

**CONFIDENTIAL**

**ESTATE PLANNING QUESTIONNAIRE  
FOR COUPLES**

---

Names

---

Date

How you did find us?

---

**This confidential form is extremely important. Your accuracy and completeness will help us to best represent you. Please complete all sections before your appointment at \_\_\_\_\_ 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

HUSBAND/PARTNER #1	WIFE/PARTNER #2
Full Name: _____	Full Name: _____
Occupation: _____	Occupation: _____
If retired your occupation before retirement: _____	If retired your occupation before retirement: _____
Citizenship: _____	Citizenship: _____
Birth Date: _____	Birth Date: _____
SSN: _____	SSN: _____

### 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. Full Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:
_____			
_____			
_____			
Partner’s Full Legal Name: _____			

Legal Names and Ages of Children: \_\_\_\_\_

Please indicate whether the child is related to: H/P #1 ____ W/P #2 ____ Both ____			
2. Full Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:
_____			
_____			
_____			
Partner's Full Legal Name: _____			
Legal Names and Ages of Children: _____			

Please indicate whether the child is related to: H/P #1 ____ W/P #2 ____ Both ____			
3. Full Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:
_____			
_____			
_____			
Partner's Full Legal Name: _____			
Legal Names and Ages of Children: _____			

Please indicate whether the child is related to: H/P #1 ____ W/P #2 ____ Both ____			
4. Full Legal Name, Address, Phone #:	Marital Status:	Date of Birth:	SSN:
_____			
_____			
_____			
Partner's Full Legal Name: _____			
Legal Names and 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 a family member is deceased, please indicate "deceased" after that family member's name).

<b>HUSBAND/PARTNER #1 Parents:</b>	<b>WIFE/PARTNER #2 Parents:</b>
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): _____ _____

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

**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 (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. Did either of you own any substantial separate property before your marriage or partnership?  
Yes  No . If so, please describe \_\_\_\_\_  
\_\_\_\_\_

2. Have any gifts or inheritances been received by either of you separately? Yes  No .  
If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

3. Have either of 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 it was given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Have either of you ever created a trust? Yes  No .

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

5. Have either 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 .

6. 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)? \_\_\_\_\_  
\_\_\_\_\_

7. 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.  
\_\_\_\_\_

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

Yes  No . If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

9. Do either of you have an interest in real property outside of the State of Washington? Yes

No . If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

10. 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:  
\_\_\_\_\_

11. Does either of you own or have an interest in a family business? If so, what type of business entity (S-corp, LLC, etc)?  
\_\_\_\_\_

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

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

14. Do you want anyone other than your spouse 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.)  
\_\_\_\_\_  
\_\_\_\_\_

15. 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

16. If you answered yes above, please write the names of all persons to whom the attorneys at  
Couples, rev 02/15

Law Offices of Beth A. McDaniel, PLLC are authorized to disclose any information given.

\_\_\_\_\_  
\_\_\_\_\_

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

**Long-term Care Insurance: HUSBAND/PARTNER #1:**

Daily Benefit Amount: \_\_\_\_\_ Elimination Period: \_\_\_\_\_

Lifetime Maximum: \_\_\_\_\_ Inflation protection: Yes  No

**Long-term Care Insurance: WIFE/PARTNER #2:**

Daily Benefit Amount: \_\_\_\_\_ Elimination Period: \_\_\_\_\_

Lifetime Maximum: \_\_\_\_\_ Inflation protection: 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 Made
Revocable or Irrevocable Trust	_____
Last Will and Testament	_____
Community Property Agreement	_____
Premarital Agreement	_____
Durable Power of Attorney	_____
Living Will / Health Care Directive	_____
Other: _____	_____

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)? Definition of Personal Representative: This is the person who will manage and wind-down your estate or trust upon your death. This person may also act as your Trustee and/or Guardian of any minor children.

HUSBAND/PARTNER #1

WIFE/PARTNER #2

Spouse, then:

Spouse, then:

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.

HUSBAND/PARTNER #1

WIFE/PARTNER #2

Spouse, then:

Spouse, then:

A. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

B. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

C. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and 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?

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: \_\_\_\_\_

Would you also want these individuals also excluded as guardian of your person or estate or personal representative under your Will? Yes  No

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.)

