

**HICKMAN♦MENASHE**  
ATTORNEYS AT LAW  
A PROFESSIONAL CORPORATION

4211 Alderwood Mall Blvd., Suite 202, Lynnwood, Washington 98036  
Phone: 425-744-5658 ♦ Fax: 425-744-6078 ♦ www.hickmanmenashe.com

---

**CONFIDENTIAL ESTATE PLANNING  
QUESTIONNAIRE FOR A SINGLE PERSON**

*Please complete this questionnaire to the best of your ability and bring it with you to our first meeting where we will go over it together. **Do not delay this important planning because you are unable to answer each question.** Simply note any questions you may have and we will be happy to help you when we meet. We look forward to serving your estate planning needs.*

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Name as You Would Like it to Appear on Your Documents: \_\_\_\_\_

Home Address: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Yes, It Is Okay to Communicate with Me Via E-mail

Birth Date: \_\_\_\_\_ US Citizen? Yes  No  If No, Provide Status: \_\_\_\_\_

Previously Married? Yes  No  If Yes, Previous Marriage Ended By: Death  Divorce  Annulment

Veteran? Yes  No  If Yes, Branch and Years of Service: \_\_\_\_\_

**CHILDREN**

*Attach additional sheets if necessary.*

Full Name: \_\_\_\_\_

Relationship to Client: Natural Child  Adopted  Stepchild  Birth Date: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ Sex: Male  Female  This Child is Deceased:

Full Name: \_\_\_\_\_

Relationship to Client: Natural Child  Adopted  Stepchild  Birth Date: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ Sex: Male  Female  This Child is Deceased:

Full Name: \_\_\_\_\_

Relationship to Client: Natural Child  Adopted  Stepchild  Birth Date: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ Sex: Male  Female  This Child is Deceased:

Do Any of Your Children Have a Disability? If Yes, Please Describe: \_\_\_\_\_

\_\_\_\_\_

### **OTHER BENEFICIARIES**

*Please list any beneficiaries (other than your children) that you would like to name in your documents.*

Full Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male  Female

Full Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male  Female

Full Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male  Female

Full Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male  Female

Do Any of Your Children or Beneficiaries Receive Social Security/SSI, Medicaid, or Any Other State Benefit? If So, Please State the Child or Beneficiary's Name(s) and List the Benefit They Receive:

\_\_\_\_\_

Do Any of Your Children or Beneficiaries Have Problems With:

Serious Physical or Mental Illness? Yes  No  Drug or Alcohol Addiction? Yes  No

Debt Problems/ Bankruptcy? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**CHARITIES**

Full Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Full Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

Full Corporate Name: \_\_\_\_\_

Address: \_\_\_\_\_

**ASSETS**

*For the assets below, please feel free to use an approximate value.*

**REAL ESTATE**

Address: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Value: \_\_\_\_\_ This Property Is: My Primary Residence  An Investment  A Vacation Home

Address: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

Value: \_\_\_\_\_ This Property Is: My Primary Residence  An Investment  A Vacation Home

**CHECKING AND SAVINGS ACCOUNTS**

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_ This Account is Jointly Held: Yes  No

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_ This Account is Jointly Held: Yes  No

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_ This Account is Jointly Held: Yes  No

**INVESTMENT ACCOUNTS (Stocks, Bonds, Mutual Funds, CDs)**

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_ This Account is Jointly Held: Yes  No

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_ This Account is Jointly Held: Yes  No

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_ This Account is Jointly Held: Yes  No

**RETIREMENT ACCOUNTS (IRAs, 401(K)s, Pensions)**

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_

**ANNUITIES AND LIFE INSURANCE**

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution That Holds Account: \_\_\_\_\_

Value: \_\_\_\_\_

**INTERESTS IN BUSINESS(ES)**

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

Business Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_ Value: \_\_\_\_\_

**OTHER ASSETS (Antiques, Art, Burial Plots, etc.)**

Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_

Type of Asset: \_\_\_\_\_ Value: \_\_\_\_\_

**DEBTS OWED TO YOU**

*Please list any person that owes an outstanding debt to you, including children or family members.*

Name of Debtor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Name of Debtor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

**LIABILITIES**

*Please list any debt you may have here, such as a mortgage, credit card debt, loans, notes, and any other financial obligations. You can combine credit card debt, rather than listing each card separately.*

Type of Debt: \_\_\_\_\_ Value: \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Value: \_\_\_\_\_

Type of Debt: \_\_\_\_\_ Value: \_\_\_\_\_

**TOTAL LIABILITIES:** \_\_\_\_\_

## ESTATE PLAN DESIGNATIONS

*For any of the questions below, if you are unsure about what a term means, please refer to the definitions sheet available on our website. The designations below are not set in stone; rather, you will have a chance to change your designations after you meet with the attorney.*

### LAST WILL AND TESTAMENT

1. Please Indicate Who You Would Like to Serve as **Executor** of Your Estate When You Pass Away.

Name of First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Successor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Successor (optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

2. If You Have Minor Children, Please Indicate Who You Would Like to Serve as **Guardian** of Your Children Should You Pass Away Before Your Children Reach the Age of 18.

Name of First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Successor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Successor (optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

3. If You Wish to Establish a Trust, Please Indicate Who You Would Like to Serve as **Trustee**.

Name of First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Successor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Successor (optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

### DURABLE POWERS OF ATTORNEY

1. If You Were Unable to Manage Your Own **Personal and Financial Affairs**, Please Indicate Who You Would Like to Make Those Decisions for You.

Name of First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Successor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Successor (optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

2. If You Were Unable to Make **Medical and/ or Health Decisions**, Please Indicate Who You Would Like to Make Those Decisions for You.

Name of First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

First Successor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Successor (optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

I Would Like to Discuss Naming a **Guardian** for My Minor Child(ren) If I Am Alive but Incapacitated: No  Yes

### **HEALTH CARE DIRECTIVE and/or DISPOSITION OF REMAINS**

*For each of the following, simply check the box that applies. Before answering, you may find it helpful to refer to the definitions page for an explanation of the documents listed below.*

We Would Like to Discuss a **Health Care Directive/Living Will**: Yes  No

We Would Like to Discuss a **Disposition of Remains**: Yes  No

### **MISCELLANEOUS**

*If you answer yes to the questions below, you do not need to provide any additional documentation. We ask these questions to know whether we should discuss any of these items further during our meeting.*

Do You Have a Safety Deposit Box? Yes  No

Have You Prepaid for Burial and Funeral Arrangements? Yes  No

Are There Any Difficult Family Dynamics That Could Impact Your Planning? Yes  No

Are You a Contributor To a 529 Plan? Yes  No

Do You Expect to Receive an Inheritance? Yes  No  If Yes, Please Indicate the Amount: \_\_\_\_\_

Have You Ever Filed a Gift Tax Return? Yes  No

Has Someone Given You a Power of Appointment in a Will or Trust? Yes  No

### **PRIOR ESTATE PLANNING DOCUMENTS**

*Please check all those that apply. If you do have any of the documents listed below, please bring a copy to your meeting.*

Wills (and Any Codicils)	<input type="radio"/>	Durable Power of Attorney (For Finances)	<input type="radio"/>
Community Property Agreement	<input type="radio"/>	Durable Power of Attorney (For Health Care)	<input type="radio"/>
Health Care Directive/ Living Will	<input type="radio"/>	Revocable Living Trust	<input type="radio"/>
Special Needs Trust	<input type="radio"/>	Mental Health Advance Directive	<input type="radio"/>

## YOUR CONCERNS

*To help us better understand what prompted your desire to seek our services at this time, please rate the following as to how important they are to you. Use “**H**” if you have a high concern, “**S**” for some concern, “**L**” for low concern, or “**N/A**” for no concern or not applicable.*

### Description

Desire to Get Affairs in Order and Create a Comprehensive Plan to Manage Affairs in the Case of Death or Disability.

Providing for and Protecting a Life Partner or Companion.

Providing for and Protecting Children.

Providing for and Protecting Grandchildren.

Providing for and Protecting Pets.

Disinheriting a Family Member.

Providing for Charities at the Time of My Death.

Plan for the Transfer or Survival of a Family Business.

Minimizing or Reducing Estate Taxes.

Addressing Concerns Related to Multiple Marriages.

Avoiding Guardianship.

Minimizing the Risk of a Will Contest or Other Disputes at Death.

Protecting Assets from Nursing Home Costs.

Planning for a Child or Family Member with Disabilities or Special Needs.

Protecting Children’s Inheritance from Bad Relationships, Financial Problems, and Addictions.

Maintaining Retirement Plan Benefits, such as Individual Retirement Accounts, for Future Generations.

Ensure That Your Death Shall Not Be Unnecessarily Prolonged by Artificial Means or Measures.

Other concerns (please list below):

---

---

---

---

---



