



ESTATE PLANNING QUESTIONNAIRE – SINGLE PERSON

SECTION 1: PERSONAL INFORMATION

Additional writing space is available on Page 18.

Date you Completed Form: _____

Information	Answer	Notes
Your complete legal name (include middle initial)		
Other names used (nicknames/birth name)		
Pronouns		
Home Address		
Mailing Address (if different from home address)		
Cell Phone		
Home Phone		
Work Phone		
Personal Email Address *		
Parents' Names		
Birth Date & Birth Place		
Last 4 digits of SSN		
Citizenship		
Current Health Status		
Occupation		
Employer		
Years residing in Washington		

* It is advisable to use a personal email address (rather than work) for attorney/client communication.

Former Unions: Marriages and Registered Domestic Partnerships

Information	Answer	Notes
Name of Former Spouse or Partner		
Date and Place of Union		
Date and Place of Termination		
Terminating Event (Dissolution or Death)		
Is any alimony or maintenance owed?		
Is any child support owed?		

If you have an additional former union, add information to Page 18.

Are you required to maintain life insurance for the benefit of a former spouse, partner, or children? Yes

If yes, provide details: No

If you pay or receive maintenance or child support, does the obligation continue after your death? Yes

No

Are you in a Committed Intimate Relationship? If so, for how long? Yes

No

Retirement

When do you plan to retire?

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

Your Children

Information	Please list additional (grand)children on page 18	Notes
<p>Living children</p> <p>Please provide child's full name with middle initial, pronouns, birth date, other parent's name, and child's current address.</p>	Child's Name #1:	
	Birth Date:	
	Other Parent's Name:	
	Current Address:	
	Child's Name #2:	
	Birth Date:	
	Other Parent's Name:	
	Current Address:	
	Child's Name #3:	
	Birth Date:	
	Other Parent's Name:	
	Current Address:	
Deceased child	Child's Name:	
	Birth Date:	
	Other Parent's Name:	
	Date of Death:	
Grandchildren	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 you give financial support to any person? If yes, please provide details.

Yes

No

Existing Documents You May Have Signed

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

Document	Date Signed	In what state?
Will		
Financial and/or Medical Power of Attorney		
Living Trust		

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

Yes

If yes, list type of document (partnership, LLC, etc.) and the date it was 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?

Yes

If yes, describe:

No

4. Provide any additional details below:

SECTION 2: YOUR CURRENT ASSETS

A. 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) \$ _____

B. 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"/>

TOTAL RETIREMENT ASSETS (FROM THIS PAGE) \$ _____

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

C. Stocks & Bonds (Not Retirement Accounts)

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
	VALUE: <input type="text"/>

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
	VALUE: <input type="text"/>

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
	VALUE: <input type="text"/>

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
	VALUE: <input type="text"/>

Name(s) on Account	
Fund/Investment Name	
Broker Name & Phone	
Account Number (last 4 digits only)	
	VALUE: <input type="text"/>

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 \$ _____

E. 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 \$ _____

F. 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 you hold:

TOTAL VALUE OTHER ASSETS \$ _____

G. 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 \$ _____

H. Total Estate Value (not including insurance)

Total Cash Value (Sec. A, pg. 5)	\$ _____
Total Retirement Value (Sec B, pg. 6)	\$ _____
Total Stocks & Bonds Value (Sec. C, pg. 7)	\$ _____
Total Real Estate Value (Sec. D, pg. 8)	\$ _____
Total Valuable Items Value (Sec. E, pg. 8)	\$ _____
Total Other Assets Value (Sec. F, pg. 9)	\$ _____
TOTAL ASSETS VALUE (total of values A-F)	\$ _____
TOTAL DEBT (subtract total Sec. G, pg. 9)	\$ _____
TOTAL ESTATE VALUE	\$ _____

SECTION 3: LIFE INSURANCE, GIFTS, AND INHERITANCES

A. Life Insurance

	Answer	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	
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	
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	\$	_____
+	NET WORTH (from page 9)	<i>plus</i>	\$ _____
=	TAXABLE ESTATE (for Federal and Washington State estate tax calculation)	\$	_____

B. Gifts and/or Inheritances

1. Are you or your children likely to receive any gifts or inheritances in the future? Yes
 If yes, please describe: No

2. Have 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 18 to list additional names.)

1. FIRST CHOICE(S) (family, friends, charities, etc.):

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) 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 14.

D. Disability of Heirs

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

Yes

If yes, name them:

No

E. Disinheritance

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

Yes

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

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

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SECTION 6: OTHER ESTATE PLANNING DOCUMENTS

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

Information	Answer	Notes
Guardian of Minor Children	Name: Relationship: Age: Current Address: Phone: Email:	The custodian and decision-maker for your minor children and/or grandchildren if you are incapacitated or after your death.
Do you want a Health Care Directive ?	<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)	Full Body Burial Cremation Hydro Cremation (Alkaline Hydrolysis) Human Composting No Preference	Disposition of remains instructions.
Who should make the funeral/memorial arrangements?	Name: Relationship: Age: Current Address: Phone: Email:	
If you own a cemetery plot or crypt, or a prepaid funeral plan, provide details here.		
If you have made any organ donation or anatomical gift arrangements, 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