

CONFIDENTIAL
ESTATE PLANNING QUESTIONNAIRE
FOR COUPLES

Clients

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.

Insert signed "Dear Prospective Clients" letter

I. FAMILY INFORMATION

HUSBAND/PARTNER #1	WIFE/PARTNER #2
Full Name: _____	Full Name: _____
Occupation: _____	Occupation: _____

Citizenship: _____ Birth Date: _____ SSN: _____	Citizenship: _____ Birth Date: _____ SSN: _____
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CONTACT INFORMATION:

HUSBAND/PARTNER #1	WIFE/PARTNER #2
Work: _____	Work: _____
Cell: _____	Cell: _____
Home: _____	Home: _____
Other: _____	Other: _____
Email: _____	Email: _____

DATE AND PLACE OF 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 a deceased child's name). Use an additional page if necessary.

Please indicate whether the child is related to: H/P #1 _____ W/P #2 _____ Both _____			
1. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Partner's Legal Name: _____			
Legal Names, Ages of Children: _____			

Please indicate whether the child is related to: H/P #1 _____ W/P #2 _____ Both _____			
2. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Partner's Legal Name: _____			
Legal Names, Ages of Children: _____			

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Please indicate whether the child is related to: H/P #1 ___ W/P #2 ___ Both ___			
3. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Partner's Legal Name: _____			
Legal Names, Ages of Children: _____			

Please indicate whether the child is related to: H/P #1 ___ W/P #2 ___ Both ___			
4. Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:

Partner's Legal Name: _____			
Legal Names, Ages of Children: _____			

More children anticipated? Yes _____ No _____

Do any of your children or grandchildren have disabilities? Yes _____ No _____. If yes, please explain. _____
 _____.

FAMILY BACKGROUND:
 (If a family member is deceased, please indicate "deceased" after that family member's name.)

HUSBAND/PARTNER #1 Parents:	WIFE/PARTNER #2 Parents:
Father's Legal Name and Address: _____ _____	Father's Legal Name and Address: _____ _____
Mother's Legal Name and Address (if different from above): _____ _____	Mother's Legal Name and Address (if different from above): _____ _____

HUSBAND/PARTNER #1 Siblings: (Legal Names):	WIFE/PARTNER #2 Siblings: (Legal Names):
_____	_____
_____	_____

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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 _____.
 If no, would you like to make arrangements? Yes _____ No _____.

II. QUESTIONS RELATED TO ESTATE PLANNING

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

2. Did either of you own any substantial separate property before your marriage or partnership?
 Yes ___ No ___. If so, please describe _____

3. Have any gifts or inheritances been received by either of you separately? Yes ___ No ___.
 If so, please describe. _____

4. Have either of 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 it was given: _____

5. Has either of you ever created a trust? Yes___ No___.

If so, please provide a copy of the trust document.

6. Has either of you made gifts under the Uniform Transfers to Minors Act? Yes ___ No___.
If so, please provide copies of the gift documents.

7. Is either of you a beneficiary under an existing trust? Yes ___ No ___.
If so, please provide a copy of the trust document.

8. Does either of you expect to receive an inheritance? Yes___ No___.
If yes, please explain. _____

9. Does either of you presently hold a power of appointment over the property of another person or have either of you ever released such a power? Yes _____ No _____.
If so, please provide a copy of the document creating the power.

10. Have you filed tax returns with the IRS or the State of Washington for the last three years?
Yes _____ No _____.

11. 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)? _____

12. Have arrangements been made by either of you for the disposition of your body upon death?
Yes _____ No _____. Are they paid for? Yes _____ No _____.
Please describe the arrangements. _____

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

13. Are either of you a veteran? Yes___ No___.
If yes, was the service in wartime? Yes___ No___.
Are any benefits currently being received? Yes___ No___. If yes, please explain.

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

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

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

17. 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? _____

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

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

If you have previously executed any of the following 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, Community Property Agreement, Wills or Trusts, Premarital Agreement.

III. PROPOSED FIDUCIARIES

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

HUSBAND/PARTNER #1

WIFE/PARTNER #2

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)?

HUSBAND/PARTNER #1

WIFE/PARTNER #2

A. _____
Relationship: _____
Address: _____

Relationship: _____
Address: _____

B. _____
Relationship: _____
Address: _____

Relationship: _____
Address: _____

C. _____
Relationship: _____
Address: _____

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)?

HUSBAND/PARTNER #1

WIFE/PARTNER #2

A. _____
Relationship: _____
Address: _____

Relationship: _____
Address: _____

B. _____
Relationship: _____
Address: _____
C. _____
Relationship: _____
Address: _____

Relationship: _____
Address: _____

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.)

HUSBAND/PARTNER #1

WIFE/PARTNER #2

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

Relationship: _____
Address: _____
Phone Number: _____

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

Relationship: _____
Address: _____
Phone Number: _____

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

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?

HUSBAND/PARTNER #1

WIFE/PARTNER #2

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

Relationship: _____
Address: _____
Phone Number: _____

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

Relationship: _____
Address: _____
Phone Number: _____

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

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.)

HUSBAND/PARTNER #1

WIFE/PARTNER #2

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

Relationship: _____
Address: _____
Phone Number: _____

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

Relationship: _____
Address: _____
Phone Number: _____

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

Relationship: _____
Address: _____
Phone Number: _____

HUSBAND/PARTNER #1:

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 _____

WIFE/ PARTNER #2:

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 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 Wills)?

HUSBAND/PARTNER #1

WIFE/PARTNER #2

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

Relationship: _____
Address: _____
Phone Number _____

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

Relationship: _____
Address: _____
Phone Number _____

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

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8. Do you want anyone other than each other to receive your tangible personal property in the event of the first death? Yes_____ No_____. If yes, what would those provisions be? (Note: We will provide you with a form for designating specific items.)

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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 plans 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: _____

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2. Accountant: _____

—

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3. Life Insurance Agent: _____

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4. Banker and Trust Officer: _____

—
5. Stockbroker:

- 6. May I contact your advisors for the purpose of introducing? Yes _____ No _____.
7. Would you like a referral to a CPA? Yes _____ No _____.
8. Would you like a referral to a financial advisor? Yes _____ No _____.
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V. ESTATE SUMMARY*
USE CURRENT FAIR MARKET VALUE FOR EACH ASSET

LIQUID ASSETS	Community/ Joint Property	H/Partner #1 Separate	W/Partner #2 Separate
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	Community/ Joint Property	H/Partner #1 Separate	W/Partner #2 Separate
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	Community/ Joint Property	H/Partner #1 Separate	W/Partner #2 Separate
19. IRAs			
20. Profit sharing/pension/401k plans			
21. Other			
22. Total Retirement (add lines 19-21)			
PERSONAL	Community/ Joint Property	H/Partner #1 Separate	W/Partner #2 Separate
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	Community/ Joint Property	H/Partner #1 Separate	W/Partner #2 Separate
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	Community/ Joint Property	H/Partner #1 Separate	W/Partner #2 Separate
Subtract amount on line 37 from the amount on line 30			

INCOME SUMMARY: Please list all sources and amounts of monthly income.		
INCOME SOURCE	H/Partner #1 Separate	W/Partner #2 Separate
1.		
2.		
3.		