The husband column is for assets owned solely by husband; the wife column is for assets owned solely by wife; the joint column is for assets titled jointly in the name of husband and wife. The approximate value of each asset should appear in only one of the columns. For items not described above, please attach a description on a separate piece of paper.

Assets	Husband	Wife	Joint
Monthly income (include salary, rental income, social security income, retirement income, bonuses, notes receivable, business, dividends, etc.)			
Cash assets (from above)			
Real estate in Washington (from above)			
Real estate outside of Washington (from above)			
Stocks and bonds (from above)			
Vested retirement assets (from above)			
US Government bonds (from above)			
Annuities and other pay-on-death benefits (from above)			
Notes – money owed to you in writing			
Money owed to you – not evidenced in writing			
Automobiles			
Boats			
Other vehicles			
Business or trust property			
Furniture and furnishings in home			
Furniture and furnishings elsewhere			
Collectibles			
Jewelry			
Sporting and entertainment equipment			
Other assets			
TOTAL ASSETS			

Liabilities	Husband	Wife	Joint
Mortgages on real estate (from above)			
Other mortgages			
Credit card accounts			
Auto loans			
Bank / credit union loans			
Money you owe – not evidenced by a note			
Judgments			
Other liabilities			
TOTAL LIABILITIES			

PRIOR AGREEMENTS

Please indicate whether you are a party to any of the following types of agreements and, if so, bring copies with you to the initial client meeting.

Pre-Marital Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pre-Marital Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post-Marital Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Post-Marital Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Settlement Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property Settlement Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property Co-Ownership Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Property Co-Ownership Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Buy-Sell / Shareholder Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Buy-Sell / Shareholder Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
529 College Savings Plan Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	529 College Savings Plan Agreement	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments: _____

MONETARY BEQUESTS

Please list any special bequests you would like to make, i.e. specific amounts of money or percentages of your estate that you would like to give to specific persons or institutions (including any charities) upon your death, prior to the distribution of your residuary estate.

PERSONAL PROPERTY

Please list any special gifts of property, such as clothing, jewelry, furniture, furnishings, household goods, and vehicles, you would like to make. If you are unsure which items you would like to give to specific people or think that you may want to modify how you would like to distribute your personal property at a future date, please also indicate this.

REAL ESTATE

For each piece of real estate you own, please consider how you would like it to be distributed upon your death. The real estate can be given to one or several people; sold and the assets distributed according to your wishes; or included in a trust with the trustee determining whether to hold, sell, or distribute the real estate for the benefit of the trust’s beneficiaries.

RESIDUARY ESTATE

Your residuary estate is comprised of the liquidated value of all your financial assets remaining in your trust or estate after satisfaction of your specific monetary bequests listed above. Please indicate below how your residuary estate should be distributed upon your death (e.g. to spouse; to children in equal shares; to specific children).

PETS

If you own pets, or may in the future own pets, then you should consider including a “pet provision” in your will or living trust. You must designate a primary pet caretaker, and if desired, one or more successor pet caretakers for each pet you have. You should also designate a monetary distribution to go to the pet caretaker to be used for the care, feeding, and veterinary services for each pet.

Primary: _____
Alternate: _____
Alternate: _____

Monetary distribution: _____
If none of your pet caretakers are able or willing to care for your pet, should your pet and monetary distribution to be given to a no-kill shelter? Yes No

PERSONAL REPRESENTATIVE

A personal representative is the person identified in your will to manage your estate through the probate process. This person can be a member of your family (e.g. spouse), close friends, financial institutions with trust departments, or professionals (e.g. CPAs or attorneys) to serve in this capacity.

Primary: _____
Alternate: _____
Alternate: _____

Primary: _____
Alternate: _____
Alternate: _____

Would you like the personal representative(s) to receive a fee for managing your estate? Yes No

Would you like the personal representative(s) to be supervised by the court? Yes No

FINANCIAL POWER OF ATTORNEY

A financial power of attorney authorizes someone to handle your financial affairs in the event you no longer have the mental capacity to do so. It is preventative in nature. Without one, it would be necessary for someone to go to court and have a guardian or conservator appointed before any person could manage your finances. You may choose to have co-representatives. Naming co-representatives creates a built-in balancing of powers, but at the same time may cause conflict (if either can act separately) or more difficult administration (if either is required to act together).

Primary: _____

Alternate: _____

Alternate: _____

Primary: _____

Alternate: _____

Alternate: _____

There are two basic types of power of attorney. An “immediate” power of attorney becomes effective from the moment you sign it. A “springing” power of attorney becomes effective only upon medical certification (after two doctors have certified that you are unable to carry on your legal and financial affairs). Married couples may choose a “combination” power that is effective immediately for your spouse, but springing for your alternates. Please indicate your desires by checking one of the boxes below.

