

ESTATE PLANNING ANALYSIS

(Please print carefully as it is easy for spelling errors to occur if the information is not legible.)

TODAY'S DATE: _____

PERSONAL INFORMATION

Are you a member of any legal services insurance plan, such as ARAG? _____.

If so, name the plan and your plan ID number.

CLIENT Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Business Phone: _____

_____ Fax Number: _____

US Citizen? ___ Yes ___ No If not, identify country of citizenship _____

Length of domicile in Washington state: _____

Employer's Name and Address: _____

SPOUSE Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Business Phone: _____

_____ Fax Number: _____

US Citizen? ___ Yes ___ No If not, identify country of citizenship _____

Length of domicile in Washington state: _____

Date & Place of Marriage: _____

Employer's Name and Address: _____

LIVING CHILDREN

(Include all adopted & naturally-born children, and please include date of birth)

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

DECEASED CHILDREN

List the names of deceased children who have living descendants.

CHILD 1

CHILD 2

Name: _____

Date of Birth: _____

Parents (Husband, Wife, or Both): _____

Number of Grandchildren: _____

Age of Youngest: _____ Age of Oldest: _____ Age of Youngest: _____ Age of Oldest: _____

GRANDCHILDREN

(Complete if grandchildren are to be beneficiaries)

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

YOUR PARENTS (HUSBAND)

Name: _____
Current Residence City / State

Date of Birth: _____

Name: _____
Current Residence City/State

Date of Birth: _____

YOUR PARENTS (WIFE)

Name: _____
Current Residence City/State

Date of Birth: _____

Name: _____
Current Residence City/State

Date of Birth: _____

OTHER PERSONS WHO WILL BE BENEFICIARIES

PERSON 1

PERSON 2

PERSON 3

Name: _____

Address: _____

Relationship to you: _____

If a married couple, designate one of you as the “Client” and the other as the “Spouse”

APPOINTMENTS FOR CLIENT

(We will discuss some thoughts on these appointments during our initial meeting)

AGENT UNDER FINANCIAL POWER OF ATTORNEY: The Agent would be responsible for managing your assets if you could not, due to disability or incapacity. You would name your spouse here as your primary choice in most instances. Who should be named to handle your financial affairs if you cannot?

NAME

RELATIONSHIP

CITY & STATE

TRUSTEE: If you are going to have a living trust or a tax planning trust for a surviving spouse, the Trustee would manage your assets if you could not, due to incapacity or death. Who should be named to handle your trust if you cannot?

NAME

RELATIONSHIP

CITY & STATE

PERSONAL REPRESENTATIVE: The Will names a Personal Representative to administer the estate. (The “Personal Representative” is also sometimes referred to as the “executor” or “administrator.”) Most people name their spouse as the primary Personal Representative, with a child, relative, friend, or corporate trustee as alternates.

NAME

RELATIONSHIP

CITY & STATE

HEALTH CARE AGENT: Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission, if you were unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

NAME

RELATIONSHIP

CITY & STATE

_____	_____	_____
_____	_____	_____

GUARDIAN: If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve. Guardianship of a minor typically ends at age 18.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUSTEE FOR CHILDREN OR YOUNG DESCENDANTS: If you are going to have a trust to handle financial matters for any minor child or young descendant, who should this be? (This might be a family member or possibly a bank or trust company.) We will want to discuss this further with you at our initial meeting.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPOINTMENTS FOR CLIENT’S SPOUSE
IF DIFFERENT FROM CLIENT**

*NOTE, we usually recommend persons handling your financial matters be the same for husband and wife because of our community property laws.

AGENT UNDER FINANCIAL POWER OF ATTORNEY: The Agent would be responsible for managing your assets if you could not, due to disability or incapacity. Who should be named to handle your financial affairs if you cannot?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____

TRUSTEE: If you are going to have a living trust, the Trustee would manage your assets if you could not, due to incapacity or death. Who should be named to handle your trust if you cannot?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REPRESENTATIVE: The Will names a Personal Representative to administer the estate. (The “Personal Representative” is also sometimes referred to as the “executor” or the “administrator.”) Most people name their spouse as primary personal representative, with a child, relative, friend, or corporate trustee as alternates.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH CARE AGENT: Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission, if you were unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor, trustee or personal representative as your health care agent(s).

