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ESTATE PLANNING QUESTIONNAIRE -- MARRIED COUPLE

SECTION 1: PERSONAL INFORMATION

Additional space is available on Page 19.

Date You Completed Form: _____

Information	Spouse #1	Spouse #2	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			
Date and Place of Marriage			
Citizenship			
Current Health Status			
Occupation			
Employer			
Years residing in Washington			

Former Marriage(s)			
Information	Spouse #1	Spouse #2	Notes
Name of Former Spouse			
Date and Place of Marriage			
Date and Place Marriage Terminated			
Terminating Event (Divorce or Death)			
Is any alimony or maintenance			
Is any child support owed?			

If you have an additional former marriage, add information to Page 19.

Is either spouse required by the Divorce Decree to maintain life insurance for the benefit of a former spouse or children? If yes, provide details: Yes 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?

Spouse #1 _____

Spouse #2 _____

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

Children of Current Marriage

Information	Please list additional (grand)children on page 19	Notes
<p>Living children of both spouses</p> <p>Please provide child's full name with middle initial, birth date, and child's current address.</p>	Child's Name #1:	
	Birth Date:	
	Current Address:	
	Child's Name #2:	
	Birth Date:	
	Current Address:	
	Child's Name #3:	
	Birth Date:	
	Current Address:	
<p>Deceased children of both spouses</p>	Child's Name:	
	Birth Date:	
	Date of Death:	
<p>Grandchildren of both spouses</p>	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Spouse #1's Children Born Before Current Marriage

Information	Please list additional (grand)children in on page 19	Notes
<p>Living children of Spouse #1 but not Spouse #2</p> <p>Please provide child's full name with middle initial, birth date, mother's name, and child's current address.</p>	<p>Child's Name #1:</p>	
	<p>Birth Date:</p>	
	<p>Other Parent's Name:</p>	
	<p>Child's Current Address:</p>	
	<p>Child's Name #2:</p>	
	<p>Birth Date:</p>	
	<p>Other Parent's Name:</p>	
	<p>Child's Current Address:</p>	
	<p>Child's Name #3:</p>	
	<p>Birth Date:</p>	
<p>Other Parent's Name:</p>		
<p>Child's Current Address:</p>		
<p>Deceased child of Spouse #1 but not Spouse #2</p>	<p>Child's Name:</p>	
	<p>Birth Date:</p>	
	<p>Date of Death:</p>	
<p>Grandchildren of Spouse #1 but not Spouse #2</p>	<p>Grandchild's Name:</p>	
	<p>Birth Date:</p>	
	<p>Parents' Names:</p>	
	<p>Grandchild's Current Address:</p>	
	<p>Grandchild's Name:</p>	
	<p>Birth Date:</p>	
	<p>Parents' Names:</p>	
	<p>Grandchild's Current Address:</p>	

Spouse #2's Children Born Before Current Marriage

Information	Please list additional (grand)children on page 19	Notes
<p>Living children of Spouse #2 but not Spouse #1</p> <p>Please provide child's full name with middle initial, birth date, father's name, and child's current address.</p>	Child's Name #1:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
	Child's Name #2:	
	Birth Date:	
	Other Parent's Name:	
	Child's Current Address:	
	Child's Name #3:	
	Birth Date:	
Other Parent's Name:		
Child's Current Address:		
<p>Deceased child of Spouse #2 but not Spouse #1</p>	Child's Name:	
	Birth Date:	
	Date of Death:	
<p>Grandchildren of Spouse #2 but not Spouse #1</p>	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 either of you give financial support to any person? If yes, please provide details.

Yes

No

Existing Documents You May Have Signed Previously

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

Document		Date Signed	In what state?
Will	Spouse #1		
	Spouse #2		
Financial and/or Medical Power of Attorney	Spouse #1		
	Spouse #2		
Community Property Agreement	Spouse #1		
	Spouse #2		
Living Trust	Spouse #1		
	Spouse #2		

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

Yes

If yes, list type of agreement (partnership, LLC, etc.) and the date you 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 in the future?

Yes

If yes, describe:

No

4. Provide any additional details below:

SECTION 2: YOUR CURRENT ASSETS

Community Property:

Do you consider all of your assets listed below to be equally owned by both of you?

