

# ALBERTSON LAW GROUP, P.S.

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## Estate Planning Questionnaire

### *Instructions:*

- Please fill out this questionnaire as completely as possible and return it to our office before your initial appt. or bring it with you when you meet with the attorney (if you are unable to complete the questionnaire, the attorney will assist you during your initial consultation).
- The information that you provide is **confidential** and will not be shared without your permission.
- Please fill in the full legal names of all people listed in the questionnaire (even if the person will not be specifically mentioned). Please do not use nicknames unless specifically requested.
- Please remember, you can always change the options you write in this questionnaire during the drafting process or by amending your documents after you have signed them.
- This is a generic questionnaire so if questions do not apply to you, write N/A.
- Please think about who you would like to name as your personal representative, your successor trustees and guardians for your children if appropriate.
- If you need more room, please write on the back or use the space provided in the on the last page.

Your documents will be based on the information you provide. To that end, please read and sign the following statement:

I understand that my Estate Plan will be based on the information provided herein. I further understand that my responses to the questionnaire are confidential and will not be shared without my permission. I affirm that the information provided herein is full, complete and accurate to the best of my present knowledge.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

### **How Can We Best Serve You?**

Have you met with an Albertson Law Group, P.S. attorney before? Yes  No

If yes, who did you meet with and when? \_\_\_\_\_

How did you hear about our firm? Professional Referral  Newspaper  Mailing  Internet  Radio

Friend or Family Referral  Other \_\_\_\_\_

If referred, who referred you? . \_\_\_\_\_

Your Email addresses \_\_\_\_\_

**PART I: PERSONAL INFORMATION**

*If possible, please use full legal names (first, full middle and last) when asked for names.*

Client 1: Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Nickname: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  If not, what is your nationality? \_\_\_\_\_

Client 2: Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Nickname: \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  If not, what is your nationality? \_\_\_\_\_

**Contact Information**

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County:  King  Snohomish  Pierce  Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Fax: \_\_\_\_\_

C1 Cell: \_\_\_\_\_ C2 Cell: \_\_\_\_\_

C1 Email \_\_\_\_\_ C2 Email \_\_\_\_\_

**Employment**

Client 1: Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you retired? Yes  No  Occupation now or prior to retirement: \_\_\_\_\_

Address: \_\_\_\_\_

Client 2: Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you retired? Yes  No  Occupation now or prior to retirement: \_\_\_\_\_

Address: \_\_\_\_\_

**Marital Status**

Married  Single  Divorced  Widowed  Life Partnership

If Married: Date of Marriage: \_\_\_\_\_ State where Married: \_\_\_\_\_

Prior Marriages: (include name of former spouse and date marriage ended.)

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

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

**PART II: FAMILY INFORMATION (please use full names including the middle name)**

Information about your Children:

Oldest child *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

*For additional children, please use the last page of the Questionnaire*

Do you have a family member with special educational, medical or financial needs? Yes  No

Are you related to any current clients of ours? Yes  No  If yes, whom? \_\_\_\_\_

**Client 1's Family:**

**Client 2's Family:**

Father: \_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

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

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

*If any family member is deceased, please write "dec" after his or her name.*

**PART III: FINANCIAL INFORMATION**

Please either complete this *or* attach a copy of your financial plan *or* personal financial statements *or* bring in copies or originals of your account statements.

*Use current Fair Market Value for each asset.*

<b>Liquid Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
1. Cash and Checking Accounts				
2. Savings Accounts				
3. Money-Market Funds				
4. Brokerage Accounts (not including IRA)				
5. Stocks not in brokerage accounts				
6. Bonds not in brokerage accounts				
7. Mutual Funds				
8. Certificates of Deposit				
9. Cash/Surrender value of life insurance				
10. Other: ( )				
11. <i>Total liquid Assets</i> <i>(add lines 1-10)</i>				
<b>Non-Liquid Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
12. Rental/Recreational Property (# )				
13. Home(s) (# )				
14. Loans made to others				
15. Value of Businesses (# )				
16. Death benefit of life insurance				
17. Other: ( )				
18. <i>Total Non-liquid Assets</i> <i>(add lines 12-17)</i>				
<b>Retirement Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
19. IRA'S				
20. Profit Sharing/pension/401(k) plans				
21. Other: ( )				
22. <i>Total Retirement</i> <i>(add lines 19-21)</i>				
<b>Personal</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
23. Cars				
24. Boats/Recreational Vehicles				
25. Furniture				
26. Household goods/Misc. Personal items				
27. Jewelry				
28. Collectibles				
29. <i>Total personal</i> <i>(add lines 23-28)</i>				
30. <b>Total Assets</b> <i>Add lines 11, 18, 22 and 29</i>				