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUSTEE FOR CHILDREN OR YOUNG DESCENDANTS: If you are going to have a trust for any minor child or young descendant, who should this be? (This might be a family member or possibly a bank or trust company.)

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUESTIONS TO CONSIDER

To whom do you want your property to pass at your death?

CLIENT:

If client dies before spouse:

Personal Property:

Home:

Other:

If client dies after spouse:

Personal Property:

Home:

Other:

SPOUSE:

If spouse dies before client:

Personal Property:

Home:

Other:

If spouse dies after client:
Personal Property:

Home:

Other:

ULTIMATE DISPOSITION: If you and your spouse and all of your children all perish in a common disaster, how would you want your estate to be distributed? This can include, by way of example, gifts to charities, bequests to your parents, or your siblings, or nieces and nephews, or anyone else you wish to leave your property to.

Are any beneficiaries you are naming minors, financially not yet mature, improvident, incapacitated, or are you concerned about a spouse of a beneficiary?

If so, do you want to discuss a trust for them?

At what age should the trust terminate for a young child or descendant?

Are there any special provisions you desire in the trust?

Do you wish to make any charitable gifts? _____ Yes _____ No If yes, identify charity and amount of the gift.

At first death:

At second death:

Even though you might not otherwise want to make gifts to charity, if your estate is subject to federal estate tax (*e.g.*, estates over \$2 million per person in 2006, 2007, and 2008, going up to \$3.5 million in 2009, and returning down to \$1 million in 2011), would you rather give to charity than to the IRS?

Do either of you have unusual problems or objectives to consider in your estate planning?

Are any persons (other than minor children) wholly or partially dependent upon either of you or will they be in the future?

Have either of you received, or do you expect to receive, significant assets through gift or inheritance? If you have already received any such assets, have they been segregated from your other assets?

Have either of you acquired property while living outside the State of Washington?

Did either of you own significant assets at the time of your marriage?

What support or other obligations exist (either due to you or owed by you) by reason of a prior marriage?

Does a prior divorce decree require you to leave any insurance proceeds or any other asset to a child or former spouse?

Does any former spouse own any interest in any retirement benefits you have?

Have you made any gifts with a value in excess of \$10,000.00 to any one person in any one year at any time? If so, describe briefly and identify recipient and date of gift. (If so, indicate if you filed a gift tax return.)

Do you have a community or other property agreement or a prenuptial or postnuptial agreement? If so, describe it and bring it with you.

Are you the beneficiary of, or do you have any powers over, any trust?

Do you currently have a revocable (living) trust?

Do you want a Health Care Directive (also called a Living Will or an Advance Directive to Physicians), directing that you do not want measures that will only prolong your life if you are terminally ill or in a permanent coma?

ESTATE PLANNING ANALYSIS

PART II

FINANCIAL INFORMATION

REQUEST FOR FINANCIAL DATA

Because some people are concerned about disclosing financial information, we want to explain why it might be important for us to consider. We ask for the following financial information, including values, titling of assets, and beneficiary designations, so we can assure that your estate planning objectives expressed to us in this questionnaire can be achieved. This information then may be relevant in several different respects.

We like to have some idea of what assets you have and which assets may pass directly under your Will and which may pass outside of your Will, to assure that all of them pass in a manner consistent with your estate plan. For example, we try to identify those assets which may pass at your death outside of your Will (“non-probate assets”) (by way of illustration, those which will pass pursuant to a trust, community property agreement, joint tenancy designation or beneficiary designation under a life insurance policy, annuity, IRA, or other retirement plan) and then provide advice on any changes that may be desirable. One common example might be as follows: You have a minor child and in case neither of you survive, you wish to establish within your Will a Trust to handle financial matters for your young child. You own a \$100,000 life insurance policy. To have the proceeds pass in the best manner possible to the Trust for your child, if you are both gone, you do not want to designate your child as a beneficiary should your spouse not survive. Rather, the Trustee of the Trust to be established under your Will for your child should be named as a secondary beneficiary. A second example might be that you have added an adult child on a sizeable account as a “joint tenant.” You have done this only for convenience and without the intention that your child take this account on your death to the exclusion of your other children. To clarify your intention, we might suggest that you remove your child’s name as joint tenant and have the child noted as a signer on the account only as your “agent” under a power of attorney.

