

CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE

Name

Date

How did you find out about us?

Please complete this form and forward a copy to our office before your appointment along with all supporting written documentation, including any previously executed estate planning documents and long-term care policies. We look forward to working with you. Let us know if we can be of further assistance. *Please list all names as they would properly appear on legal documents.*

I. FAMILY INFORMATION

Contact Information:

Full Name (first, middle, last): _____ Occupation: _____ Employer Address: _____ If retired, your occupation before retirement: _____ Citizenship: _____ Birth Date: _____ SSN: _____	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. Full Legal Name (first, middle, last), Address, Phone #, E-mail:	Marital Status:	Date of Birth:	SSN:
_____ _____ _____			
Legal Name of Spouse: _____ Legal Names, Ages of Children: _____			

2. Full Legal Name (first, middle, last), Address, Phone #, E-mail	Marital Status:	Date of Birth:	SSN:
_____ _____ _____			
Legal Name of Spouse: _____ Legal Names, Ages of Children: _____			

3. Full Legal Name (first, middle, last), Address, Phone #, E-mail	Marital Status:	Date of Birth:	SSN:
_____ _____ _____			
Legal Name of Spouse: _____ Legal Names, Ages of Children: _____			

4. Full Legal Name (first, middle, last), Address, Phone #, E-mail	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 FAMILY OF ORIGIN:

(If a family member is deceased, please indicate "deceased" after that family member's name. Please list all siblings)

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 any individual you desire to name as a beneficiary who is not your child, 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: _____
Date of Birth _____

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

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

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

If you wish to leave funds to a charity, please provide the charity's complete name, address, and telephone number. Please obtain and provide a copy of the charity's IRS 501(c)(3) letter.

II. QUESTIONS RELATED TO ESTATE PLANNING

1. 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)? _____

2. Are you a veteran? Yes No .

If yes, was the service during the following wartime? Yes No .

<i>WWII</i>	<i>12/07/1941-12/31/1946</i>
<i>Korean War</i>	<i>06/27/1950-01/31/1955</i>
<i>Vietnam Conflict</i>	<i>08/05/1964-05/07/1975</i>
<i>Gulf War</i>	<i>08/02/1990-Present</i>

Branch _____ Length of Service _____

Type of Discharge _____

Are any veteran benefits currently being received? Yes No . If yes, please explain.

3. Do you have any pet(s)? Yes No .

If yes, have you made arrangements for your pet(s) upon your death? Yes No .

If you have not made arrangements, would you like to make arrangements in your Will? Yes
No .

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

Yes No . If yes, please explain. _____

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

Yes No . If yes, please explain _____

6. 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:

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

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

9. Do you have any proposed specific provisions for your Will (For example, \$2,000.00 to Habitat for Humanity):

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

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

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

Long-term Care Insurance:

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? Yes No
If yes, 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: _____	_____

4. 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 be your agent to manage your assets and make financial decisions on your behalf? (List those individuals here in order of priority). Definition of Agent: 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 and State of Residence: _____

 Phone Number: _____

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

 Phone Number: _____

C. _____
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 agent?

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

Phone Number: _____

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

Phone Number: _____

If you answered this question yes, would you also want these individuals excluded as your guardian (individual court-appointed to make healthcare and housing decisions), conservator (individual court-appointed to make financial decisions and manage assets), 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 as your agent? (List those individuals here in order of priority).

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

Phone Number: _____

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

Phone Number: _____

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

Phone Number: _____

Who would you want to be able to receive medical information on your behalf? Only my agent for healthcare decisions , all the agents listed above , other _____

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

Do you have any food or drug allergies? 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 who would carry out those wishes.

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

Phone Number: _____

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

Phone Number: _____

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

Phone Number: _____

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

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

Are they paid for? Yes No

Please describe the arrangements. Burial Green Burial Cremation Cremation Art/Diamonds Soil Transformation (compost) Water Cremation (alkaline/hydrolysis) 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: _____

Would you like a donation to be made in lieu of flowers? Yes No If yes, please describe: _____

7. If you would like to have a Revocable Living 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. _____
- C. _____

8. Whom would you want to be the Guardian (responsible for medical, school, and housing decisions) of your minor children until they attain the age of 18 (if appropriate)?

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

Phone Number: _____

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

Phone Number: _____

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

Phone Number: _____

9. Durable Power of Attorney for Healthcare for Minor Children. Upon your incapacity or unavailability, if appropriate, whom would you want to be agent for your minor children (the agent can make housing, health, and school decisions), if different from the Guardians under your Wills)?

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 established 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 and State of Residence: _____

Phone Number: _____

B. _____

Relationship: _____

City and State of Residence: _____

Phone Number: _____

C. _____

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: _____

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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
USE CURRENT FAIR MARKET VALUE FOR EACH ASSET

In developing your estate plan, it is important for your attorney 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 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 (name of financial institution)	Value	In Whose Name	Beneficiary
TOTAL			

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

Description/Location (name of financial institution)	Value	In Whose Name	Beneficiary

TOTAL			

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

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

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

Description	Value	Owner
TOTAL		

Life Insurance

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
TOTAL			

INCOME

Please list all sources and amounts of monthly income

Income Source (social security, employment, pension, etc.)	Amounts
TOTALS	

OTHER ASSETS/BUSINESS INTERESTS:

NOTES/QUESTIONS FOR ATTORNEY:
