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CONFIDENTIAL

Estate Planning Questionnaire
(Married, partner or single)

Date: _____

* Where a name is requested, please give full name, middle initial and last name.

A. PERSONAL

1. Name* _____
2. Other Names _____
3. Addresses
 - a. Home _____

 - b. Mailing _____

4. Telephone
 - a. Home (_____) _____ Email _____
 - b. Work (_____) _____ (_____) _____
5. Birthdate _____
6. SS No. _____
7. Country of Citizenship _____

PERSONAL

1. Name* _____
2. Other Names _____

- 3. Addresses
 - a. Home _____

 - b. Mailing _____

- 4. Telephone
 - a. Home (_____) _____ Email _____
 - b. Work (_____) _____ (____) _____
- 5. Birthdate _____
- 6. SS No. _____
- 7. Country of Citizenship _____

B. PRIOR MARRIAGES (If applicable)

- 1. Former Spouse _____
- 2. Marriage Date _____
- 3. Terminated by Death/Divorce on: _____
- 4. Obligations to or from former spouse \$ _____
- 5. Child Support \$ _____
- 6. Separate Maintenance \$ _____

In the event of divorce, please provide a copy of the Decree of Dissolution, Property Settlement Agreement and any related agreements.

C. CHILDREN

- 1. Living:
 - a. Name _____
 Birthdate _____
 Residence (City & State) _____
 - b. Name _____
 Birthdate _____
 Residence (City & State) _____
 - c. Name _____

Birthdate _____
Residence (City & State) _____

d. Name _____
Birthdate _____
Residence (City & State) _____

2. Deceased (Do you have any deceased children with surviving children; if so, please list names and birthdates)

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future?

E. INTERSPOUSAL AGREEMENTS (include this marriage and former marriage)

1. Have you ever executed a community property agreement? _____
2. Have you ever executed any other agreements between spouses regarding your property, such as prenuptial agreement or separation agreement in a divorce action? _____
3. Do you or your spouse have a durable power of attorney and who is your attorney in fact? _____
4. Please bring a copy of all such agreements/documents to your conference.

F. TRUSTS

1. Does any member of your family receive income from any trust?* Yes --- No

2. Have you ever created a trust, except as part of a Will?* Yes --- No

If yes, give details _____

3. Does any family member expect to be named a beneficiary or remainderman of a trust?* Yes --- No

If yes, please describe _____

*Please furnish copies of all instruments relating to any trust, as well as a current list of assets and statements of income.

G. INSURANCE

1. Are there any life insurance policies on your life? Yes --- No

2. If so, for each policy please provide information regarding:

a. Type of Insurance (i.e. term, group or whole life) _____

b. Name, address and phone number of agent and company: _____

c. Policy number: _____

d. Total face Amount \$ _____;

e. Cash Surrender Value \$ _____;

f. Designated Beneficiary(ies) _____

H. JOINT TENANCY ASSETS

Do you own any real or personal property as joint tenants with each other or third parties?

Yes --- No

If so, please list each such item

Is the property held as tenants in common or right of survivorship: _____

Please bring with you a document(s) that shows how and with whom the property is held as tenants in common or joint tenants with right of survivorship:

I. RETIREMENT BENEFITS

Are you a participant in a retirement plan (for example, employer pension plan, IRA or 401(k))? If so, please provide information regarding type of plan, current value and beneficiary designations:

7. Any other assets (identify and value):
\$ _____

Subtotal \$ _____

8. **LESS** Liabilities (\$ _____)

9. Net Worth (Approximate) \$ _____

10. Specifically identify your debts, mortgages, credit cards and the approximate amount owing: _____

IMPORTANT: Our firm will not give you tax advice. We will refer you to your CPA or other tax consultant or refer you to a CPA or tax consultant for such advice.

M. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

1. Executor(s)(Administers Will during Probate)

1st Choice: _____
(Full Name)

(City, State)

2nd choice: _____
(Full Name)

(City, State)

2. Trustee(s)(Manages trust for the benefit of beneficiaries)

1st Choice: _____
(You may designate more than (Full Name)

one trustee to act as _____
co-trustees) (City, State)

Alternate: _____
(Full Name)

(City, State)

If you have minor children (under 18), answer the following ## 3 and 4:

3. Whom you wish to act as guardian(s) of Your Minor Children's persons (Raises children who are not yet age 18):

1st Choice: _____
(Full Name)

(City, State)

Alternate: _____
(Full Name)

(City, State)

4. Final Distribution of Trust Estate:

a. Specify age of youngest child before final distribution _____. If more than one age for final distributions, specify ages and % for distribution for example, age _____: _____%; age _____: _____%), etc. _____

b. If more than one of your children predecease you or predecease the final distribution of any trust for your children in your will, do you want each of your deceased children's children to take his or her parent's share or all of your deceased children's children to take equal shares?

Take parent's share ____
Take equal shares ____

5. Specify to whom and how your estate is to be distributed and if no one named in your Wills or any trust you create survives to take final distribution of your estate.

6. Identify any specific property you wish to leave to persons and to whom.

7. List any gifts you want to leave to a charity or friends or relatives.

M. DURABLE GENERAL POWER OF ATTORNEY FOR FINANCIAL MANAGEMENT

(The Durable General Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetence of an individual to handle his or her

own financial affairs. The value of this document is that it would hopefully avoid the necessity of a guardianship in the event of incompetence.)

1. Have you executed any power of attorney? Yes__No__
If you have, please provide a copy.
If you haven't, do you want one? Yes__ No __

If so, specify the person(s) you wish to have such power:

1st choice: _____
(Full Name)

(City, State)

2nd choice: _____
(Full Name)

(City, State)

If you have any minor children, this document also allows you to specify the persons you wish to nominate as the guardians of their estates if you become incompetent while any child is still a minor.

1st choice: _____
(Full Name)

(City, State)

2nd choice: _____
(Full Name)

(City, State)

N. POWER OF ATTORNEY FOR HEALTH CARE DECISIONS (LIVING WILL)

(One purpose of this document is to make known your desire not to have life "artificially prolonged" in the case of a terminal condition, and to designate the persons to make your health care decisions, including terminal condition decisions, when you are not able to.)

Have you signed such a document? Yes ___ No___. If not, do you wish to have such a document prepared? Yes ___ No __

1. If you wish to have such a document prepared, specify the persons to have the power:

1st choice: _____
(Full Name)

(City, State)

2nd choice: _____
(Full Name)

(City, State)

- 2. Do you want to include power to withhold artificial nutrition and hydration? Yes --- No
- 3. If you have any minor children, in this document you may also specify the persons you wish to nominate as the guardians of their persons (persons responsible for their care, including health care, if you become incompetent while any child is still a minor.

1st choice: _____
(Full Name)

(City, State)

2nd choice: _____
(Full Name)

(City, State)

O. GIFTS

Do you wish to discuss the possibility of gifts, either to individuals or charities, and the various tax saving possibilities? Yes ___ No ___

Describe your plans and name and relationship of person/entity

I understand that if my spouse/partner and I are requesting my attorney to make wills for us, that the attorney client privilege may not apply as to my spouse/partner and that information or request(s) for changes to my estate planning documents that I communicate to my attorney will be communicated to my spouse/partner.

Please date, sign and print your name under the signature line:

Dated: _____

Print name: _____

Dated: _____

Print name: _____