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ESTATE PLANNING QUESTIONNAIRE -- UNMARRIED PERSON

SECTION 1: PERSONAL INFORMATION

Additional writing space is available on Page 17.

Date you Completed Form: _____

Information	Answer	Notes
Your complete legal name (include middle initial)		
Other names used (nicknames/maiden name)		
Home Address		
Mailing Address (if different from home address)		
Cell Phone		
Home Phone		
Work Phone		
Email Address		
Birth Date		
Last 4 digits of SSN		
Citizenship		
Current Health Status		
Occupation		
Employer		
Years residing in Washington		

Former Unions: Marriages and Registered Domestic Partnerships

Information	Answer	Notes
Name of Former Spouse or Partner		
Date and Place of Union		
Date and Place of Termination		
Terminating Event (Dissolution or Death)		
Is any alimony or maintenance owed?		
Is any child support owed?		

If you have an additional former union, add information to Page 17.

Are you required to maintain life insurance for the benefit of a former spouse, partner, or children? Yes

If yes, provide details: No

If you pay or receive maintenance or child support, does the obligation continue after your death? Yes

No

Retirement

When do you plan to retire?

Safe Deposit / Storage Box

Do you have a safe deposit box, or a fireproof storage box at home? If yes, please complete the information below. Yes

Location Contents Names on Account Location of Key No

Additional Information

1. Who referred you to us? _____

2. Who is your Accountant? _____

3. Computer Passwords: Note of Caution: Make arrangements so that your passwords can be located by the person who holds your Power of Attorney or by your Executor.

4. Do you have long term care (nursing home) insurance?

Yes

No

Your Children

Information	Please list additional (grand)children on page 17	Notes
<p>Living children</p> <p>Please provide child's full name with middle initial, birth date, other parent's name, and child's current address.</p>	Child's Name #1:	
	Birth Date:	
	Other Parent's Name:	
	Current Address:	
	Child's Name #2:	
	Birth Date:	
	Other Parent's Name:	
	Current Address:	
	Child's Name #3:	
	Birth Date:	
	Other Parent's Name:	
	Current Address:	
Deceased child	Child's Name:	
	Birth Date:	
	Other Parent's Name:	
	Date of Death:	
Grandchildren	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Financial Support

Do you give financial support to any person? If yes, please provide details.

Yes

No

Existing Documents You May Have Signed

If you signed any of these documents, complete the following and attach a copy:

Document	Date Signed	In what state?
Will		
Financial and/or Medical Power of Attorney		
Living Trust		

1. Have you signed any other agreement regarding your ownership of property?

Yes

If yes, list type of document (partnership, LLC, etc.) and the date it was signed:

No

2. Do you or your children currently receive income from a trust?

Yes

If yes, who is the beneficiary, and who created the trust?

No

3. Do you or your children expect to be named as a beneficiary of a trust established by someone else?

Yes

No

If yes, describe:

4. Provide any additional details below:

SECTION 2: YOUR CURRENT ASSETS

A. Cash Assets (Checking, Savings, Money Market, etc. - Not Retirement Accounts)

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits only) _____ Current Value _____

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits only) _____ Current Value _____

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits only) _____ Current Value _____

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits only) _____ Current Value _____

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

TOTAL CASH ASSETS \$ _____

B. Retirement Accounts and Annuities

Owner's Name _____

Type (IRA, Roth IRA, 401(k), Pension, etc.) _____

Institution Name _____

Primary Beneficiary _____

Secondary Beneficiary _____

Current Value \$ _____

Owner's Name _____

Type (IRA, Roth IRA, 401(k), Pension, etc.) _____

Institution Name _____

Primary Beneficiary _____

Secondary Beneficiary _____

Current Value \$ _____

Owner's Name _____

Type (IRA, Roth IRA, 401(k), Pension, etc.) _____

Institution Name _____

Primary Beneficiary _____

Secondary Beneficiary _____

Current Value \$ _____

TOTAL RETIREMENT ACCOUNTS \$ _____

Please attach a written confirmation from the institution stating your current beneficiary designations.

