# ALBERTSON LAW GROUP, P.S.

**Attorneys and Counselors at Law**

## CLIENT QUESTIONNAIRE

*Filling out the Questionnaire*

- Your Information will be held in ***strictest confidence***.
- You should fill in the full legal names of all people listed in the questionnaire (even if the person will not be specifically mentioned). Please avoid the use of nicknames unless specifically asked for.
- Please remember, you can always change the decisions you make here 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, simply write in N/A.
- Please think about who you would like to name as personal representatives, successor trustees and guardians of children as appropriate.
- If you need more room, please write on the back or use the space provided in the Appendix.

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 protected by the attorney-client privilege and will be held in utmost confidence. With these understandings, I affirm that the information provided herein is full, complete and accurate to the best of my present knowledge.
>
> Dated: ______________ Signed: ________________________________________
>
> Dated: ______________ Signed: ________________________________________

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# CLIENT QUESTIONNAIRE

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

**PART I: PERSONAL INFORMATION**

Client 1: Name:______________________________

Birth date:__________ SSN:__________ Nickname:______________

If not a US Citizen, what is your citizenship?______________________

Client 2: Name:______________________________

Birth date:__________ SSN:__________ Nickname:______________

If not a US Citizen, what is your citizenship?______________________

**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:__________________

E-mail:______________________________

**Employment**

Client 1: Employer:____________________ Phone Number:______________

Occupation:______________________________

Address:______________________________

If retired, occupation prior to retirement:______________________

Client 2: Employer:____________________ Phone Number:______________

Occupation:______________________________

Address:______________________________

If retired, occupation prior to retirement:______________________

**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

**Children:** Please note that "full name" includes full middle name. Please write "dec" after child's name if that child is deceased.

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:________________________________________________________

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?__________________

Are you related to any current clients of ours? __________________________________________________

| | **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.*

| **Liquid Assets** | 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. Total liquid Assets (add lines 1-10)* | | | | |
| **Non-Liquid Assets** | 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. Total Non-liquid Assets (add lines 12-17)* | | | | |
| **Retirement Assets** | Single Person | Community Property | Client 1 Separate | Client 2 Separate |
| 19. IRA'S | | | | |
| 20. Profit Sharing/pension/401(k) plans | | | | |
| 21. Other: ( ) | | | | |
| *22. Total Retirement (add lines 19-21)* | | | | |
| **Personal** | 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. Total personal (add lines 23-28)* | | | | |
| 30**. Total Assets** *Add lines 11, 18, 22 and 29* | | | | |

| **Debts** | 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)* | | | | |
| **Net Worth** | | | | |
| *Subtract amount on line 37 from amount on line 30* | | | | |

| **Income Summary** *Please list All sources and amounts of monthly income* | | | |
|---|---|---|---|
| Source | Single | Client 1 | Client 2 |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

| **Expected Inheritances** *(Best Estimates)* | | | |
|---|---|---|---|
| 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: MISCELLANEOUS INFORMATION

Who referred you to Albertson Law Group?____________________________________________

If you weren't referred, how did you hear about our firm?___________________________________

### Current Planning

*Please place a checkmark beside each document that you currently 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:______________________________
  ___________________________________

### Advisors

| | Attorney | Accountant |
|---|---|---|
| Name: | | |
| Firm: | | |
| Address: | | |
| City, State Zip: | | |
| Phone: | | |
| Fax: | | |
| E-mail: | | |

| | Insurance Agent | Financial Planner |
|---|---|---|
| Name: | | |
| Firm: | | |
| Address: | | |
| City, State Zip: | | |
| Phone: | | |
| Fax: | | |
| E-mail: | | |

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:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

## 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

☐ 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

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

☐ Yes ☐ No ☐ Need Info — I want to minimize the need for attorneys (even friendly ones!).

☐ 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 provide continuity in the management of my affairs before and after my death.

☐ Yes ☐ No ☐ Need Info — I want to make sure my assets are properly titled.

☐ Yes ☐ No ☐ Need Info — I want to make sure my papers, etc. are properly organized while I am alive, thereby lessening considerably the likelihood my loved ones will confront chaos once I have passed away.

☐ 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

☐ 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

☐ 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

☐ 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

☐ 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.

**General Financial Issues**

☐ Yes ☐ No — I am satisfied with my financial advisor

☐ Yes ☐ No — I am satisfied with the current return I am receiving on my investments.

☐ Yes ☐ No — I would like a referral to a financial advisor

☐ Yes ☐ No — I would like a referral to an accountant.

☐ Yes ☐ No — I am concerned about long term care costs, and would like to discuss options for protecting my estate in the event of a long term illness.

**NOTES AND CONCERNS:**

## 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 will come up in creating your plan. Although your attorney will go in great detail on these issues, the following worksheet is provided for you in the event you want to do some advance thinking.

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”. Their job is to follow the instructions you have set out in your will. They will make sure that 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.

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 your 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?

**APPENDIX**

**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:________________________________

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:**

| Topic | Information | |
|---|---|---|
| | | ☐ |
| | | ☐ |
| | | ☐ |
| | | ☐ |
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