

ESTATE PLANNING QUESTIONNAIRE – COUPLE

SECTION 1: PERSONAL INFORMATION

Additional writing space is available on Page 20.

Date You Completed Form: _____

Information	Partner #1	Partner #2	Notes
Your complete legal name (include middle initial)			
Other names used (nicknames/maiden name)			
Pronouns			
Home Address			
Mailing Address (if different from home address)			
Cell Phone			
Home Phone			
Work Phone			
Personal Email Address *			
Birth Date			
Last 4 digits of SSN			
Date and Place of Marriage or Domestic Partnership. If applicable, please specify if official, spiritual or common-law marriage, or if Domestic Partnership, if State, City, or Employer Registered.			
Citizenship			
Current Health Status			
Occupation			
Employer			
Years residing in Washington			

Former Marriage(s)			
Information	Partner #1	Partner #2	Notes
Name of Former Spouse			
Date and Place of Marriage			
Date and Place Marriage Terminated			
Terminating Event (Divorce or Death)			
Is any alimony or maintenance			
Is any child support owed?			

If you have an additional former marriage, add information to Page 20.

Is either partner required by the Divorce Decree to maintain life insurance for the benefit of a former spouse or children? If yes, provide details: Yes No

If you pay or receive maintenance or child support, does the obligation continue after your death? Yes No

Retirement

When do you plan to retire?

Partner #1 _____

Partner #2 _____

Safe Deposit / Storage Box

Do you have a safe deposit box, or a fireproof storage box at home? If yes, please complete the information below. Yes

Location Contents Names on Account Location of Key No

Additional Information

1. Who referred you to us? _____

2. Who is your Accountant? _____

3. Do you have long term care (nursing home) insurance? Yes No

Joint Children of Both Partners

Provide each child's full name with middle initial, birth date, and child's current address. List additional children on pg 20.	Child 1's Name:		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
	Birth Date:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Current Address:		<input type="checkbox"/> Children	<input type="checkbox"/> No Children
	Phone:	Email:		
	Child 2's Name:		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
	Birth Date:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Current Address:		<input type="checkbox"/> Children	<input type="checkbox"/> No Children
	Phone:	Email:		
	Child 3's Name:		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
	Birth Date:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Current Address:		<input type="checkbox"/> Children	<input type="checkbox"/> No Children
	Phone:	Email:		
	Child 4's Name:		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
	Birth Date:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Current Address:		<input type="checkbox"/> Children	<input type="checkbox"/> No Children
	Phone:	Email:		
	Child 5's Name:		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
	Birth Date:		<input type="checkbox"/> Married	<input type="checkbox"/> Single
	Current Address:		<input type="checkbox"/> Children	<input type="checkbox"/> No Children
	Phone:	Email:		

Grandchildren of Both Partners

Provide each grandchild's full name with middle initial, birth date, parents' names, and grandchild's current address. List additional grandchildren on pg 20.	Grandchild's Name:		Birth Date:
	Parents' Names		Grandchild's Address:
	Grandchild's Name:		Birth Date:
	Parents' Names		Grandchild's Address:
	Grandchild's Name:		Birth Date:
	Parents' Names		Grandchild's Address:

Partner #1's Children Born Outside Current Relationship

Information	Please list additional (grand)children in on page 20	Notes
<p>Living children of Partner #1 but not Partner #2</p> <p>Please provide child's full name with middle initial, birth date, mother's name, and child's current address.</p>	Child's Name #1:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
	Child's Name #2:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
	Child's Name #3:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
<p>Deceased child of Partner #1 but not Partner #2</p>	Child's Name:	
	Birth Date:	
	Date of Death:	
<p>Grandchildren of Partner #1 but not Partner #2</p>	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Partner #2's Children Born Outside Current Relationship

Information	Please list additional (grand)children on page 20	Notes
<p>Living children of Partner #2 but not Partner #1</p> <p>Please provide child's full name with middle initial, birth date, father's name, and child's current address.</p>	Child's Name #1:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
	Child's Name #2:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
	Child's Name #3:	
	Birth Date:	
Other Parent's Name:		
Child's Current Address:		
<p>Deceased child of Partner #2 but not Partner #1</p>	Child's Name:	
	Birth Date:	
	Date of Death:	
<p>Grandchildren of Partner #2 but not Partner #1</p>	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Financial Support

Do either of you give financial support to any person? If yes, please provide details.