C. Stocks & Bonds (Not Retirement Accounts)

Name(s) on Account _____

Fund/Investment Name _____

Broker Name and Phone _____

Account Number (last 4 digits only) _____

Current Value _____

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

Name(s) on Account _____

Fund/Investment Name _____

Broker Name and Phone _____

Account Number (last 4 digits only) _____

Current Value _____

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

Name(s) on Account _____

Fund/Investment Name _____

Broker Name and Phone _____

Account Number (last 4 digits only) _____

Current Value _____

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

Name(s) on Account _____

Fund/Investment Name _____

Broker Name and Phone _____

Account Number (last 4 digits only) _____

Current Value _____

Held in Joint Tenancy with Rights of Survivorship

I named someone to receive this account on my death. ("pay on death" or "transfer on death")

TOTAL STOCKS & BONDS (not in retirement accounts) \$ _____

D. Real Estate

Address of Property #1 _____

Property Type (residence, rental, etc.) _____

Name(s) Currently on Title _____

Date of Purchase _____

Purchase Price _____

Tax Parcel Number _____

County Assessed Value _____

Market Value	_____
less	_____
- Mortgage Balance	_____
<hr/>	
Net Value	_____

Address of Property #2 _____

Property Type (residence, rental, etc.) _____

Name(s) Currently on Title _____

Date of Purchase _____

Purchase Price _____

Tax Parcel Number _____

County Assessed Value _____

Market Value	_____
less	_____
- Mortgage Balance	_____
<hr/>	
Net Value	_____

TOTAL NET VALUE REAL ESTATE

\$ _____

E. Valuable Items of Tangible Personal Property

(This category includes jewelry, automobiles, boats, silver, art, musical instruments, furniture, or collections which are valued at more than \$5,000.)

Description of Item	Estimated Wholesale Value

TOTAL VALUABLE ITEMS

\$ _____

F. Other Assets (Business Interests, Real Estate Assets, etc.)

1. Do you own other valuable assets not listed above?

Yes

If yes, please describe the asset and its fair market value:

No

2. Please describe any partnership, joint venture, or other business interest you hold:

3. Do you have airline frequent flyer miles that can be inherited?

Yes

If yes, please name the airline and your membership number:

No

TOTAL VALUE OTHER ASSETS

\$ _____

G. Debts (other than real estate mortgages)

Creditor Name _____

Amount of Debt \$ _____

Creditor Name _____

Amount of Debt \$ _____

Creditor Name _____

Amount of Debt \$ _____

TOTAL DEBT

\$ _____

H. Summary of Current Assets

A - Total Cash Assets (pg. 5)

\$ _____

plus

B - Total Retirement Accounts (pg. 6)

\$ _____

plus

C - Total Stocks & Bonds (pg. 7)

\$ _____

plus

D - Total Net Value Real Estate (pg. 8)

\$ _____

plus

E - Total Valuable Items (pg. 8)

\$ _____

plus

+

F - Total Other Assets (pg. 9)

\$ _____

TOTAL ASSETS (Section A-F)

\$ _____

less

-

TOTAL DEBT (Section G)

\$ _____

NET WORTH

\$ _____

SECTION 3: LIFE INSURANCE, GIFTS, AND INHERITANCES

A. Life Insurance		
	Answer	Notes
Name of Insurance Company #1		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		
Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
Name of Insurance Company #2		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		
Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		

	TOTAL DEATH BENEFIT OF LIFE INSURANCE	\$	_____
+	NET WORTH (from page 9)	<i>plus</i>	\$ _____
	TAXABLE ESTATE (for Federal and Washington State estate tax calculation)	\$	_____

B. Gifts and/or Inheritances

1. Are you or your children likely to receive any gifts or inheritances in the future? Yes
 If yes, please describe: No

2. Have you made gifts greater than \$14,000 to any person in a single calendar year? Yes
 If yes, please name the donee, the date the gift was made, and the amount: No

SECTION 4: YOUR HEIRS AND BENEFICIARIES

A. Your Estate Plan

Describe your estate planning objectives and priorities:

B. Beneficiaries You Will Name in Your Will

Whom do you want to inherit your property at your death? (Use Page 17 to list additional names.)

1. FIRST CHOICE(S) (family, friends, charities, etc.):

Name #1: _____

Name #2: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

What share (example 100%, 50%, etc.): _____

What share (example 100%, 50%, etc.): _____

2. SECOND (CONTINGENT) CHOICE(S) if First Choice(s) predecease(s) you:

Name #1: _____

Name #2: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

What share (example 100%, 50%, etc.): _____

What share (example 100%, 50%, etc.): _____

Name #3: _____

Name #4: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

What share (example 100%, 50%, etc.): _____

What share (example 100%, 50%, etc.): _____

C. Testamentary Trusts

1. If you name a child or young person as a beneficiary, do you want their share held in a Trust until they reach a certain age?

Yes

No

2. How old should the beneficiary be when the Trust terminates?

Please indicate your choice for Trustee on page 14.

