

ALBERTSON LAW GROUP, P.S.

Attorneys and Counselors at Law

CHECK-UP 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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IRS CIRCULAR 230 DISCLOSURE. In compliance with requirements imposed by the IRS, we hereby notify you that, to the extent that this written communication addresses tax matters, it is not intended and cannot be used to avoid tax-related penalties under federal, state or local law.

CLIENT QUESTIONNAIRE

Although we may already have this information please help us keep our information current. 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 client 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				
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: ()				
<i>11. Total liquid Assets (add lines 1-10)</i>				
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: ()				
<i>18. Total Non-liquid Assets (add lines 12-17)</i>				
Retirement Assets	Single Person	Community Property	Client 1 Separate	Client 2 Separate
19. IRA'S				
20. Profit Sharing/pension/401(k) plans				
21. Other: ()				
<i>22. Total Retirement (add lines 19-21)</i>				
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				
<i>29. Total personal (add lines 23-28)</i>				
30. Total Assets <i>Add lines 11, 18, 22 and 29</i>				

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				
<i>Subtract amount on line 37 from amount on line 30</i>				

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

Expected Inheritances <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 ADVISORS

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.

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.