

ALBERTSON LAW GROUP, P.S.

Attorneys and Counselors at Law

SPECIAL NEEDS ESTATE PLANNING 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.
- This is a generic questionnaire so if questions do not apply, simply write in N/A.
- 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 the information I am providing will form the basis of any advice I receive from the attorney. 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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SPECIAL NEEDS ESTATE PLANNING QUESTIONNAIRE

PART I: PERSONAL INFORMATION

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

Your Name _____

Birth Date: _____ SSN: _____

Name you prefer to be called by: _____

Spouse/Partner's Name _____

Birth Date: _____ SSN: _____

Name your spouse/partner prefers to be called by: _____

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: _____

Your Marital Status

Married Registered Domestic Partnership Life Partnership Single Divorced Widowed

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: _____

Birth date: _____ Male Female

Related to: Both of you You Partner

Special Needs? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Child’s Spouse’s Name _____

First names of child’s children _____

Next child full Name: _____ Nickname: _____

Birth date: _____ Male Female

Related to: Both of you You Partner

Special Needs? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Child’s Spouse’s Name _____

First names of child’s children _____

Next child full Name: _____ Nickname: _____

Birth date: _____ Male Female

Related to: Both of you You Partner

Special Needs? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Child’s Spouse’s Name _____

First names of child’s children _____

For additional children, please use the last page of this questionnaire

Are you related to any current client of ours? Yes No Don’t Know

Name: _____

Your Family

Spouse/Partner's Family

Father _____
 Mother _____
 Siblings _____

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

PART III: FINANCIAL SUMMARY

Please either complete this or attach a copy of your financial plan or personal financial statement. ESTIMATES ARE JUST FINE

	Yours	Partner/Spouse's	Joint
Cash/Checking/Savings/CD	\$ _____	\$ _____	\$ _____
Investment Accounts	\$ _____	\$ _____	\$ _____
IRA/401(k)	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
Business	\$ _____	\$ _____	\$ _____
Primary Residence	\$ _____	\$ _____	\$ _____
Vacation Residence	\$ _____	\$ _____	\$ _____
Rental real estate	\$ _____	\$ _____	\$ _____
Rental	\$ _____	\$ _____	\$ _____
Other Real Estate (# _____)	\$ _____	\$ _____	\$ _____

Life Insurance

Policy #1 Term Whole life
 Death Benefit \$ _____
 Cash Value \$ _____

Policy #2 Term Whole life
 Death Benefit \$ _____
 Cash Value \$ _____

PART IV: INFORMATION ON YOUR SPECIAL NEEDS CHILD:

Name of Child _____

If not a US Citizen, what is citizenship? _____

Veteran? Yes No If yes, dates of active duty and branch: _____

Residential Address: Same as mine _____

City: _____ State: _____ Zip: _____

County: King Snohomish Pierce Other _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Fax: _____

C1 Cell: _____ C2 Cell: _____

E-mail: _____

Married Single Divorced Widowed Life Partnership

If Married: Date of Marriage: _____ State where Married: _____

DISABILITY

Please explain the nature of this person's disability, including any pertinent diagnosis

Is the special needs child currently in a group home or facility? Yes No:

Please list any government benefits your child is currently receiving

Is there a current guardianship established for your special needs child? Yes No

PART VII: YOUR ADVISORS

Financial Planner _____

Address _____

Telephone _____

Email _____

If necessary, may we discuss your planning with this advisor? Yes No

Accountant _____

Address _____

Telephone _____

Email _____

If necessary, may we discuss your planning with this advisor? Yes No

Life Insurance Agent _____

Address _____

Telephone _____

Email _____

If necessary, may we discuss your planning with this advisor? Yes No

