

ESTATE PLANNING REVIEW

Name:

Address:

Any new children or grandchildren since you executed your estate plan?

of _____ children How many are minors? How many are of legal age (18)?

of _____ grandchildren How many are minors? How many are of legal age (18)?

Is there anyone in your family who is at risk of needing long-term care? Yes _____ No _____

If yes, please describe:

Is there anyone in your family who has special needs? Yes _____ No _____

If yes, please describe:

Do you own your own home? Yes _____ No _____

If yes, please estimate its fair market value: \$ _____

estimate debt on home: \$ _____

Net fair market value: \$ _____

What is the total of the rest of your estate (including savings, other real estate, life insurance, and retirement plans)?

_____ less than \$250,000 _____ \$250,000 - \$500,000

_____ \$500,000 - \$2 million _____ more than \$2 million

Please list the estate planning documents you currently have:

_____ Last Will and Testament

_____ Health Care Proxy _____ Life Estate In Any Property

_____ Irrevocable Trust _____ Revocable Trust

_____ Special Needs Trust _____ Durable Power Of Attorney

Please provide the date these were last updated: _____

Were the above documents prepared or are new documents necessary for:

A special needs dependent or spouse? A taxable estate?

Out of state real property? Blended family?

Client 1

Client 2 (Spouse, if married)

Full name _____

Other names used _____

Home address _____

Email Address: _____

Home phone (____) _____

(____) _____

Employer or firm _____

Occupation _____

Business address _____

City State Zip

City State Zip

Business phone (____) _____

(____) _____

Date of birth _____

Place of birth _____

US Citizen? If no,
what country? _____

Date and place of marriage _____

Safe Deposit Box Location _____ Others who are signors? _____

Dates of military service: _____

Client 1

Client 2

Any prior marriages?

Yes

No

Yes

No

If yes, how ended?

Death

Divorce

Death

Divorce

of Children by prior marriage?

Any Estate Planning Documents in place, wills, DPOA, DTP, CPA, Prenups, or Postnup? If yes, list documents:

Married out of state and moved to Washington ? If yes, from what state: _____

CHILDREN OF _____

Child Name

Address

Birthdate

_____	_____ _____ _____	_____
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Grandchild: _____

Grandchild: _____

Grandchild: _____

Child Name

Address

Birthdate

_____	_____ _____ _____	_____
-------	-------------------------	-------

Grandchild: _____

Grandchild: _____

Grandchild: _____

Child Name

Address

Birthdate

_____	_____ _____ _____	_____
-------	-------------------------	-------

Grandchild: _____

Grandchild: _____

Grandchild: _____

Child Name

Address

Birthdate

_____	_____ _____ _____	_____
-------	-------------------------	-------

Grandchild: _____

Grandchild: _____

CHILDREN OF _____

Child Name

Address

Birthdate

Grandchild: _____

Grandchild: _____

Grandchild: _____

Child Name

Address

Birthdate

Grandchild: _____

Grandchild: _____

Grandchild: _____

Child Name

Address

Birthdate

Grandchild: _____

Grandchild: _____

Grandchild: _____

Child Name

Address

Birthdate

Grandchild: _____

Grandchild: _____

Grandchild: _____

INFORMATION CONCERNING FAMILY – HUSBAND (Parents or Siblings)

<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____

INFORMATION CONCERNING FAMILY – WIFE (Parents or Siblings)

<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____
<u>Name</u>	<u>City/State</u>	<u>Age (or date of death)</u>
_____	_____	_____

OTHER INFORMATION

Pertinent questions to estate planning review and goals.

1. Describe any especially important (or unusual) estate planning objectives or problems.
2. Are persons (other than minor children) dependent upon you or your spouse now or possibly in the future?
If yes, explain relationship.
3. Have you ever executed a community property agreement?
If yes, date and state of execution: _____. Recorded? _____:
4. Describe any trust or estate of which you or your spouse is a beneficiary or any inheritance likely to be received.
5. Have you or your spouse ever made an aggregate gift to a person in one year in excess of \$14,000.00? Have you ever filed federal gift tax returns? If the answer is yes to either, please give details and provide copies of any gift tax returns filed.
6. Are you a participant, spouse of a participant or beneficiary under any profit sharing, pension or retirement plan?
If yes, explain.
7. Do you own any real property outside the State of Washington? If yes, explain.
8. Are you or your spouse a shareholder of any corporation which has made an S-corporation election for income tax purposes? If yes, explain.
9. Do you or your spouse have any dependents with unusual needs, disabled, or may be a spendthrift?
10. Have you or your spouse adopted any persons? Please explain.
11. Have you or your spouse terminated your parental rights to any child? Please explain.
12. Do you have pets for whom you wish to designate a caregiver and/or amount for care? Please explain.
13. Do you have any jointly-held or pay-on-death accounts that you intend to be included in the disposition of your estate? Please identify.
14. Do you have any divorce obligations?
15. Guaranteed any loans for other persons?
16. Did you loan anyone money?

