

CONFIDENTIAL ESTATE PLANNING DATA

Date: _____

****Please note: It is important that the information you provide (including the Net Worth Statement following) be as accurate as possible since we will be relying on its accuracy in making recommendations with regard to your estate planning.****

1. General Information

Client 1

Client 2

Name (list names as you want them in your documents)

	First	Middle	Last		First	Middle	Last
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Home Address

	Street		City	County	State	Zip
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Home Telephone _____

Business Telephone _____

Mobile/Cell Number _____

Email Address _____

Birthdate: _____

Years lived in Washington _____

Are you a U.S. Citizen? Yes____ No____

Yes____ No____

Date of Marriage _____

Prior Marriage Yes____ No____

Yes____ No____

Yes	No
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(a) Do you have:

(i) Will?

(ii) Community Property Agreement?

(iii) Prenuptial or Postnuptial Agreement?

(iv) Power of Attorney?

(v) Trust?

(b) Did either you or your spouse own a substantial amount of property prior to this marriage?

(c) Have either you or your spouse received any large gifts?

(d) Have either you or your spouse given any large (\$3,000 prior to 1981 and \$10,000 during or after 1982) gifts?

(e) Have either you or your spouse received an inheritance?

(f) Are you or your spouse the beneficiaries of a trust?

(g) Do you have long-term care insurance?

If your response is "yes," please bring copies of the documents to our first conference.

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2. Children It is vital that you name all children, even if they will not be beneficiaries (list names as you want them in your documents.)

	<u>First Child</u>	<u>Second Child</u>	<u>Third Child</u>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Name of child's Spouse	_____	_____	_____
	<u>Fourth Child</u>	<u>Fifth Child</u>	<u>Sixth Child</u>
Name	_____	_____	_____
Date of Birth	_____	_____	_____
Address	_____	_____	_____
	_____	_____	_____
Name of child's Spouse	_____	_____	_____

Please attach information for additional children.

	Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any deceased children?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have any stepchildren not listed above?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do any of your children receive (or likely to receive) any government assistance, i.e., SSI, where receiving assets outright will disqualify them for benefits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are any of your children disabled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have any of your natural children been adopted by anyone (including step parents)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have any of your grandchildren been adopted by their stepparents?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, do you wish to remember them in your estate planning?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does anyone else live in your home with you?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are you contributing to the support of anyone on a regular basis other than your minor children?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you been granted a "power of appointment" in anyone else's will, trust, etc.

3. Advisors:

Accountant/Tax Preparer _____

Investment Counselor _____

4. **Personal Representative:** Who will settle your estate (executor/personal representative)?

Your personal representative is responsible for settling the financial affairs of your estate including paying any final bills and distributing your assets in accordance with your will.

First choice: _____

Alternate: _____

5. **Trustee:** If any trust is created, who will be trustee?

Your trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including a divorce). Trusts can last for many years. Please consider this when selecting your trustee.

First choice: _____

Alternate: _____

6. **Guardian:** If you have minor children and you and your spouse die before they come of age, who will raise them (guardian of person)?

First choice: _____

Alternate: _____

7. **Attorney-in-Fact (Financial):** If you become disabled or incompetent, who will handle your affairs to include such things as signing documents on your behalf, providing for your support, maintenance, health, etc.?

First choice: _____

Alternate: _____

8. **Attorney in Fact (Health Care):**

The duties of a health care power of attorney include giving directions to health care providers regarding medical treatment and life sustaining procedures; access to medical records; and addressing your long-term care requirements.

First choice: _____

Alternate: _____

9. **Briefly state how you prefer to have your property distributed upon your death:** (If you want to make a charitable bequest, please give the official name and address of the charity)

Date: _____

ASSETS

LIABILITIES

Real Estate

Home (fair market value)	\$ _____	()
Vacation Home	\$ _____	()
Business	\$ _____	()
Other	\$ _____	()

Life Insurance

Total Death Benefit (Client 1)	\$ _____	()
Total Death Benefit (Client 2)	\$ _____	()

Cash in Bank

Checking account	\$ _____	()
Savings account	\$ _____	()
Other accounts	\$ _____	()
Other accounts	\$ _____	()

Retirement Plans

IRA (Client 1)	\$ _____	()
Is your IRA a Roth IRA? yes ___ no ___		
IRA (Client 2)	\$ _____	()
Is your IRA a Roth IRA? yes ___ no ___		
401K (Client 1)	\$ _____	()
401K (Client 2)	\$ _____	()
Other Retirement Plans	\$ _____	()

Other Investments

Stocks	\$ _____	()
Bonds	\$ _____	()
Mutual Funds	\$ _____	()
Annuities	\$ _____	()
Other: _____	\$ _____	()
_____	\$ _____	()
_____	\$ _____	()
_____	\$ _____	()

TOTAL ASSETS

\$ _____

*

Mortgages/Contracts Owed

Home	\$ _____	()
Vacation Home	\$ _____	()
Business	\$ _____	()
Other	\$ _____	()

Loans

Autos and other vehicles	\$ _____	()
Personal	\$ _____	()
Life Insurance	\$ _____	()
Other Indebtedness _____	\$ _____	()
_____	\$ _____	()

TOTAL LIABILITIES

\$

* *

Is anyone else's name on your assets as co-owner, joint tenant, beneficiary in case of death, etc.? If so, please list the asset and the person.

Asset	Name on Asset (besides yours)
_____	_____

* ASSETS - PARENTHESIS INDICATE WHETHER:
 (HSP) Husband separate property
 (WSP) Wife separate property
 (CP) Community property
 (JTWROS) Joint tenants with right of survivorship