

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> <p>Relationship:</p> <p>Age:</p> <p>Current Address:</p> <p>Phone:</p> <p>Email:</p>	<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> <p>Relationship:</p> <p>Age:</p> <p>Current Address:</p> <p>Phone:</p> <p>Email:</p>	<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> <p>Relationship:</p> <p>Age:</p> <p>Current Address:</p> <p>Phone:</p> <p>Email:</p>	<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> <p>Relationship:</p> <p>Age:</p> <p>Current Address:</p> <p>Phone:</p> <p>Email:</p>	<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