

ESTATE PLANNING ANALYSIS

(Please print carefully as it is easy for spelling errors to occur if the information is not legible.)

TODAY'S DATE: _____

PERSONAL INFORMATION

CLIENT Full Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Business Phone: _____

_____ Fax Number: _____

US Citizen? ___ Yes ___ No If not, identify country of citizenship _____

Length of domicile in Washington state: _____

Employer's Name and Address: _____

SPOUSE Full Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Business Phone: _____

_____ Fax Number: _____

US Citizen? ___ Yes ___ No If not, identify country of citizenship _____

Length of domicile in Washington state: _____

Date & Place of Marriage: _____

Employer's Name and Address: _____

LIVING CHILDREN

(Include all adopted & naturally-born children, and please include date of birth)

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

Full Name: _____ **Date of Birth:** _____

Parents (Husband, Wife, or Both): _____

Current Residence City, State: _____ **Name of Child's Spouse:** _____

DECEASED CHILDREN

List the names of deceased children who have living descendants.

CHILD 1

CHILD 2

Name: _____

Date of Birth: _____

Parents (Husband, Wife, or Both): _____

Number of Grandchildren: _____

Age of Youngest: _____ Age of Oldest: _____ Age of Youngest: _____ Age of Oldest: _____

GRANDCHILDREN

(Complete if grandchildren are to be beneficiaries)

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

Name: _____ Date of Birth: _____

Parent (Who is child of client): _____

City, State: _____ Name of Spouse: _____

YOUR PARENTS (HUSBAND)

Name: _____
Current Residence City / State

Date of Birth: _____

Name: _____
Current Residence City/State

Date of Birth: _____

YOUR PARENTS (WIFE)

Name: _____
Current Residence City/State

Date of Birth: _____

Name: _____
Current Residence City/State

Date of Birth: _____

OTHER PERSONS WHO WILL BE BENEFICIARIES

PERSON 1

PERSON 2

PERSON 3

Name: _____

Address: _____

Relationship to you: _____

If a married couple, designate one of you as the “Client” and the other as the “Spouse”

APPOINTMENTS FOR CLIENT

(We will discuss some thoughts on these appointments during our initial meeting)

AGENT UNDER FINANCIAL POWER OF ATTORNEY: The Agent would be responsible for managing your assets if you could not, due to disability or incapacity. You would name your spouse here as your primary choice in most instances. Who should be named to handle your financial affairs if you cannot?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUSTEE: If you are going to have a living trust or a tax planning trust for a surviving spouse, the Trustee would manage your assets if you could not, due to incapacity or death. Who should be named to handle your trust if you cannot?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL REPRESENTATIVE: The Will names a Personal Representative to administer the estate. (The “Personal Representative” is also sometimes referred to as the “executor” or “administrator.”) Most people name their spouse as the primary Personal Representative, with a child, relative, friend, or corporate trustee as alternates.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

HEALTH CARE AGENT: Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission, if you were unable to make these decisions yourself? (Typically, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent(s).

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

GUARDIAN: If you have minor children or an incompetent child, you will need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian in the event your first choice cannot serve. Guardianship of a minor typically ends at age 18.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUSTEE FOR CHILDREN OR YOUNG DESCENDANTS: If you are going to have a trust to handle financial matters for any minor child or young descendant, who should this be? (This might be a family member or possibly a bank or trust company.) We will want to discuss this further with you at our initial meeting.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**APPOINTMENTS FOR CLIENT’S SPOUSE
IF DIFFERENT FROM CLIENT**

*NOTE, we usually recommend persons handling your financial matters be the same for husband and wife because of our community property laws.

AGENT UNDER FINANCIAL POWER OF ATTORNEY: The Agent would be responsible for managing your assets if you could not, due to disability or incapacity. Who should be named to handle your financial affairs if you cannot?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRUSTEE: If you are going to have a living trust, the Trustee would manage your assets if you could not, due to incapacity or death. Who should be named to handle your trust if you cannot?

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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_____	_____	_____
_____	_____	_____
_____	_____	_____

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<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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<u>NAME</u>	<u>RELATIONSHIP</u>	<u>CITY & STATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

QUESTIONS TO CONSIDER

To whom do you want your property to pass at your death?

CLIENT:

If client dies before spouse:

Personal Property:

Home:

Other:

If client dies after spouse:

Personal Property:

Home:

Other:

SPOUSE:

If spouse dies before client:

Personal Property:

Home:

Other:

If spouse dies after client:

Personal Property:

Home:

Other:

ULTIMATE DISPOSITION: If you and your spouse and all of your children all perish in a common disaster, how would you want your estate to be distributed? This can include, by way of example, gifts to charities, bequests to your parents, or your siblings, or nieces and nephews, or anyone else you wish to leave your property to.

Are any beneficiaries you are naming minors, financially not yet mature, improvident, incapacitated, or are you concerned about a spouse of a beneficiary?

If so, do you want to discuss a trust for them?

At what age should the trust terminate for a young child or descendant?

Are there any special provisions you desire in the trust?

Do you wish to make any charitable gifts? _____ Yes _____ No If yes, identify charity and amount of the gift.

At first death:

At second death:

Do either of you have unusual problems or objectives to consider in your estate planning?

Are any persons (other than minor children) wholly or partially dependent upon either of you or will they be in the future?

Have either of you received, or do you expect to receive, significant assets through gift or inheritance? If you have already received any such assets, have they been segregated from your other assets?

Have either of you acquired property while living outside the State of Washington?

Did either of you own significant assets at the time of your marriage?

Do you have a community or other property agreement or a prenuptial or postnuptial agreement? If so, describe it and bring it with you.

Are you the beneficiary of, or do you have any powers over, any trust?

Do you want a Health Care Directive (also called a Living Will or an Advance Directive to Physicians), directing that you do not want measures that will only prolong your life if you are terminally ill or in a permanent coma?