Yes

No

Separate Property:

List any assets owned by one spouse but not the other spouse:

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 _____
Type (IRA, Roth IRA, 401(k), Pension, etc.) _____
Institution Name _____
Primary Beneficiary _____
Secondary Beneficiary _____
Current Value \$ _____

Owner _____
Type (IRA, Roth IRA, 401(k), Pension, etc.) _____
Institution Name _____
Primary Beneficiary _____
Secondary Beneficiary _____
Current Value \$ _____

Owner _____
Type (IRA, Roth IRA, 401(k), Pension, etc.) _____
Institution Name _____
Primary Beneficiary _____
Secondary Beneficiary _____
Current Value \$ _____

SPOUSE #1 - TOTAL RETIREMENT ACCOUNTS \$ _____

SPOUSE #2 - TOTAL RETIREMENT ACCOUNTS \$ _____

COMBINED 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 held by either spouse:

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 Net Worth

A - Total Cash Assets (pg. 7)	\$	_____
	<i>plus</i>	
B - Total Retirement Accounts (pg. 8)	\$	_____
	<i>plus</i>	
C - Total Stocks & Bonds (pg. 9)	\$	_____
	<i>plus</i>	
D - Total Net Value Real Estate (pg. 10)	\$	_____
	<i>plus</i>	
E - Total Valuable Items (pg. 10)	\$	_____
	<i>plus</i>	
+ F - Total Other Assets (pg. 11)	\$	_____
<hr/>		
TOTAL ASSETS (Section A-F)	\$	_____
	<i>less</i>	
- TOTAL DEBT (Section G)	\$	_____
<hr/>		
NET WORTH	\$	_____

SECTION 3: LIFE INSURANCE, GIFTS, AND INHERITANCES

A. Life Insurance			
	Spouse #1	Spouse #2	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	<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	<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	\$	_____
		<i>plus</i>	_____
+	NET WORTH (from page 11)	\$	_____
	TAXABLE ESTATE		
	(for Federal and Washington State estate tax calculation)	\$	_____

B. Gifts and/or Inheritances

1. Are either of you or your children likely to receive any gifts or inheritances in the future? Yes

If yes, please describe:

No

2. Have either of 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 19 to list additional names.)

1. FIRST CHOICE(S) (often your spouse):

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) (often your children, if any) 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 16.

D. Disability of Heirs

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

Yes

If yes, please name them:

No

E. Disinheritance

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

Yes

If yes, please 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, TRUSTEES, AND GUARDIAN NAMES

Information	Spouse #1	Spouse #2	Notes
Executor/Personal Representative <u>First Choice</u>	Name:	Name:	This person manages the probate process after your death.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
Executor/Personal Representative <u>Second Choice</u>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
Trustee (if applicable) <u>First Choice</u>	Name:	Name:	This person manages trust funds for beneficiaries, often a child, after your death.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
Trustee (if applicable) <u>Second Choice</u>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
Guardian of Minor Children (if applicable) <u>First Choice</u>	Name:	Name:	This person provides physical care for minor children after your death.
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
Guardian of Minor Children (if applicable) <u>Second Choice</u>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	

SECTION 6: OTHER ESTATE PLANNING DOCUMENTS

Information	Spouse #1	Spouse #2	Notes
<p align="center">Financial Power of Attorney</p> <p align="center"><u>First Choice</u></p>	Name:	Name:	<p>This person will make financial decisions for you if you are unable to make those decisions while you are alive.</p>
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
<p align="center">Financial Power of Attorney</p> <p align="center"><u>Second Choice</u></p>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
<p>Should the Financial Power of Attorney be effective <u>immediately</u> or only upon your <u>disability</u>?</p> <p align="center">(Please check one)</p>	<input type="checkbox"/> Effective Immediately <input type="checkbox"/> Effective on Disability	<input type="checkbox"/> Effective Immediately <input type="checkbox"/> Effective on Disability	<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 align="center">Medical Power of Attorney</p> <p align="center"><u>First Choice</u></p>	Name:	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:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	
<p align="center">Medical Power of Attorney</p> <p align="center"><u>Second Choice</u></p>	Name:	Name:	
	Relationship:	Relationship:	
	Age:	Age:	
	Current Address:	Current Address:	

Information	Spouse #1	Spouse #2	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:	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	<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	<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:	Name: Relationship: Age: Current Address:	
If you own a cemetery plot or crypt, or a 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