

CONFIDENTIAL ESTATE PLANNING DATA FORM

Name(s): _____, _____, _____
Last First Middle Initial

_____, _____, _____
Last First Middle Initial

Address: _____

County: _____

Contact #'s: (h) _____ (w) _____ (c) _____

Have you lived anywhere other than Washington during your marriage? Yes No

If yes, list places and dates:

Place _____ Dates _____ to _____

Place _____ Dates _____ to _____

Place _____ Dates _____ to _____

Have you and your spouse executed a:

Prenuptial Agreement? Yes No

Postnuptial Agreement? Yes No

Property Agreement as to the Status of Property Ownership? Yes No

If yes to any of the above, I will need to see a copy of each document.

CHILDREN

_____, _____, _____, _____ Yes No
Last First Initial DOB Adopted

_____, _____, _____, _____ Yes No
Last First Initial DOB Adopted

_____, _____, _____, _____ Yes No
Last First Initial DOB Adopted

_____, _____, _____, _____ Yes No
Last First Initial DOB Adopted

Are any of these children born from a prior marriage? Yes No

Husband: _____

Wife: _____

Name of other Biological parent(s): _____

Are there any special needs of children? Yes No

Leave in Pregnancy Clause in Health Care Directive for Wife: Yes No

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OTHER FAMILY MEMBERS

Husband's	Wife's
Mother Name:	Mother Name:
Age or Date of Death:	Age or Date of Death:
Estimated Estate Size:	Estimated Estate Size:
Health	Health
Father Name:	Father Name:
Age or Date of Death:	Age or Date of Death:
Estimated Estate Size:	Estimated Estate Size:
Health	Health

PERSONAL INFORMATION

	<u>Husband</u>		<u>Wife</u>	
Do you each currently have a:				
Will?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Durable Power of Attorney?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Health Care Directive to Physician?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Have you ever established a Trust?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Do you benefit from a Trust?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Do you currently hold a power of appointment over any property?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

(A "power of appointment" is the right to select the person or persons who are to receive income from a fund or to receive property from an estate)

If you have this right, I will need a description of the document granting the power.

SPECIFIC BEQUESTS

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ASSET INFORMATION

1. Definitions of Ownership:

- a. "Community Property" (CP) owned in common by spouses either by agreement or because acquired by married couple with family earnings while residing in Washington.
- b. "Separate Property" (HP or WP) of either Husband or Wife, acquired either prior to marriage, while residing in another state, or by gift or inheritance.
- c. "Joint Tenancy Property" (JT) owned and controlled by two or more persons, who need not be related. Upon the death of one joint tenant, ownership and control passes to survivor(s).
- d. "Tenants in Common" (TC) each own a set percentage interest in the whole property.

2. Current Fair Market Value of Real Property:

	Total Value	Mortgage	Ownership	Location
a. Personal Residence	_____	_____	_____	_____
b. Recreational Property	_____	_____	_____	_____
c. Investment Property	_____	_____	_____	_____

3. Current Fair Market Value of Tangible Personal Property:

	Total Value	Mortgage	Ownership	Location
a. Furnishings	_____	_____	_____	_____
b. Vehicles	_____	_____	_____	_____
c. Jewelry	_____	_____	_____	_____
d. Antiques	_____	_____	_____	_____
e. Art Objects	_____	_____	_____	_____
f. Collections	_____	_____	_____	_____
g. Miscellaneous	_____	_____	_____	_____

4. Value of any other assets not previously mentioned, in which you have an interest:

	HUSBAND	WIFE
a. Bank Accounts:	_____	_____
b. Safe Deposit Box:	_____	_____
c. Stocks/Bonds:	_____	_____
d. Employee Benefit Plan:	_____	_____
e. Life Insurance:	_____	_____
f. Other:	_____	_____