

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Name

Date

How did you find out about us?

This form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at 272 Hardie Avenue Southwest, Renton, WA 98057 on _____, 2015 @ _____. Please complete this form and forward a copy to our office one week before your appointment along with all supporting written documentation, including any previously executed estate planning documents and long-term care policies. IF THIS QUESTIONNAIRE IS NOT COMPLETED AND RETURNED TO OUR OFFICE BEFORE YOUR APPOINTMENT, YOUR APPOINTMENT WILL HAVE TO BE RESCHEDULED. *Please list all names as they would properly appear on legal documents.*

I. FAMILY INFORMATION

Contact Information:

Full Name: _____ Occupation: _____ If retired your occupation before retirement: _____ 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: _____			

More children anticipated? Yes _____ No _____

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

If yes, please explain: _____

YOUR FAMILIES OF ORIGIN:

(If family member is deceased, please indicate “deceased” after that family member’s names.)

Parents:	Siblings (Legal Names):
Father's Legal Name and Address: _____ _____ _____	_____ _____ _____
Mother's Legal Name and Address (if different from above): _____ _____ _____	_____ _____ _____

OTHER IMPORTANT PEOPLE

Please include contact information for individuals you desire to name as a beneficiary who are not your children, parent, or sibling. Definition of Beneficiary: The individual(s) designated to receive a benefit from something (i.e. your Will, Trust, or non-probate assets)

1. Full Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Relation to you: _____ Tel: _____

2. Full Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Relation to you: _____ Tel: _____

3. Full Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Relation to you: _____ Tel: _____

4. Full Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Relation to you: _____ Tel: _____

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.

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 you lived in the State of Washington for more than 6 months? Yes No

2. Have you made accumulative annual gifts totaling over \$14,000.00 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 to anyone under the age of 18 years old over \$1,000.00?

Yes No .

If so, did you file a Gift Tax Return.? Yes No .

5. Do you have a safe 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)? _____

6. 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.

7. Does any member of your family receive Social Security Disability, SSI or Medicaid?

Yes No . If yes, please explain. _____

8. Do you have an interest in real property outside of the State of Washington?

Yes No . If yes, please explain _____

9. 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:

10. Do you own or have an interest in a family business? Yes No . If so, what type of business entity (S-corp, LLC, etc)? _____

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

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

13. 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

14. 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.

15. Do you have a long-term care policy? Yes No

CURRENT ESTATE PLANNING DOCUMENTS

Have you previously executed any of the following estate planning documents? If so, and they are presently in effect, please bring the originals to our meeting:

Date Documents were Signed

Revocable or Irrevocable Trust

Last Will and Testament

Community Property Agreement _____
 Premarital Agreement _____
 Durable Power of Attorney _____
 Living Will / Health Care Directive _____
 Other: _____

7. Generally speaking, what are your estate planning goals and objectives?

III. PROPOSED FIDUCIARIES

1. Whom do you want to serve as your Personal Representative (Executor) of your estate (in order of priority)? This is the person who will manage and wind-down your estate upon your death.

- A. _____
- B. _____
- C. _____

2. 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). Definition of Attorney-in-Fact: An individual authorized by another to act in his or her place during periods of incapacitation, but while he or she is still living.

- | | |
|--|--|
| A. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____ | B. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____ |
|--|--|

- C. _____
 Relationship: _____
 City sand State of Residence: _____

 Phone Number: _____

3. 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: _____
City sand State of Residence: _____

Phone Number: _____

B. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

4. 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: _____
City sand State of Residence: _____

Phone Number: _____

B. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

C. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

Do you want the authority of the attorney-in-fact to be effective immediately, or only upon a written determination of incompetence by a qualified physician?

5. Healthcare Directive. If you were terminally ill or in a persistent vegetative state while receiving care in a hospital-type setting, what would your wishes be regarding the following?

Would you want to receive or continue to receive artificial nutrition? Yes No

Would you want to receive or continue to receive artificial hydration? Yes No

Would you want to be resuscitated if you had a heart attack or went into cardiac arrest?
Yes No

Would you want artificial devices to assist you with breathing such as intubation or mechanical ventilation? Yes No

Would you want antibiotics if you contracted an infection? 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

6. Directive Regarding Disposition of Remains. With this document, you direct what you would like done with your remains upon death and the individual whom would carry out those wishes.

A. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

B. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

C. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

Have arrangements been made by you for the disposition of your body upon death? Yes No

Are they paid for? Yes No

Please describe the arrangements. Burial Cremation Unknown _____

Do you want to make specific provisions regarding the disposition of your remains?

Yes No . If yes, what are your wishes? Examples: Celebration of Life, Military Service, Memorial Service, Funeral Mass, Graveside Service. _____

Are you / would you like to be an Organ Donor? Yes No

Would you like all or part of your body to be donated to medical science? Yes No

7. If you would like to have a Trust created whom do you want to serve as your Trustee of your Trust (in order of priority)? This is the person who will manage and wind-down your trust upon your death.

A. _____
B. _____

8. 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: _____
City sand State of Residence: _____

Phone Number: _____

B. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

C. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

9. 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)?

Same as Guardian under my Will

A. _____
Relationship: _____
City and State of Residence: _____

Phone Number _____

B. _____
Relationship: _____
City and State of Residence: _____
Phone Number _____

10. Whom would you want to be the Trustee of any trusts set up for minor, disabled or irresponsible children (if appropriate)? Definition of Trustee: The person who will manage and administer your Trust(s) upon your death or incapacity, or at an earlier time if you so designate. This person may also be your personal representative of your estate.

A. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

B. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

C. _____
Relationship: _____
City sand State of Residence: _____

Phone Number: _____

IV. ADVISORS

Names, addresses, and telephone numbers:

1. Attorney: _____

2. CPA/Accountant: _____

3. Life Insurance Agent: _____

4. Banker and Trust Officer: _____

5. Financial Advisor: _____

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 _____.

NOTES/QUESTIONS FOR ATTORNEY

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. Annuity	
22. Other	
23. Total Retirement (add lines 19-21)	
PERSONAL	
24. Cars	
25. Boats/Recreational vehicles	
26. Furniture	
27. Household goods/misc. personal items	
28. Jewelry	
29. Collectibles	
30. Total personal (add lines 23-28)	
31. TOTAL ASSETS (Add lines 11, 18, 22 and 29)	

DEBTS	
32. Credit card debt	
33. Consumer debt	
34. Business debt	
35. Home mortgage	
36. Rental property mortgage	
37. Other debt	
38. 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 FROM OTHER FAMILY MEMBERS, FRIENDS, ETC. (Best Estimate)	
1.	
2.	
3.	

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