HUSBAND/PARTNER #1

WIFE/PARTNER #2

Spouse, then

Spouse, then

A. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

B. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

C. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2  Yes  No

Would you want to receive or continue to receive artificial hydration?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2  Yes  No

Would you want to be resuscitated if you had a heart attack or went into cardiac arrest?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2  Yes  No

Would you want artificial devices to assist you with breathing such as intubation or mechanical ventilation?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2    Yes     No

Would you want antibiotics if you contracted an infection?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2    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.

HUSBAND/PARTNER #1

WIFE/PARTNER #2

Spouse, then

Spouse, then

A. \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

City and State of Residence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have arrangements been made by either of you for the disposition of your body upon death?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2     Yes  No

Are they paid for?

HUSBAND/PARTNER #1  Yes  No    WIFE/ PARTNER #2     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? \_\_\_\_\_  
\_\_\_\_\_

Would you like a service held following your death (examples: celebration of life, military service, memorial Service, funeral mass, graveside service)? Yes  No  If yes, Please describe: \_\_\_\_\_

Are you/would you like to be an Organ Donor?

HUSBAND/PARTNER #1 Yes  No  WIFE/ PARTNER #2 Yes  No

Would you like all or part of your body to be donated to medical science?

HUSBAND/PARTNER #1 Yes  No  WIFE/ PARTNER #2 Yes  No

7. If you choose to have a Trust created whom do you want to serve as your Trustee of your Trust (in order of priority)? 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 can also act as your Personal Representative.

HUSBAND/PARTNER #1

WIFE/PARTNER #2

Spouse, then:

Spouse, then:

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)?

HUSBAND/PARTNER #1

WIFE/PARTNER #2

A. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

B. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

C. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

9. Temporary Guardians for Minor Children. Upon 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

Same as Guardian under my Will

Same as Guardian under my Will

A. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_

B. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_   
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 can also act as your Personal Representative.

HUSBAND/PARTNER #1

WIFE/PARTNER #2

A. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_   
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

B. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_   
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

C. \_\_\_\_\_  
Relationship: \_\_\_\_\_  
City and State of Residence: \_\_\_\_\_  
Phone Number \_\_\_\_\_

\_\_\_\_\_   
Relationship: \_\_\_\_\_  
City and 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 \_\_\_\_.

**V. ASSET INFORMATION**

In developing your estate plan, it is important for me to have a basic understanding of what you own, especially real property (including timeshares) in another state, as well an estimate of your total net worth and how your assets are structured. This helps in our discussion of Wills vs. Living Trusts, helps identify any tax issues surrounding your estate, and helps me determine if there are assets which will pass to your heirs outside of your Will. You may attach an additional sheet if desired, or attach a copy of your financial plan or personal finance statement rather than filling out the information.

**Bank accounts, CDs, Brokerage Accounts, Stocks, Bonds, Money market funds, etc.**

Description / Location	Value	In Whose Name	Beneficiary
<b>TOTAL</b>			

**Retirement accounts – IRAs, Roth IRAs, vested pension plans, annuities, etc.**

Description / Location	Value	In Whose Name	Beneficiary
<b>TOTAL</b>			

**Non-Liquid Assets – Residence, Timeshares, Loans made to others, etc.**

Description / Location	Current Value	Purchase Price	Purchase Date	In Whose Name
<b>TOTAL</b>				

**Items of Personal Property valued at over \$10,000.00 – vehicles, art, jewelry, collectibles, etc.**

Description	Value	Owner
<b>TOTAL</b>		

**Life Insurance**

Couples, rev 02/15

Primary Insured	Company	Death Benefit	Cash Value	Policy No.	Beneficiary

**OTHER:**

---

**LIABILITIES**

**Mortgages, credit cards, business debt, loans on insurance, etc.**

Description	Balance Due	Monthly Payment	Maturity Date
<b>TOTAL</b>			

**INCOME**

**Please list all sources and amounts of monthly income**

Income Source (social security, employment, pension, etc.)	CLIENT 1	CLIENT 2

<b>TOTALS</b>		

**NOTES/QUESTIONS FOR ATTORNEY:**

---



---



---



---