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**Confidential estate planning information**

Please fill this out as best you can. If you have any questions, you can e-mail me, or we will discuss them at our meeting. Please use additional pages as needed. At the end of this questionnaire is a list of documents I would like you to bring to the meeting, if possible. You can return this document to me in advance of the appointment, or bring it with you.

\* **Name of person completing this form:** \_\_\_\_\_

**I. PERSONAL**

**Client 1**

**Client 2**

Full Name \_\_\_\_\_

Other names, nicknames \_\_\_\_\_

How would you like your name to appear in your documents? \_\_\_\_\_

Home address \_\_\_\_\_

Billing address (if different) \_\_\_\_\_

County of Residence \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital status \_\_\_\_\_

Marriage place and date \_\_\_\_\_

Referred to office by: \_\_\_\_\_

**II. PRIOR MARRIAGES, IF ANY**

Name of former spouse \_\_\_\_\_

Date of Marriage \_\_\_\_\_

Marriage terminated by death or divorce \_\_\_\_\_

Date marriage terminated \_\_\_\_\_

List any financial obligations to former spouse/partner or child support. If any such obligations are contained in the dissolution decree, please provide a copy.

Please note: If you have been previously married more than once, please provide all requested information for any additional spouse/partners on a separate sheet.

**III. CHILDREN**

Please include any adopted children under the applicable categories and indicate that they are adopted. Also, please indicate if any children are deceased.

List all children from your current marriage/relationship, providing their names, & dates of birth.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all children from any previous marriage or relationship, providing their names, names of the other parent, & dates of birth. (**Important:** If you have children whom you do not want to inherit your estate, it is important to make that clear).

Client 1 \_\_\_\_\_

Client 2 \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**IV. DEPENDENTS**

Are there any persons, other than minor children, who are partially or wholly dependent upon either you or your spouse/partner for support now or possibly in the future? If so, please list their name and address and describe the nature of the relationship

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**V. OTHER IMMEDIATE FAMILY MEMBERS**

List the names and relationship of parents, siblings, grandchildren, etc.

Client 1 \_\_\_\_\_

Client 2 \_\_\_\_\_

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**VI. TRUSTS**

Do you currently receive income from a trust? Yes \_\_\_\_\_ No \_\_\_\_\_

Does any family member expect to be named a beneficiary or remainderman to a trust? If so, please describe

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**VII. INSURANCE**

For any life insurance policy for either spouse/partner, please indicate the name of the policy holder and the following information:

Name of Company(ies), Type of Insurance, Amount and Cash Surrender Value, Owner of policy, Designated Primary and Contingent Beneficiary(ies)

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For any **long term care** policies in existence for either spouse/partner, indicate the name of the insured and the following information: Name of Company, Effective date of policy, extent of coverage.

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**VIII. ASSETS IN JOINT TENANCY WITH RIGHT OF SURVIVORSHIP (JTROS)**

Do you own any real or personal property as joint tenants with your spouse/partner or third parties (i.e. bank accounts or real estate with more than one owner)? If so, please explain.

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**IX. IRA, 401K, PENSION OR OTHER RETIREMENT BENEFITS**

**Important: If you are unsure who is named as beneficiary, contact your plan and ask for a copy of your beneficiary form. The beneficiary designation, not your will, controls who will receive this asset.**

**CLIENT 1** \_\_\_\_\_

Plan	Approximate Balance	Primary and Contingent beneficiaries
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**CLIENT 2** \_\_\_\_\_

Plan	Approximate Balance	Primary and Contingent beneficiaries
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**X. GIFTS OR INHERITANCES**

Are either you or your spouse/partner likely to receive any gifts or inheritances? If so, please describe:

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Do either you or your spouse/partner make, or intend to make, regular gifts to any person? If so, please describe

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**XI. ASSET AND LIABILITY SCHEDULE**

<b>Asset</b>	<b>Client 1</b>	<b>Client 2</b>	<b>Jointly with Spouse</b>	<b>Jointly with Others</b>
Real Estate (Primary Residence)				
Real Estate (Other - specify)				
401K or retirement benefits				
IRA accounts				
Checking/savings/other monetary accounts				
Marketable Securities				
Life Insurance (Amount payable on death)				
Miscellaneous property (boats, antiques, furniture, art, jewelry)				
Other				
<b>Total Assets</b>				
<b>Liabilities</b>				
Mortgage or Deed of Trust or other amounts owed on real property				
Other Loans from Financial Institutions				
Credit cards				
Other liabilities				
<b>Total Liabilities</b>				
<b>Net Worth (Assets - Liabilities) =</b>				

\*Do you own any Real Property located outside of the state of Washington? \_\_\_\_\_

**XII. WILL PROVISIONS**

**Personal Representative (Executor) Who do you want to administer your estate?**

**CLIENT 1** \_\_\_\_\_

**CLIENT 2** \_\_\_\_\_

First choice: \_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

(optional): \_\_\_\_\_

\_\_\_\_\_

**Guardianship for minor children.** If you die before your children reach the age of eighteen, who do you wish to serve as their guardian? If you are naming a couple, do you want to specify that they be married at the time the will takes effect?