- Immediate power of attorney, effective upon signing
- Springing power of attorney, effective only upon medical certification
- Combination power of attorney, effective immediately for spouse but only upon medical certification for any alternates

- Immediate power of attorney, effective upon signing
- Springing power of attorney, effective only upon medical certification
- Combination power of attorney, effective immediately for spouse but only upon medical certification for any alternates

MEDICAL POWER OF ATTORNEY

A medical power of attorney authorizes another person to make decisions with respect to your medical care in the event that you are not physically or mentally able to do so, as certified by two physicians. This document includes the type of provisions that are commonly referred to as “living will” provisions, allowing you to indicate your wishes concerning the use of heroic or extraordinary measures to prolong your life artificially in the event of a terminal illness or injury.

Primary: _____

Alternate: _____

Alternate: _____

Primary: _____

Alternate: _____

Alternate: _____

TAX CONSIDERATIONS

If you have children, how important is it to leave as much of your estate as possible to your children?

- Very important
- Slightly important
- Fairly important
- Not important

How important is it for you to arrange your affairs so as to minimize or avoid estate tax?

- Very important
- Slightly important
- Fairly important
- Not important

If you have children, how important is it to leave as much of your estate as possible to your children?

- Very important
- Slightly important
- Fairly important
- Not important

How important is it for you to arrange your affairs so as to minimize or avoid estate tax?

- Very important
- Slightly important
- Fairly important
- Not important

GUARDIANS FOR MINOR CHILDREN (UNDER AGE 18)

Guardian(s): _____

If husband dies or is otherwise unable, may wife act as sole guardian? Yes No

If wife dies or is otherwise unable, may husband act as sole guardian? Yes No

If husband and wife separate or divorce, who should become guardian? Husband Wife Neither

1st Alternate Guardian(s): _____

If husband dies or is otherwise unable, may wife act as sole guardian? Yes No

If wife dies or is otherwise unable, may husband act as sole guardian? Yes No

If husband and wife separate or divorce, who should become guardian? Husband Wife Neither

2nd Alternate Guardian(s): _____

If husband dies or is otherwise unable, may wife act as sole guardian? Yes No

If wife dies or is otherwise unable, may husband act as sole guardian? Yes No

If husband and wife separate or divorce, who should become guardian? Husband Wife Neither

Should the acting Guardian(s) be permitted to live in your family's home, rent-free, until the Guardianship is terminated?

Yes No

DELAYED DISTRIBUTIONS FOR MINORS

If you have minor children or you wish to delay final distribution of your estate until your children (or other beneficiaries) have reached what you feel will be an adequate level of maturity, you must choose from three types of delayed distribution options explained below.

Step 1 – Please read the following options for how the assets should be held and select one that best meets your desires.

Separate trust funds for each beneficiary

Single trust fund for multiple beneficiaries

No trust

Step 2 – Please read the following support options and then select one of the three support options that best meets your desires with regard to providing support for your beneficiaries.

Full support until termination of the trust

Full support until first age-based distribution, then income only

Income only

This is the most commonly used support option. Under this option the trustee may use any amount from the trust (income and principle) at any time for the health, education, and support of the beneficiary until the beneficiary reaches a predetermined age. When the beneficiary reaches the predetermined age, the trustee distributes the entire remaining trust balance to the beneficiary and the trust is terminated.

If you select this option, the trustee may use any amount from the trust (income and principle) for the health, education, and support of the beneficiary, but only until the first age-based distribution selected below. After the first age-based distribution, the trustee shall distribute income only to the beneficiary until the final age-based distribution, at which time the trustee distributes the entire remaining balance (if anything) to the beneficiary.

This option is most commonly used by grandparents and other relatives who are not ordinarily responsible for the direct support of the beneficiaries. Under this option, the trustee simply holds all assets in trust and distributes only the income until the ultimate age-based distribution, at which time the trustee distributes the entire principle trust balance to the beneficiaries.

COMPREHENSIVE CONTACT INFORMATION

Using the next three pages (and additional sheets, if necessary), please identify all of your children and other individuals whom you will be naming either as beneficiaries or guardians or fiduciaries (e.g. executors, trustees, or agents under a medical or financial power of attorney) -- in other words, everyone that you have mentioned anywhere else in this intake form. Please also be sure to also fill in each person's relationship to you; you may use the following relationship codes if desired:

Children: CB = Child of Both | HC = Husband's Child | WC = Wife's Child | ACB = Adopted Child of Both | HAC = Husband's Adopted Child | WAC = Wife's Adopted Child | DCC = Deceased Child w/ Children | DCN = Deceased Child w/ No Children
Siblings: HB = Husband's Brother | HS = Husband's Sister | WB = Wife's Brother | WS = Wife's Sister
Other: HGC: Husband's Grandchild | WGC: Wife's Grandchild | HN = Husband's Niece/Nephew | WN = Wife's Niece/Nephew
HP = Husband's Parent | WP = Wife's Parent | F = Friend | G = Godchild

1. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

2. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

3. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

1. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

2. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

3. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

4. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

5. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

6. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

7. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

4. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

5. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

6. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

7. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

8. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

9. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

10. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

11. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

8. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

9. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

10. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____

11. Name: _____
Relationship: _____ Age: _____
Address: _____
Home phone: _____
Work phone: _____
Mobile phone: _____
Email: _____
Spouse's name: _____
Number of children: _____