Yes

No

Existing Documents You May Have Signed Previously

If you signed any of these documents, complete the following and attach a copy of these documents:

Document		Date Signed	In what state?
Will	Partner #1		
	Partner #2		
Financial and/or Medical Power of Attorney	Partner #1		
	Partner #2		
Community Property Agreement	Partner #1		
	Partner #2		
Living Trust	Partner #1		
	Partner #2		

1. Have either of you signed any other agreement regarding your mutual ownership of property?

Yes

If yes, list type of agreement (partnership, LLC, etc.) and the date you signed:

No

2. Do you or your children currently receive income from a trust?

Yes

If yes, who is the beneficiary, and who created the trust?

No

3. Do you or your children expect to be named as a beneficiary of a trust established by someone else in the future?

Yes

If yes, describe:

No

4. Provide any additional details below:

SECTION 2: YOUR ASSETS

A. Community vs. Separate Property

Community Property:

Do you consider all of your assets listed below to be equally owned by both of you?

Yes
 No

Separate Property:

If you answered "no" above, list any assets owned by one partner but not the other partner:

B. Cash Assets (Checking, Savings, Money Market, etc. - Not Retirement Accounts)

Name(s) on Account	
Account Type (checking, savings, etc.)	
Institution Name	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Account Type (checking, savings, etc.)	
Institution Name	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Account Type (checking, savings, etc.)	
Institution Name	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Account Type (checking, savings, etc.)	
Institution Name	
Account Number (last 4 digits only)	
VALUE:	

TOTAL CASH ASSETS (FROM THIS PAGE): \$ _____

C. Retirement Accounts and Annuities

Owner	
Type (IRA, Roth IRA, 401k, Pension, etc)	
Institution Name	
Primary Beneficiary	
Secondary Beneficiary	
Inherited? If so, on what date?	
VALUE:	<input style="width: 100%;" type="text"/>

Owner	
Type (IRA, Roth IRA, 401k, Pension, etc)	
Institution Name	
Primary Beneficiary	
Secondary Beneficiary	
Inherited? If so, on what date?	
VALUE:	<input style="width: 100%;" type="text"/>

Owner	
Type (IRA, Roth IRA, 401k, Pension, etc)	
Institution Name	
Primary Beneficiary	
Secondary Beneficiary	
Inherited? If so, on what date?	
VALUE:	<input style="width: 100%;" type="text"/>

Owner	
Type (IRA, Roth IRA, 401k, Pension, etc)	
Institution Name	
Primary Beneficiary	
Secondary Beneficiary	
Inherited? If so, on what date?	
VALUE:	<input style="width: 100%;" type="text"/>

PARTNER 1 - TOTAL RETIREMENT ASSETS (FROM THIS PAGE): \$

PARTNER 2 - TOTAL RETIREMENT ASSETS (FROM THIS PAGE): \$

TOTAL RETIREMENT ASSETS FROM BOTH PARTNERS: \$

Please attach a written confirmation from the institution stating your current beneficiary designations.

D. Stocks & Bonds (Not Retirement Accounts)

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
VALUE:	

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
VALUE:	

TOTAL STOCKS & BONDS (FROM THIS PAGE) \$ _____

E. Real Estate

Address		
Type (Residence, Rental, etc.)		
Name(s) on Title		
Date of Purchase		
Purchase Price		
	Value	
	Outstanding Mortgage	
	EQUITY (Value – Mortgage)	

Address		
Type (Residence, Rental, etc.)		
Name(s) on Title		
Date of Purchase		
Purchase Price		
	Value	
	Outstanding Mortgage	
	EQUITY (Value – Mortgage)	

TOTAL REAL ESTATE VALUE \$ _____

F. Valuable Items of Tangible Personal Property

(This category includes jewelry, automobiles, boats, silver, art, musical instruments, furniture, or collections which are valued at more than \$5,000.)

