

ESTATE PLANNING QUESTIONNAIRE

Please complete the questionnaire below. Please be sure to include addresses (including zip codes) and middle initials of any individual's names. Thank you.

	Spouse/Partner 1	Spouse/Partner 2
Full Name		
Other Names Used		
Home Address		
City, State Zip		
Telephone Number		
Mobile Number		
Email Address		
Employer		
Business Address		
City, State Zip		
Business Phone		
Date of Birth		
Place of Birth		
Social Security No.		
Date/Place of Marriage		
Former Spouse		
Terminated By/Date		
Monthly Income		

CHILDREN

*Indicate if adopted (A) or if the child is only of the Spouse/Partner (1) or Spouse/Partner (2).
Also indicate if you have any deceased children who left issue surviving.

Name of Child	
Address:	
Date of Birth	
Social Security Number	
Spouse's Name	
Children of this Child	

Name of Child	
Address:	
Date of Birth	
Social Security Number	
Spouse's Name	
Children of this Child	

Name of Child	
Address:	
Date of Birth	
Social Security Number	
Spouse's Name	
Children of this Child	

Name of Child	
Address:	
Date of Birth	
Social Security Number	
Spouse's Name	
Children of this Child	

Name of Child	
Address:	
Date of Birth	
Social Security Number	
Spouse's Name	
Children of this Child	

Name of Child	
Address:	
Date of Birth	
Social Security Number	
Spouse's Name	
Children of this Child	

How do you want your estate distributed? (Example, all to your surviving spouse, then to your children, share and share alike)

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Who do you wish to act as your personal representative?

Name	
Address:	

Who do you wish to act as your alternate personal representative?

Name	
Address:	
Name	
Address:	

If your children are minors, whom do you wish to act as their guardian?

Name	
Address:	

Who do you wish to act as alternate guardian?

Name	
Address:	

Please state the age at which you wish the trust estate for your children to terminate? _____

If you wish to have a Trust, who do you wish to act as the trustee of your estate?

Name	
Address:	

Who do you wish to act as your alternate trustee?

Name	
Address:	
Name	
Address:	

Who do you wish to act as your agent under your Power of Attorney?

Name	
Address:	
Alternate Address:	

Who do you wish to act under your Health Care Power of Attorney?

Name	
Address:	
Alternate Address:	

Do you wish to execute a living will/directive to physicians? Yes No

If so, under your Directive to Physicians (remove from life support), whom would you like your Physician to consult about your desires? Name: _____

If so, do you want to receive food? Yes No

Do you want to receive water? Yes No

Do you want comfort medication? Yes No

Do you want to receive extraordinary measures taken? Yes No

Do you wish to have your remains cremated? Yes No

Do you have any specific instructions or burial plans? Yes No

If so, please indicate below where these instructions may be found:

Do you wish to donate your organs? Yes No

Do you have any specific bequests (of personal property) which you would like made?

Yes No

If so, please state below to whom you would like them made, that person's address and the item(s) being bequeathed:

Name	
Address:	
Items:	

ASSET SCHEDULE

*Indicate whether community [C], separate property of spouse/partner [1], or separate property of spouse/partner [2].

Real Property*

Home (Description)	
Address:	
Approximate Value \$:	
Balance Due on Mortgage \$:	
Financial Institution or Contract Vendor	

Recreational Property*

Home (Description)	
Address:	
Approximate Value \$:	
Balance Due on Mortgage \$:	
Financial Institution or Contract Vendor	

Other Real Property*

Description	
Address:	
Approximate Value \$:	
Balance Due on Mortgage \$:	
Financial Institution or Contract Vendor	

Shares of Stocks*

Listed on the Exchange	
Traded-over-the-Counter	
Closely Held	

Bonds*

U.S. Series E	
U.S. Government	
Corporate	
Municipal	

Bank and Savings and Loan Accounts*

Checking Accounts

Bank	Branch	Approximate Value

Saving Accounts

Bank	Branch	Approximate Value

Life Insurance*

	Company	Face Value	Cash Value
On Life of Spouse/Partner (1)			
On Life of Spouse/Partner (1)			
Others			

Indicate any loan outstanding on policy. Generally, term policy has no cash value.

Miscellaneous Property*

Item	Description	Approximate Value \$
Furniture/furnishings		
Antiques		
Collectibles		
Automobiles		
Boats		
Other:		

Retirement Program*

Payment Provisions	
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Liabilities and Net Worth*

Indebtedness (owing)	Estimate Amount \$:
Net Worth	Approximate amount \$:
Other	Approximate amount \$:

Advisors

Attorney

Name(s)	Address	Phone

Banking

Institution(s)/Contact Name	Address	Phone

Insurance/Life

Name(s)	Address	Phone

Accounting

Name(s)	Address	Phone

Stock Broker(s)/Financial Advisor(s)

Name(s)	Address	Phone

Real Estate Investments

Name(s)	Address	Phone

Other Advisors

Name(s)/Provision	Address	Phone

Physicians

Name(s)/Practice	Address	Phone

Is there any additional information you feel is important to note?



Who referred you to us? _____

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