<b>Debts</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
31. Credit Card Debt				
32. Consumer Debt				
33. Business Debt				
34. Home Mortgage				
35. Rental-Property Mortgage				
36. Other Debt ( )				
37. Total Debt (Add lines 31-36)				
<b>Net Worth</b>				
<i>Subtract amount on line 37 from amount on line 30</i>				

<b>Income Summary</b> <i>Please list All sources and amounts of monthly income</i>			
Source	Single	Client 1	Client 2
1.			
2.			
3.			
4.			

<b>Expected Inheritances</b> <i>(Best Estimates)</i>			
Source	Single	Client 1	Client 2
1.			
2.			
3.			

- Do you own real estate outside the state of Washington?  Yes  No  
 If yes, Where? \_\_\_\_\_
- Have you or your spouse given more than \$11,000 to one person in a single year?  Yes  No
- Have you ever filed federal gift tax returns?  Yes  No  
*If yes, please bring along copies of the returns.*
- Are you or your spouse a shareholder of any corporation classified as an "S" Corp.?  Yes  No
- Are you a beneficiary of a trust made by someone else?  Yes  No
- Do you have a marital property agreement of any kind?  Yes  No
- Do you have stock options?  Yes  No
- Do you have interests in partnerships?  Yes  No
- Are you involved in litigation?  Yes  No
- Do you expect to inherit in the next six months?  Yes  No
- Do you have any copyrights, patents or trademarks that you own?  Yes  No
- Do you own your own business?  Yes  No

**PART IV: Current Planning**

Please place a checkmark beside each document that you **currently** (before we begin work) have:

- Will
- Community Property Agreement
- Prenuptial Agreement
- Durable Power of Attorney
- Health Care Power of Attorney
- Living Will
- Irrevocable Trust(s) Please explain:
- Revocable Living Trust
- Written Financial Plan (Please bring in)
- Other: \_\_\_\_\_

**Advisor Information:**

**Attorney**

**Accountant**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

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**Insurance Agent**

**Financial Planner**

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

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

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\_\_\_\_\_

If necessary, may we contact your primary financial advisor to discuss your planning?  Yes  No

If necessary, may we contact your accountant to discuss your planning?  Yes  No

Of the financial advisors above, are there any you believe provide extraordinary service to you? If so, please put a star or two by their name.

**PART V: ESTATE PLANNING GOALS**

Please describe any special Estate Planning objectives and concerns you have:

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**PART VI: POINTS TO PONDER**

Below is a list of many of the things that concern people in their Estate Planning; it is here to help you think through some possible objectives. Please look these over and place a check mark beside any that may concern you.

**Children/Heirs**

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- Yes  No  Need Info      I have some concern about outright inheritances to my heirs, and would consider methods to protect them.
- Yes  No  Need Info      I have heirs/beneficiaries who are disabled and will need special provisions.
- Yes  No  Need Info      Some or all of my heirs are minors, and will need to have any assets managed for them, should they be too young.
- Yes  No  Need Info      I am concerned about leaving assets outright to my children. I would rather have the assets protected for a period of time.
- Yes  No  Need Info      I want to avoid possible challenges to my Estate Plan by disgruntled heirs.
- Yes  No  Need Info      I want to plan for my grandchildren.
- Yes  No  Need Info      I want to provide for charities.

**Estate Administration**

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- Yes  No  Need Info      I want to avoid probate and the associated costs, delays and hassle.