Description of Item	Estimated Wholesale Value

TOTAL VALUABLE ITEMS \$ _____

G. Other Assets (Business Interests, Real Estate Assets, etc.)

1. Do you own other valuable assets not listed above (such as a time-share or other real estate)?

Yes

If yes, please describe the asset and its fair market value:

No

2. Please describe any partnership, joint venture, or other business interest held by either partner:

TOTAL VALUE OTHER ASSETS \$ _____

H. Debts (other than real estate mortgages)

Creditor Name		Amount of Debt	\$	
Creditor Name		Amount of Debt	\$	
Creditor Name		Amount of Debt	\$	

TOTAL NON-MORTGAGE DEBT \$ _____

I. Total Estate Value (not including insurance)

Total Cash Value (Sec. B, pg. 7)	\$
Total Retirement Value (Sec C, pg. 8)	\$
Total Stocks & Bonds Value (Sec. D, pg. 9)	\$
Total Real Estate Value (Sec. E, pg. 10)	\$
Total Valuable Items Value (Sec. F, pg. 10)	\$
Total Other Assets Value (Sec. G, pg. 11)	\$
TOTAL ASSETS VALUE (total of values B-G)	\$
TOTAL DEBT (subtract total Sec. H, pg. 11)	\$
TOTAL ESTATE VALUE	\$

SECTION 3: LIFE INSURANCE, GIFTS, AND INHERITANCES

A. Life Insurance

	Partner #1	Partner #2	Notes
Name of Insurance Company #1			
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased			
Owner's Name			
Insured's Name			
Face Value of Policy			
Cash Surrender Value			
Primary Beneficiary			
Contingent Beneficiary			
Name of Insurance Company #2			
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased			
Owner's Name			
Insured's Name			
Face Value of Policy			
Cash Surrender Value			
Primary Beneficiary			
Contingent Beneficiary			

	TOTAL DEATH BENEFIT OF LIFE INSURANCE	\$	_____
		<i>plus</i>	_____
+	ESTATE VALUE (from pg. 11)	\$	_____
=	TAXABLE ESTATE (for Federal and Washington State estate tax calculation)	\$	_____

B. Gifts and/or Inheritances

1. Are either of you or your children likely to receive any gifts or inheritances in the future? Yes

If yes, please describe:

No

2. Have either of you made gifts greater than \$15,000 to any person in a single calendar year? Yes

If yes, please name the donee, the date the gift was made, and the amount:

No

SECTION 4: YOUR HEIRS AND BENEFICIARIES

A. Your Estate Plan

Describe your estate planning objectives and priorities:

B. Beneficiaries You Will Name in Your Will

Whom do you want to inherit your property at your death? (Use Page 20 to list additional names.)

1. FIRST CHOICE(S) (often your partner):

Name #1: _____ Name #2: _____
Relationship to you: _____ Relationship to you: _____
Address: _____ Address: _____
What share (example 100%, 50%, etc.): _____ What share (example 100%, 50%, etc.): _____

2. SECOND (CONTINGENT) CHOICE(S) (often your children, if any) if First Choice(s) predecease(s) you:

Name #1: _____ Name #2: _____
Relationship to you: _____ Relationship to you: _____
Address: _____ Address: _____
What share (example 100%, 50%, etc.): _____ What share (example 100%, 50%, etc.): _____

Name #3: _____ Name #4: _____
Relationship to you: _____ Relationship to you: _____
Address: _____ Address: _____
What share (example 100%, 50%, etc.): _____ What share (example 100%, 50%, etc.): _____

C. Testamentary Trusts

1. If you name a child or young person as a beneficiary, do you want their share held in a Trust until they reach a certain age?

Yes

No

2. How old should the beneficiary be when the Trust terminates?

Please indicate your choice for Trustee on page 16.

D. Disability of Heirs

1. Are any of your beneficiaries disabled or receiving government benefits?

Yes

If yes, please name them:

No

E. Disinheritance

1. Are you leaving nothing to one or more of your children?

Yes

If yes, please name them:

No

F. Specific Bequests (Gifts)

Do you want to leave money or a specific item to someone? For example, "\$5,000 to my cousin Bob," or, "My PT Cruiser to Sue."

