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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.

Date: _____ ***Person completing this form:** _____

1. 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: _____

2. 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.

3. 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 _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. 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

5. OTHER IMMEDIATE FAMILY MEMBERS

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

Client 1 _____

Client 2 _____

6. 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

7. 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)

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.

8. 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.

9. 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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10. GIFTS OR INHERITANCES

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

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

11. ASSET AND LIABILITY SCHEDULE

Asset	Client 1	Client 2	Jointly with Spouse	Jointly with Others
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				
Total Assets				
Liabilities				
Mortgage or Deed of Trust or other amounts owed on real property				
Other Loans from Financial Institutions				
Credit cards				
Other liabilities				
Total Liabilities				
Net Worth (Assets - Liabilities) =				

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

12. WILL PROVISIONS

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

CLIENT 1 _____

CLIENT 2 _____

First choice: _____

Alternate: _____

2nd 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: _____

2nd 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, 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? _____

13. 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?

14. 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: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Alternate: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

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

15. 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, please 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? _____

16. 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?

17. 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 _____

Person responsible for making arrangements: _____

Alternate: _____

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.

18. 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