- Yes  No  Need Info I want to avoid public disclosure of the nature and extent of my assets and of the people or organizations to whom I want my assets distributed upon my death.
- Yes  No  Need Info I want to make sure my assets are properly titled.
- Yes  No  Need Info I want to be sure my spouse has access to my half of our estate if he or she needs it after I die.
- Yes  No  Need Info I want to be able to designate specific personal items for specific heirs, e.g., jewelry, etc.

### **Taxes**

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- Yes  No  Need Info I want to save estate taxes. (If the estate is over one million dollars, it will be subject to Federal estate taxes)
- Yes  No  Need Info I want to keep the proceeds of insurance on my life free from estate tax.
- Yes  No  Need Info I have excessive income, and would like to reduce my income tax burden.

### **Incapacity**

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- Yes  No  Need Info If I (or my spouse) become incapacitated, I want to provide for management of my affairs without a guardianship procedure (which is essentially a "living probate").

### **Asset Protection**

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- Yes  No  Need Info I want to protect against the possibility that assets will be lost if my spouse remarries after I die.
- Yes  No  Need Info I want to protect my half of our estate from my spouse's creditors after I die.
- Yes  No  Need Info I want to protect my assets from creditors while I am alive.

### **If You Own a Business**

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- Yes  No  Need Info I own a business and want there to be a smooth transition in the operation of the business when I die.
- Yes  No  Need Info I own a business and want my children to share equally in my estate, even though only one of them gets the business.
- Yes  No  Need Info I would like a review of the legal requirements for my business to be sure everything is in compliance.



**PART VII: ADVANCE PLANNING NOTES**

There are certain considerations in doing your estate planning. The following topics are designed to help you think in advance about issues that MAY come up in creating your plan. Although an attorney will go in great detail on these issues, the following worksheet is provided for you to begin your planning.

There will be several people you will need to appoint to positions of responsibility in your plan:

**1. Personal Representative/Trustee**

If you choose to use a Will as your primary estate tool, you will need to appoint a Personal Representative. This is the person we traditionally called your “Executor”. This person is to follow the instructions you have set out in your will. They will ensure all legal requirements are completed, including probate, if necessary, paying your income and estate taxes, selling property that will need to be liquidated, paying estate bills, and distributing property to the beneficiaries. If you decide to use a Living Trust in your planning, the same duties are carried out by a “Trustee”.

If you are married, your spouse is typically your PR or Trustee. However, if your spouse is not able to fulfill this role, the following people are your alternatives.

**Name of Primary Personal Representative/Trustee** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Alternate Personal Representative/Trustee** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**2. Attorney in Fact for Legal and Financial Matters**

When you create a power of attorney, this is the person who would be responsible for paying your bills, managing your finances, and taking care of any legal matters on your behalf, if you become incapacitated. This could be the same person as your Personal Representative, or a different person.

**Name of Primary Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Alternate Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**3. Attorney in Fact for Health Care Issues**

This person would be responsible for making health care decisions for you in the event you were unable to make them for yourself. This could be the same person as your attorney in fact for legal and financial matters, or a different person.

**Name of Primary Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Alternate Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**4. Guardian for the Children**

If you have children, and they are minors, you will need to appoint someone to be their guardian.

**Name of Primary Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Alternate Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**5. Distributing Your Estate**

Another important part of your planning will be determining how you would want your estate distributed. You will need to provide information on the following:

- a. Do you want to make specific monetary gifts to certain people? If yes, to whom? What would you want done with the distribution if they were to predecease you?

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

- b. Do you want to make gifts to charities or other non profit organizations? If yes, how much, and to whom?

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

c. To whom would you want to distribute your remaining assets?

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Are you or have you been in litigation or any other adversary proceedings? \_\_\_\_\_

If yes, with who? \_\_\_\_\_

Were others involved? \_\_\_\_\_

What were the circumstances of the matter? \_\_\_\_\_

**Additional Children:**

Next child *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_ Nickname: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

*If you still need more room, please use the back of this page.*

**Additional Information: (Please use the back of this page to continue):**

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