Person / Age	Current Address	Item

G. Other Family Members

Other family members who are not part of your estate plan (parents, siblings, etc.). List disinherited children in Sec. E, above.

Name	Relationship to You
Name	Relationship to You
Name	Relationship to You

SECTION 5: EXECUTOR, TRUSTEES, AND GUARDIAN NAMES

Information	Partner #1	Partner #2	Notes
Executor/Personal Representative <u>First Choice</u>	Name:	Name:	This person manages the probate process after your death. NOTE: Please consider who you may name as third choice/ second alternate, including the option of a professional fiduciary.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
Executor/Personal Representative <u>Second Choice</u>	Name:	Name:	NOTE: Please consider who you may name as third choice/ second alternate, including the option of a professional fiduciary.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
Trustee (if applicable) <u>First Choice</u>	Name:	Name:	This person manages trust funds for beneficiaries, often a child, after your death. NOTE: Please consider who you may name as third choice/ second alternate, including the option of a professional fiduciary.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
Trustee (if applicable) <u>Second Choice</u>	Name:	Name:	NOTE: Please consider who you may name as third choice/ second alternate, including the option of a professional fiduciary.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	

Guardian of Minor Children (if applicable) <u>First Choice</u>	Name:	Name:	The custodian and decision-maker for your minor children and/or grandchildren if you are incapacitated or after your death.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
Guardian of Minor Children (if applicable) <u>Second Choice</u>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	

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SECTION 6: OTHER ESTATE PLANNING DOCUMENTS

Information	Partner #1	Partner #2	Notes
<p align="center">Financial Power of Attorney</p> <p align="center"><u>First Choice</u></p>	Name:	Name:	This person will manage your financial affairs while you are alive, if you become incapacitated.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
<p align="center">Financial Power of Attorney</p> <p align="center"><u>Second Choice</u></p>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
<p>Should the Financial Power of Attorney be effective <u>immediately</u> or only upon your <u>disability</u>?</p> <p>(Please check one)</p>	<input type="checkbox"/> Effective Immediately	<input type="checkbox"/> Effective Immediately	"Effective immediately" means your nominee has authority to act at your direction or on your behalf as soon as you sign. "Effective upon disability" means that a physician must certify that you are incapacitated before your nominee can act.
	<input type="checkbox"/> Effective on Disability	<input type="checkbox"/> Effective on Disability	
<p align="center">Health Care Power of Attorney</p> <p align="center"><u>First Choice</u></p>	Name:	Name:	This person will make health care decisions for you if you are unable to make those decisions.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
<p align="center">Health Care Power of Attorney</p> <p align="center"><u>Second Choice</u></p>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	

Information	Partner #1	Partner #2	Notes
Nomination Of Guardian Of Person & Estate Of Minor Child	Name:	Name:	If you have children and/or grandchildren under the age of 18, this document allows you to name a person to make decisions for your minor child and/or grandchild while you are alive but disabled.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
Do you want a Health Care Directive ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	A Health Care Directive documents your instructions about life-sustaining treatment at the end of life, if you can't communicate.
Burial/Cremation Arrangements (Please choose one)	<input type="checkbox"/> Full Body Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hydro Cremation (Alkaline Hydrolysis) <input type="checkbox"/> Human Composting <input type="checkbox"/> No Preference	<input type="checkbox"/> Full Body Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hydro Cremation (Alkaline Hydrolysis) <input type="checkbox"/> Human Composting <input type="checkbox"/> No Preference	Disposition of remains instructions.
Who should make the funeral/memorial arrangements?	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
	Phone:	Phone:	
	Email:	Email:	
If you own a cemetery plot or crypt, or a prepaid funeral plan, provide details here.			

SECTION 7: OTHER INFORMATION

Is there any additional information we should know?

- family members from whom you are estranged
- paternity issues
- charities you wish to name in your Will, if not previously listed
- special needs of any of your beneficiaries
- provisions for care of pets
- auto/home Insurance – limits of liability
- stored frozen genetic material