

ESTATE PLANNING QUESTIONNAIRE

Are you a member of any legal services insurance plan, such as ARAG? ____ Yes ____ No

If so, please name the plan and your plan ID number: _____

PERSONAL INFORMATION

HUSBAND

Legal Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Business Phone: _____

_____ Fax Number: _____

Email address: _____

US Citizen? ____ Yes ____ No If not, identify country of citizenship _____

Length of residence in Washington State: _____

Employer's Name and Address: _____

WIFE

Legal Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Business Phone: _____

_____ Fax Number: _____

Email address: _____

US Citizen? ____ Yes ____ No If not, identify country of citizenship _____

Length of residence in Washington State: _____

Date & Place of Marriage: _____

Employer's Name and Address: _____

LIVING CHILDREN (adopted & natural)

Legal Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Legal Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Legal Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Legal Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Legal Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Do either of you have any deceased children? _____ Yes _____ No

GRANDCHILDREN

Legal Name: _____ **Date of Birth:** _____

City, State: _____ **Minor or adult?** _____

Legal Name: _____ **Date of Birth:** _____

City, State: _____ **Minor or adult?** _____

Legal Name: _____ **Date of Birth:** _____
City, State: _____ **Minor or adult?** _____

HUSBAND'S PARENTS

Legal Name: _____ **Date of Birth:** _____
City, State: _____ **Deceased:** ____ Yes ____ No

Legal Name: _____ **Date of Birth:** _____
City, State: _____ **Deceased:** ____ Yes ____ No

WIFE'S PARENTS

Legal Name: _____ **Date of Birth:** _____
City, State: _____ **Deceased:** ____ Yes ____ No

Legal Name: _____ **Date of Birth:** _____
City/State: _____ **Deceased:** ____ Yes ____ No

OTHER PERSONS OR CHARITIES WHO WILL BE BENEFICIARIES

	1	2	3
Name:	_____	_____	_____
Address:	_____	_____	_____
	_____	_____	_____
Relationship to you:	_____	_____	_____

Will your gift to those named directly above be a percentage of your gross estate or a specific dollar amount?

Do any of your named beneficiaries have a serious disability or incapacity, such that they rely on government assistance for entitlements?
If yes, describe:

If one or more of your children predecease you, would you like their share of your estate to go to their heir at law (children, spouse)? Or would you like their share to go to your children that survive you?

If you and all of your beneficiaries named herein were to die in a common accident or disaster, how would you want your estate to be distributed?

ESTATE PLANNING ROLES

Please use the following key when filling in the names, below:

- 1 – Husband’s Primary Nominee
- 2 – Husband’s Alternate Nominee
- 3 – Wife’s Primary Nominee
- 4 – Wife’s Alternate Nominee

Personal Representative: In your will, you nominate a Personal Representative to administer the estate. (Personal Representative is also referred to as the executor or the administrator of the estate.) This person can be also be a beneficiary and must be a resident of the State of Washington. Spouses typically name each other as the primary, and nominate an adult child, sibling, relative or close friend as the alternate.

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Agent under Financial Power of Attorney: The Agent you nominate would be responsible for managing your assets if you could not, due to disability, incompetency or physical incapacity. Again, spouses typically name each other as the primary, and nominate an adult child, sibling, relative or close friend as the alternate.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Health Care Agent: The Agent you nominate would make health care decisions for you if you could not, due to disability, incompetency or physical incapacity. Here again, spouses usually nominate each other as the primary, and name an alternate who is geographically convenient and is an adult child, sibling, relative or close friend.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

If you would like a laminated, wallet sized Health Care Power of Attorney card to carry with you in case of emergency, please provide cell phone numbers for the agents listed above, under their names.

Guardian: If you have minor children who are under the age of 18 or an incapacitated adult child, you may nominate a guardian within your will to be responsible for the everyday care of the minor child or incapacitated adult child. Because this role is only filled when both parents are deceased, it is only necessary for you to name one primary guardian and one alternate guardian, as the names will be the same in both of your wills.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
1. _____	_____	_____
2. _____	_____	_____

Trustee for Children’s Trust or Special Needs Trust: Minor children must receive inheritance monies in trust, and some adult children may need restrictions on inherited money until they are financially responsible. Adults that are incapacitated who receive government entitlements may lose their funding status if they receive more than a certain amount of money by way of inheritance, but can have inherited money placed in a special needs trust that can supplement their government assistance. The Trustee you nominate in your will distributes money to your children or to the beneficiary of a special needs trust, within their discretion, for the beneficiary’s health, education, maintenance and support. A children’s trust ends when the children reach a certain age that you decide upon. A special needs trust ends when the money is spent or upon the death of the beneficiary. Again, these trusts are funded only upon the death of both spouses, so it is only necessary for you to name one primary trustee and one alternate trustee, as the names will be the same in both of your wills.