D. Disability of Heirs

1. Are any of your beneficiaries disabled or receiving government benefits?

Yes

If yes, name them:

No

E. Disinheritance

1. Are you leaving nothing to one or more of your children?

Yes

If yes, name them:

No

F. Specific Bequests (Gifts)

Do you want to leave money or a specific item to someone? (for example, "\$5,000 to my cousin Bob" or "my PT Cruiser to Sue")

Person / Age	Current Address	Item

SECTION 5: EXECUTOR, TRUSTEE, AND GUARDIAN NAMES

Information	Answer	Notes
<p>Executor/Personal Representative</p> <p><u>First Choice</u></p>	<p>Name:</p> <hr/> <p>Relationship:</p> <hr/> <p>Age:</p> <hr/> <p>Current Address:</p>	<p>This person manages the probate process after your death.</p>
<p>Executor/Personal Representative</p> <p><u>Second Choice</u></p>	<p>Name:</p> <hr/> <p>Relationship:</p> <hr/> <p>Age:</p> <hr/> <p>Current Address:</p>	
<p>Trustee (if applicable)</p> <p><u>First Choice</u></p>	<p>Name:</p> <hr/> <p>Relationship:</p> <hr/> <p>Age:</p> <hr/> <p>Current Address:</p>	
<p>Trustee (if applicable)</p> <p><u>Second Choice</u></p>	<p>Name:</p> <hr/> <p>Relationship:</p> <hr/> <p>Age:</p> <hr/> <p>Current Address:</p>	
<p>Guardian of Minor Children (if applicable)</p> <p><u>First Choice</u></p>	<p>Name:</p> <hr/> <p>Relationship:</p> <hr/> <p>Age:</p> <hr/> <p>Current Address:</p>	<p>This person provides physical care for minor children after your death.</p>
<p>Guardian of Minor Children (if applicable)</p> <p><u>Second Choice</u></p>	<p>Name:</p> <hr/> <p>Relationship:</p> <hr/> <p>Age:</p> <hr/> <p>Current Address:</p>	

SECTION 6: OTHER ESTATE PLANNING DOCUMENTS

Information	Answer	Notes
<p style="text-align: center;">Financial Power of Attorney</p> <p style="text-align: center;"><u>First Choice</u></p>	Name:	<p>This person will make financial decisions for you if you are unable to make those decisions while you are alive.</p>
	Relationship:	
	Age:	
	Current Address:	
<p style="text-align: center;">Financial Power of Attorney</p> <p style="text-align: center;"><u>Second Choice</u></p>	Name:	
	Relationship:	
	Age:	
	Current Address:	
<p>Should the Financial Power of Attorney be effective immediately or only upon your disability?</p> <p>(Please check one)</p>	<p><input type="checkbox"/> Effective Immediately</p> <p><input type="checkbox"/> Effective on Disability</p>	<p><i>Effective Immediately</i> means your nominee can sign documents for you as soon as you sign the Power of Attorney.</p> <p><i>Effective on Disability</i> means you must be unable to manage your finances before the Power of Attorney goes into effect.</p>
<p style="text-align: center;">Medical Power of Attorney</p> <p style="text-align: center;"><u>First Choice</u></p>	Name:	<p>This person will make health care decisions for you if you are unable to make those decisions while you are alive.</p>
	Relationship:	
	Age:	
	Current Address:	
<p style="text-align: center;">Medical Power of Attorney</p> <p style="text-align: center;"><u>Second Choice</u></p>	Name:	
	Relationship:	
	Age:	
	Current Address:	

Information	Answer	Notes
Durable Power of Attorney For Health Care Decisions For Minor Children & Nomination Of Guardian Of Person & Estate Of Minor Child	Name: Relationship: Age: Current Address:	If you have children under the age of 18, this document allows you to name a person to make decisions for your minor child while you are alive but disabled.
Do you want a Health Care Directive (Living Will) ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	This document details your wishes regarding extraordinary life support measures under the Washington Natural Death Act.
Burial/Cremation Arrangements (Please choose one)	<input type="checkbox"/> Full Body Burial <input type="checkbox"/> Cremation <input type="checkbox"/> No Preference	Disposition of Remains Instructions governed by RCW 68.50.160
Who should make the funeral/memorial arrangements?	Name: Relationship: Age: Current Address:	
If you own a cemetery plot or crypt, or pre-paid funeral plan, provide details here.		

SECTION 7: OTHER INFORMATION

Is there any additional information we should know?

- family members from whom you are estranged
- paternity issues
- charities you wish to name in your Will if not previously listed
- special needs of any of your beneficiaries
- provisions for care of pets
- Auto/Home Insurance – limits of liability