

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE

Client

Date

Referred by:

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at _____ on _____, 201___. Bring this completed form and all supporting written documentation with you to the appointment. *Please list all names as they would properly appear on legal documents.* This form must be completed in full before the appointment. Without the fully completed form, we will be unable to properly advise you.

I. FAMILY INFORMATION

Contact Information:

Full Name: _____ Occupation: _____ Citizenship: _____ Birth Date: _____ SSN: _____ Marital Status: _____	Work: _____ Cell: _____ Home: _____ Other: _____ Email: _____
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If you are married, please provide the legal name of your spouse and date and place of your marriage. _____

Address where you reside: _____ _____ County: _____
Mailing Address, if different: _____ _____

YOUR CHILDREN, if appropriate; please include any children who may have predeceased you, and their children (please indicate "deceased" after any deceased child's name). Use an additional page if necessary.

1. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:
_____ _____ _____			
Legal Name of Spouse: _____ Legal Names, Ages of Children: _____			

2. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Legal Name of Spouse: _____			
Legal Names, Ages of Children: _____			

3. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Legal Name of Spouse: _____			
Legal Names, Ages of Children: _____			

4. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Legal Name of Spouse: _____			
Legal Names, Ages of Children: _____			

Do any of your children or grandchildren have disabilities? Yes _____ No _____

If yes, please explain: _____

FAMILY BACKGROUND:

Parents: (If deceased, please indicate "deceased" after that parent's name.)	Siblings (Legal Names): (If deceased, please indicate "deceased" after that sibling's name.)
Father's Legal Name and Address: _____ _____ _____	_____ _____ _____
Mother's Legal Name and Address (if different from above): _____ _____ _____	_____ _____ _____

Please list the names and addresses of your intended beneficiaries if different or additional to those named above. If you wish to leave funds to a charity, please provide the complete name, address and telephone number for the Charity. Please call the charity and ask them to send you a copy of their IRS 501(c)(3) letter.

1. Legal Name/Age:	2. Legal Name/Age:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:

3. Legal Name/Age:	4. Legal Name/Age:
Relationship:	Relationship:
Address:	Address:
Telephone:	Telephone:

Do you have a pet? Yes _____ No _____
 If yes, have you made arrangements for your pet at your death? Yes _____ No _____
 Would you like to provide for your pet(s) upon your death? Yes _____ No _____

II. QUESTIONS RELATED TO ESTATE PLANNING

1. Have you lived in a state other than Washington? If so, where and for how long?

2. Have you made accumulative annual gifts totalling over \$10,000.00 per year to any individual? Yes ___ No ___.

If gift tax returns were filed for the above gifts, please provide copies. If gift tax returns were not filed, please describe the nature of the gift, date of gift, fair market value, and to whom given:

3. Have you ever created a trust? Yes ___ No ___.
If so, please provide a copy of the trust document.
4. Have you ever made gifts under the Uniform Transfers to Minors Act? Yes ___ No ___.
If so, please provide copies of the gift documents.
5. Are you a beneficiary under an existing trust? Yes ___ No ___.
If so, please provide a copy of the trust document.
6. Do you expect to receive an inheritance? Yes ___ No ___.
If yes, please explain. _____
7. Do you presently hold a power of appointment over property of another person or have you ever released such a power? Yes ___ No ___.
If so, please provide a copy of the document creating the power.
8. Have you filed tax returns with the IRS or the State of Washington for the last three years? Yes ___ No ___.
9. Do you have a safety deposit box? Yes ___ No ___.
If yes, where is it located? _____
What is the box number? _____
What names are on the card (i.e., who has access to the box)? _____

10. Have arrangements been made for the disposition of your body upon death?
Yes ___ No ___. Are they paid for? Yes ___ No ___.
Please describe the arrangements. _____

Do you have specific wishes regarding the disposition of your remains? Yes _____
No _____. If yes, what are your wishes? _____

11. Are you a veteran? Yes ___ No ___.
If yes, did you serve in wartime? Yes ___ No ___.
Are any benefits currently being received? Yes ___ No ___. If yes, please explain.

12. Does any member of your family receive Social Security Disability, SSI or Medicaid?
Yes___ No___. If yes, please explain. _____

13. Do you have an interest in real property outside of the State of Washington?
Yes___ No___. If yes, please explain _____

14. Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property? Yes _____ No _____ If yes, please explain:

15. If your immediate family or all of your named beneficiaries predecease you, would you want your estate to go to your closest living relatives? Yes _____ No _____ If no, where would you want your estate to go at that point? _____

16. Generally speaking, what are your estate planning goals?

17. Do you want to include a statement of faith in your Will? Yes _____ No _____

If you have previously executed estate planning documents and such documents are presently in effect, please bring the originals of any of the following documents to our meeting: Durable Powers of Attorney, Health Care Directives, Wills or Trusts.

III. PROPOSED FIDUCIARIES

1. Whom do you want to serve as your Personal Representative (Executor) or Trustee of your estate (in order of priority)?

A. _____
B. _____
C. _____

2. Whom would you want to be the Trustee of any trusts set up for minor, disabled or irresponsible children (if appropriate)?

A. _____
Relationship: _____
Address: _____

B. _____
Relationship: _____
Address: _____

C. _____
Relationship: _____
Address: _____

3. Whom would you want to be the Guardian of the Persons of your minor children until they attain the age of 18 (if appropriate)?