**CLIENT 1**

**CLIENT 2**

First choice: \_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Alternate \_\_\_\_\_

\_\_\_\_\_

(optional): \_\_\_\_\_

\_\_\_\_\_

**Distribution of estate: To whom do you want to leave your estate?**

**CLIENT 1**

**CLIENT 2**

Everything to spouse/partner? \_\_\_\_\_

\_\_\_\_\_

Everything to children equally? \_\_\_\_\_

\_\_\_\_\_

Everything to: \_\_\_\_\_

\_\_\_\_\_

If spouse/partner dies before you, to children in equal shares? \_\_\_\_\_

\_\_\_\_\_

If spouse/partner dies before you, to: \_\_\_\_\_

\_\_\_\_\_

If children die before you, to their children, or to your surviving children, or other? \_\_\_\_\_

\_\_\_\_\_

If all your descendants were to die before you, would you want your estate to go to other relatives, or to a charitable? \_\_\_\_\_

\_\_\_\_\_

Specific gifts of money or property? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**NOTE RE: CHARITABLE ORGANIZATIONS:** Please verify the **exact name** of the 501(c)(3) organization by going to [www.irs.gov](http://www.irs.gov), and "search for charities" or call the IRS (toll free) at 1-877-829-5500, or ask the charity for their IRS letter recognizing it as tax-exempt. Most charities can give you a letter explaining various options for your donation. If necessary, specify a city or address.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want funds to go to a successor organization, if charity ceases to exist? \_\_\_\_\_

**Testamentary Trust.** If you wish, you can create a testamentary trust in your Will to become effective upon your death, such as to ensure the well-being of your minor children, finance their education, provide on-going care for a pet, or achieve other goals. If you would like to discuss the idea of a trust, please indicate below.

For children, grandchildren, other? \_\_\_\_\_

First choice for Trustee: \_\_\_\_\_

Alternate Trustee: \_\_\_\_\_

Until what age? \_\_\_\_\_

Other terms? \_\_\_\_\_

**XIII. PROPERTY AGREEMENTS**

Have you ever executed a community property agreement? \_\_\_\_\_

Do you have a prenuptial or postnuptial agreement? \_\_\_\_\_

Have you ever executed any other agreements between spouse/partners regarding your property?

\_\_\_\_\_

**XIV. GENERAL DURABLE POWER OF ATTORNEY**

A General Durable Power of Attorney authorizes a person to take charge of your affairs (known as your "attorney-in-fact"). The power of attorney can be effective immediately, or upon proof of incapacity.

Have you previously executed a General Durable Power of Attorney? \_\_\_\_\_

**CLIENT 1** \_\_\_\_\_

**CLIENT 2** \_\_\_\_\_

First choice: \_\_\_\_\_

\_\_\_\_\_

Alternate: \_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Alternate  
(optional): \_\_\_\_\_

\_\_\_\_\_

Do you want it to be effective immediately, or only when you are incapacitated?

\_\_\_\_\_

**XV. DURABLE POWER OF ATTORNEY FOR HEALTH CARE (HEALTH CARE AGENT)**

The Durable Power of Attorney for Health Care authorizes the designated Health Care Agent to authorize or withhold medical care if you are unable to do so yourself. The person so designated should be a person with whom you have discussed issues such as use of medical means to prolong your life artificially

Have you previously executed a Durable Power of Attorney for Health Care? \_\_\_\_\_

Do you want to name the same individuals as for DPOA-Finances? If not, fill in below:

**CLIENT 1** \_\_\_\_\_

**CLIENT 2** \_\_\_\_\_

**First choice:** \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

**Alternate:** \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Are there any family members who you are concerned would not respect your wishes? \_\_\_\_\_

\_\_\_\_\_



**XVI. ADVANCE DIRECTIVE TO PHYSICIANS (LIVING WILL).** An advance directive (“living will”) clarifies a person’s wishes regarding life-sustaining treatment in circumstances such as imminent death, coma, permanent and severe brain damage, or any other condition important to you.

Would you like me to draft an advance directive? \_\_\_\_\_

Specific wishes or concerns regarding end-of-life decisions \_\_\_\_\_

Are there any family members that you would not wish to be consulted regarding implementation of your Advance Directive?

\_\_\_\_\_  
\_\_\_\_\_

**XVII. DECLARATION RE: ANATOMICAL GIFTING/DISPOSITION OF REMAINS**

In Washington, a person has the right to control the disposition of his or her own remains without the pre-death or post-death consent of another person.

Would you like me to draft such a declaration? \_\_\_\_\_

Burial or cremation? \_\_\_\_\_

Organ donor? \_\_\_\_\_

Own a \*burial plot/have pre-arrangements at \_\_\_\_\_

Remains released to? \_\_\_\_\_

Member of Peoples Memorial or other similar assoc? \_\_\_\_\_

Other instructions? \_\_\_\_\_

\* If you own a burial plot or have made pre-arrangements, please provide us a copy of the paperwork.

**XVIII. OTHER**

Is there any other information that you think may be important in planning your estate that I have not addressed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make a note of any questions you want to make sure we discuss

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Checklist of documents to bring (if readily available - we can discuss any documents that can't be located):**

- Existing will, or copy, if any
- Existing Powers of Attorney, if any
- Existing Advance Directive to Physicians, if any
- Trust Document(s), if any
- Community Property Agreement or any other property agreements between spouse/partners, if any