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
1.	_____	_____	_____
2.	_____	_____	_____

Age at which you would like your children to have control over the money held in trust: _____

Alternate Trustee for Marital Trust: The marital trust, also known as the credit shelter trust or exemption trust, allows a married couple with a taxable estate to shelter a portion of the estate from estate tax, up to the allowable exemption amount (currently \$2MM in Washington State and subject to pending legislation in the federal government). The surviving spouse is the trustee and can have complete control over the assets held in trust. Please propose an alternate trustee for each of you, in the case of disability, incompetency, or physical incapacity of the surviving spouse/trustee, so the ability to shelter assets is not lost upon the death of the first spouse. Often times the named alternate here is the same person you nominate as your Agent under the Financial Power of Attorney.

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
H:	_____	_____	_____
W:	_____	_____	_____

Have either of you received, or do you expect to receive, significant assets through gift or inheritance? If you have already received any such assets, have they been segregated from your other assets? And do you wish to keep these assets separate from your other assets, and make a separate disposition of them in your wills?

Did either of you own significant assets prior to at the time of your marriage? Is it your intention to keep these assets separate from your community assets acquired since the date of your marriage?

What support or other obligations exist (either due to you or owed by you) by reason of a prior marriage?

Does a prior divorce decree require you to leave any insurance proceeds or any other asset to a child or former spouse?

Does a former spouse own an interest in any retirement benefits you have?

Do you have a community or other property agreement or a prenuptial or postnuptial agreement? If so, please provide it when you provide us with this completed questionnaire.

FINANCIAL INFORMATION

We ask for the following financial information, including values, titling of assets, and beneficiary designations, so we can assure that your estate planning objectives expressed to us in this questionnaire can be achieved.

We like to know what assets you have, which assets may pass directly under your Will and which may pass outside of your Will, to assure that all of them pass in a manner consistent with your estate plan. We try to identify those assets which may pass at your death outside of your Will (“non-probate assets”) and then help you feel satisfied that the beneficiary designation you have is what you intend. If not, we’ll instruct you on how to amend them so that they are consistent with your plan.

Another important reason we ask for financial information is to learn whether your combined estate is of sufficient size such that estate taxes may be due. If so, we can discuss possible ways to minimize these taxes. You can then make an informed decision on whether you wish to utilize any further estate tax planning.

None of your account information is included in your wills. This information is held confidentially in our office and will never be made public.

You may provide this detailed financial information by completing the remainder of this questionnaire. Alternatively, you could give us an overview of your assets and how these assets are held when you come in.

Checking, Savings, and Money Market Accounts

You might provide a copy of your most recent statement for each account. In the Owner(s) Column, please indicate if the asset or debt is held by Husband alone (H), Wife alone (W), by both husband and wife (C), or owned by husband or wife and third party (H 3rd) or (W 3rd).

Name of bank/institution	Type of Account	Owner(s)	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Certificates of Deposit

Name of bank/institution	Maturity Date	Owner(s)	Approx. Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Mutual Funds and/or Brokerage Accounts

Name of bank/institution	Account Number	Owner(s)	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Stocks or Bonds

Name of stock or bond	# of Shares	Owner(s)	Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Real Estate

Property Address	Owner(s)	Market Value	Debt
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Mortgages and Deeds of Trust

Property Address	Owner(s)	Name of Debtor	Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Timeshares

Property Name and Address	Owner(s)	Value (Net of Debt)
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Limited or General Partnerships

Name of Partnership	Owner(s)	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance

Insured	Company	Type*	Death Benefit	Beneficiary
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

** Whole Life, Term, Combination, Group Policy

IRA Accounts and Other Retirement Accounts

Name of Institution	Owner(s)	Type *	Value	Beneficiary
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

** IRA, 401(k), Roth IRA, Retirement Annuity, Retirement Account

Annuities (Not as part of a retirement plan)

Name of Institution	Owner(s)	Type *	Value	Beneficiary
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

* Immediate Annuity or Deferred Annuity

Business Interests

Name of Business	Type*	Owner(s)	Percentage Ownership	Value
_____	_____	_____	_____%	\$ _____
_____	_____	_____	_____%	\$ _____

* Sole proprietorship (SP), Partnership (P), LLC (LLC), PLLC (PLLC), Corporation (C), Other (O).

Burial Plots

Name & Address of Burial Plot Location	Owner(s)	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do either of you anticipate receiving money by way of inheritance? _____

NET WORTH: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs and anything else you own *except* death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse? _____

What is the value of all death benefits from life insurance policies?

Husband's Policies \$ _____ Wife's Policies \$ _____

To secure the confidentiality of this information, please fax your completed questionnaire to my attention to (206) 723-3829, or send it by mail to:

Jeannie O'Brien
Selander O'Brien PLLC
3829 C South Edmunds Street
Seattle, WA 98118

Do you prefer receiving drafts of your estate planning documents attached to an email or would you like to have them sent to you by regular mail? Email U.S. Postal Service

Thank you for taking the time to complete this questionnaire.