

HICKMAN♦MENASHE
ATTORNEYS AT LAW
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**CONFIDENTIAL ESTATE PLANNING
QUESTIONNAIRE FOR A MARRIED COUPLE**

*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

SPOUSE #1

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: _____

SPOUSE #2

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 Parent if Other Than Spouse: _____ Sex: Male Female This Child is Deceased:

Full Name: _____

Relationship to Client: Natural Child Adopted Stepchild Birth Date: _____

Address (if different): _____

Name of Parent if Other Than Spouse: _____ Sex: Male Female This Child is Deceased:

Full Name: _____

Relationship to Client: Natural Child Adopted Stepchild Birth Date: _____

Address (if different): _____

Name of Parent if Other Than Spouse: _____ 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.

SPOUSE # 1 *(As Indicated on First Page of This Packet)*

Name of First Choice: _____ Relationship: _____

First Successor: _____ Relationship: _____

Second Successor (optional): _____ Relationship: _____

SPOUSE # 2 *(As Indicated on First Page of This Packet)*

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.

SPOUSE # 1 *(As Indicated on First Page of This Packet)*

Name of First Choice: _____ Relationship: _____

First Successor: _____ Relationship: _____

Second Successor (optional): _____ Relationship: _____

SPOUSE # 2 *(As Indicated on First Page of This Packet)*

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**.

SPOUSE # 1 *(As Indicated on First Page of This Packet)*

Name of First Choice: _____ Relationship: _____

First Successor: _____ Relationship: _____

Second Successor (optional): _____ Relationship: _____

SPOUSE # 2 *(As Indicated on First Page of This Packet)*

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.

SPOUSE # 1 *(As Indicated on First Page of This Packet)*

Name of First Choice: _____ Relationship: _____

First Successor: _____ Relationship: _____

Second Successor (optional): _____ Relationship: _____

SPOUSE # 2 *(As Indicated on First Page of This Packet)*

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.

SPOUSE # 1 *(As Indicated on First Page of This Packet)*

Name of First Choice: _____ Relationship: _____

First Successor: _____ Relationship: _____

Second Successor (optional): _____ Relationship: _____

SPOUSE # 2 *(As Indicated on First Page of This Packet)*

Name of First Choice: _____ Relationship: _____

First Successor: _____ Relationship: _____

Second Successor (optional): _____ Relationship: _____

We Would Like to Discuss Naming a **Guardian** for Our Minor Child(ren) If We Are Alive but Incapacitated:
Yes No

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):