A. _____
Relationship: _____
Address: _____

B. _____
Relationship: _____
Address: _____

C. _____
Relationship: _____
Address: _____

4. Durable Power of Attorney for Financial Matters. If you were unable to carry out your financial affairs, whom would you want to manage your assets? (List those individuals here in order of priority).

A. _____
Relationship: _____
Address: _____
Phone Number: _____

B. _____
Relationship: _____
Address: _____
Phone Number: _____

C. _____
Relationship: _____
Address: _____
Phone Number: _____

5. Is there anyone you would explicitly not want to be able to ask for an accounting of your assets while under control of your Attorney-in-Fact?

A. _____
Relationship: _____
Address: _____
Phone Number: _____

B. _____
Relationship: _____
Address: _____
Phone Number: _____

C. _____
Relationship: _____
Address: _____
Phone Number: _____

6. Durable Power of Attorney for Health Care Decisions. If you were unable to make medical decisions for yourself, whom would you want to do so for you? (List those individuals here in order of priority).

A. _____
Relationship: _____
Address: _____
Phone Number: _____

B. _____
Relationship: _____
Address: _____
Phone Number: _____

C. _____
Relationship: _____
Address: _____
Phone Number: _____

If you were terminally ill or in a persistent vegetative state, would you want to have your life prolonged artificially? Yes _____ No _____

If you were terminally ill or in a persistent vegetative state, would you want a feeding tube inserted? Yes _____ No _____

If you were terminally ill or in a persistent vegetative state, would you want to receive artificial hydration? Yes _____ No _____

For women of child-bearing age:

If you were pregnant and in a persistent vegetative state, would you want to be kept alive long enough if there were a possibility of saving the baby? Yes _____ No _____

7. Temporary Guardians for Minor Children. In the event of your incapacity or unavailability, if appropriate, whom would you want to be the temporary guardians of your minor children (if different from the Guardians under your Will)?

A. _____
Relationship: _____
Address: _____
Phone Number _____

B. _____
Relationship: _____
Address: _____
Phone Number _____

7. Proposed Provisions for Will (For example, \$2,000.00 to Habitat for Humanity):

8. Do you want to make provisions for whom would receive your tangible personal property in the event of your death? Yes _____ No _____ If yes, what would those provisions be? (Note: We will provide you with a form for designating specific items.)

9. If you were ill and unable to manage your own affairs, could the attorneys at Law Offices of Beth A. McDaniel, PLLC discuss your financial situation and estate plan with any other individuals (i.e. family members, accountant, doctor)? Yes _____ No _____

10. If you answered yes above, please write the names of all persons to whom the attorneys at Law Offices of Beth A. McDaniel, PLLC are authorized to disclose any information given.

11. If you were so ill that you could no longer reside at home and your family members had to place you in a nursing home, would you want your designated agent to divest you of all your resources to your family members so that you would qualify for Medicaid, a government program to pay for individuals residing in nursing homes? Yes _____ No _____.

Have you considered Long Term Care Insurance to cover the cost if you were in a nursing home? Yes _____ No _____.

IV. ADVISORS

Names, addresses, and telephone numbers:

1. Attorney: _____

2. Accountant: _____

3. Life Insurance Agent: _____

4. Banker and Trust Officer: _____

5. Stockbroker: _____

6. May I contact your advisors for the purpose of introducing myself? Yes _____ No _____.

8. Would you like a referral to a CPA? Yes _____ No _____

8. Would you like a referral to a financial advisor? Yes _____ No _____

V. ESTATE SUMMARY FOR A SINGLE INDIVIDUAL*
USE CURRENT FAIR MARKET VALUE FOR EACH ASSET

LIQUID ASSETS	Fair Market Value
1. Cash and Checking Accounts	
2. Savings Accounts	
3. Money Market Funds	
4. Brokerage Accounts	
5. Stocks not in brokerage accounts	
6. Bonds not in brokerage accounts	
7. Mutual Funds	
8. Certificates of Deposit	
9. Cash surrender value of life insurance	
10. Other	
11. Total Liquid Assets (add lines 1 – 10)	
NON LIQUID ASSETS	
12. Rental/Recreational Property (# _____)	
13. Home(s) (# _____)	
14. Loans made to others	
15. Value of Businesses (# _____)	
16. Death benefit of life insurance	
17. Other	
18. Total Non Liquid Assets (add lines 12-17)	
RETIREMENT ASSETS	
19. IRAs	
20. Profit sharing/pension/401k plans	
21. Other	
22. Total Retirement (add lines 19-21)	
PERSONAL	
23. Cars	
24. Boats/Recreational vehicles	
25. Furniture	
26. Household goods/misc. personal items	
27. Jewelry	
28. Collectibles	
29. Total personal (add lines 23-28)	
30. TOTAL ASSETS (Add lines 11, 18, 22 and 29)	

**Please complete this form or attach a copy of your financial plan or personal financial statement.*

DEBTS	
31. Credit card debt	
32. Consumer debt	
33. Business debt	
34. Home mortgage	

35. Rental property mortgage	
36. Other debt	
37. Total Debt (add lines 31-36)	
NET WORTH	
Subtract amount on line 37 from the amount on line 30	

INCOME SUMMARY: Please list all sources and amounts of monthly income.	
INCOME SOURCE	
1.	
2.	
3.	

EXPECTED INHERITANCES (Best Estimate)	
1.	
2.	