

**CONFIDENTIAL**

**ESTATE PLANNING QUESTIONNAIRE  
FOR COUPLES**

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Names

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Date

How did you find out about us?

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**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 further assist you. *Please list all names as they would properly appear on legal documents***

## I. FAMILY INFORMATION

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

### CONTACT INFORMATION:

HUSBAND/PARTNER #1	WIFE/PARTNER #2
Work: _____ Cell: _____ Home: _____ Other: _____ Email: _____	Work: _____ Cell: _____ Home: _____ Other: _____ 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. Please list all siblings).

<p><b>HUSBAND/PARTNER #1 Parents:</b></p> <p>Father’s Legal Name and Address:                  _____                  _____</p> <p>Mother’s Legal Name and Address                  (if different from above):                  _____                  _____</p>	<p><b>WIFE/PARTNER #2 Parents:</b></p> <p>Father’s Legal Name and Address:                  _____                  _____</p> <p>Mother’s Legal Name and Address                  (if different from above):                  _____                  _____</p>
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<p><b>HUSBAND/PARTNER #1 Siblings:                  (Legal Names):</b></p> <p>_____</p> <p>_____</p>	<p><b>WIFE/PARTNER #2 Siblings:                  (Legal Names):</b></p> <p>_____</p> <p>_____</p>
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**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 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. Did either of you own any substantial separate property before your marriage or partnership which has been kept separate? Yes  No . If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

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

3. 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)? \_\_\_\_\_  
\_\_\_\_\_

4. 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.  
\_\_\_\_\_

5. Do you have a pet? 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

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

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

7. Does either of you have an interest in real property outside of the State of Washington? Yes   
No  If yes, please explain \_\_\_\_\_

8. 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:  
\_\_\_\_\_

9. Does either of you own or have an interest in a family business? Yes  No  If yes, what  
type of business entity (S-corp, LLC, etc) and what is the nature of the interest?  
\_\_\_\_\_

10. Does either of you want to include a statement of faith in your Wills? Yes  No

11. Does either of you have any proposed specific provisions for your Will (For example,  
\$2,000.00 to Habitat for Humanity):  
\_\_\_\_\_  
\_\_\_\_\_

12. Does either of 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.)  
\_\_\_\_\_  
\_\_\_\_\_

13. 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, 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, or its successor, are authorized to disclose any  
information given.  
\_\_\_\_\_  
\_\_\_\_\_

15. Does either of 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**

Has either of 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: _____	_____

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: 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 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.

HUSBAND/PARTNER #1

Spouse, then:

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: \_\_\_\_\_

WIFE/PARTNER #2

Spouse, then:

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

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

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

3. Is there anyone either of you would explicitly not want to be able to ask for an accounting of your assets while under control of your agent? Yes  No . If you answered yes, please list those individuals, their relationship to you, and their contact information below.

HUSBAND/PARTNER #1

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

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

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

WIFE/PARTNER #2

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

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

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

If you answered yes, would you also want these individuals also 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 or housing decisions for yourself, whom would you want to do so as your agent? (List those individuals here in order of priority.)

HUSBAND/PARTNER #1

Spouse, then

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: \_\_\_\_\_

WIFE/PARTNER #2

Spouse, then

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

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

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

Whom would you like to be able to receive medical information on your behalf?  only my acting agent for healthcare decisions;  all of 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 hydration?

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

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 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 who would carry out those wishes.

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: \_\_\_\_\_

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

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  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?

HUSBAND/PARTNER #1 Yes  No  WIFE/ PARTNER #2 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)? HUSBAND/PARTNER #1 Yes  No  WIFE/ PARTNER #2 Yes  No  If yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_

Would you like a donation to be made in lieu of flowers? HUSBAND/PARTNER #1 Yes  No  WIFE/ PARTNER #2 Yes  No  If yes, Please describe: \_\_\_\_\_  
\_\_\_\_\_

7. If you choose to have create a Revocable Living Trust, 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 (responsible for medical, school, and housing decisions) 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. 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)?

HUSBAND/PARTNER #1

Same as Guardian under my Will

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

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

WIFE/PARTNER #2

Same as Guardian under my Will

\_\_\_\_\_  
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

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 \_\_\_\_\_

WIFE/PARTNER #2

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

\_\_\_\_\_  
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 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

<b>TOTAL</b>			

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

Description/Location (name of financial institution)	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**

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>		

**OTHER ASSETS/BUSINESS INTERESTS:**

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**NOTES/QUESTIONS FOR ATTORNEY:**

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