Another important reason we ask for financial information is to identify if your estate is of sufficient size such that estate taxes may be payable. If so, we then like to briefly provide you with information as to possible ways you might minimize such taxes. You can then make an informed decision on whether you wish to utilize any estate tax planning.

You may provide detailed financial information by furnishing us with copies of statements and other documents related to your assets as per the following questionnaire. Alternatively, if you prefer, it would be helpful when we meet with you if you would give us an overview of what assets you have and information as to how your assets are titled (e.g., is the deed to your home or brokerage account in your name or your spouse’s name, or both of you, as husband and wife, or as joint

**Husband alone (H), Wife alone (W), both as Joint Tenants(JT), Tenants in Common (TC), Community Property (CP) or Joint with Third Party (3rd Party)*

tenants with right of survivorship or otherwise, and so forth). We would also like to confirm the names of the persons you have designated as your beneficiaries on any life insurance policies, retirement benefits, or annuities. We would also like, at a minimum, to have a rough idea of your total net worth, the values of the retirement accounts for each of you, and the face value of any life insurance policy or annuity.

The following questionnaire may be a useful guideline to you in gathering your financial data. Please fill it out to the best of your ability and bring it with you to our initial meeting.

Date: _____

Checking, Savings, and Money Market Accounts

You might provide a copy of your most recent statement for each account.

Name of bank/institution	Type of Account	Owner(s)*	Balance
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

Certificates of Deposit

You might provide a copy of your most recent statement for each account.

Name of bank/institution	Maturity Date	Owner(s)*	Approx. Value
_____	_____	_____	\$_____
_____	_____	_____	\$_____
_____	_____	_____	\$_____

Mutual Funds and/or Brokerage Accounts

You might provide a copy of your most recent statement for each account.

Name of bank/institution	Account Number	Owner(s)*	Balance
_____	_____	_____	\$_____

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_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Stocks or Bonds

You might list all stock in which you hold the actual stock certificates.

Name of stock or bond	# of Shares	Owner(s)*	Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Real Estate

You might provide a copy of each deed.

Property Address	Owner(s)*	Market Value	Debt
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Mortgages and Deeds of Trust

You might wish to list all contracts, notes, and mortgages/Deeds of Trust for which you are the beneficiary. (For example, property you have sold on contract to a third party.) You may wish to provide copies of each.

Property Address	Owner(s)*	Name of Debtor	Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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Timeshares

You may wish to provide copies of the deed, if applicable.

Property Name and Address	Owner(s)*	Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Limited or General Partnerships

Name of Partnership	Owner(s)*	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Life Insurance

You may wish to provide a recent statement for each policy you own.

Insured	Company	Type**	Death Benefit	Beneficiary
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

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_____ \$ _____

_____ \$ _____

** Whole Life, Term, Group Policy

IRA Accounts and Other Retirement Accounts

You might provide a recent statement for each IRA or other retirement accounts you may own.

Name of Institution	Owner(s)*	Type **	Value	Beneficiary
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

** IRA, 401(k), Retirement Annuity, Retirement Account

Annuities

(Not part of a retirement plan)

Name of Institution	Owner(s)*	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

** Immediate Annuity or Deferred Annuity

**Husband alone (H), Wife alone (W), both as Joint Tenants(JT), Tenants in Common (TC), Community Property (CP) or Joint with Third Party (3rd Party)*

Business Interests

Name of Business	Type**	Owner(s)*	Percentage Ownership	Value
_____	_____	_____	_____ %	\$ _____
_____	_____	_____	_____ %	\$ _____

** Sole proprietorship (SP) or Corporation (Corp.) or Other.

Burial Plots

Name & Address of Burial Plot Location	Owner(s)*	Value
_____	_____	\$ _____
_____	_____	\$ _____

Other Assets

Approximate value of personal property \$ _____
(household goods, jewelry, vehicles, antiques, etc.)

Are you expecting any inheritances? _____

NET WORTH: If you added the value of all property owned by yourself and your spouse including real estate, personal property, bank accounts, stocks, bonds, IRAs and anything else you own *except* death benefits on life insurance, what is the approximate total value of the estate of yourself and your spouse? _____

What is the value of death benefits on life insurance:

Insuring
Husband _____

Insuring
Wife _____

**Husband alone (H), Wife alone (W), both as Joint Tenants(JT), Tenants in Common (TC), Community Property (CP) or Joint with Third Party (3rd Party)*