

Sanders Law Group  
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ESTATE PLANNING QUESTIONNAIRE

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Spouse Information

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Current Estate Plan

	Self	Spouse
Do you have a Will now? <i>If so, date of the Will:</i>		
Do you have a Living Trust? <i>If so, date of the Trust</i>		
Are you the Beneficiary of someone else's Trust?		
Do you have a Living Will?		
Have you named a healthcare representative?		
Have you given someone a Power of Attorney? <i>If so, name of agent:</i> <i>Is POA still in effect?</i>		

**Note:** If you have any documents relating to the information below, please bring the documents with you to your appointment.

**Current Marriage**

Date and Place of Marriage: \_\_\_\_\_

Do you or your spouse have a prenuptial agreement and/or a formal property agreement?  
Yes \_\_\_ No \_\_\_

Have you lived in any states other than Washington during your marriage?  
Yes \_\_\_ No \_\_\_

If yes, please list the state and dates:

State: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ Dates: \_\_\_\_\_

**Children from Current Marriage**

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

D.O.B \_\_\_\_\_

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

D.O.B \_\_\_\_\_

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

D.O.B \_\_\_\_\_

**Children from Former Marriage**

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

D.O.B \_\_\_\_\_

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

D.O.B \_\_\_\_\_

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

D.O.B \_\_\_\_\_

Do you have any children who have passed away? Yes \_\_\_ No \_\_\_  
If so, did any deceased child leave a child who is still alive? Yes \_\_\_ No \_\_\_

We will discuss the Section of Personal Representatives, Guardians and Trustees in our meeting with you. Please list your tentative choices below.

**Personal Representative**

(Carries out the terms of your Will)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Choice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trustee**

(Person will administer any Trust established by your Will)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Choice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Guardian**

(Person you choose to handle your affairs if you are unable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Choice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Guardian/Conservator**

(To care for your children who are under the age of 18 if both parents are deceased)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Choice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attorney-In-Fact**

(Person who handles your business affairs)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Choice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Care Representative**

(Who makes healthcare decisions on your behalf if you are unable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Alternate Choice?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Questions**

(Please include a brief description for any "Yes" answer)

1. Do you or your spouse have any health or disability concerns?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child(ren) have any special education, medical or physical needs?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Do you provide primary or other financial support to any other adult child(ren)?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Is there any person other than your child(ren) who depend on you, solely or partially, for current or future support?

Yes \_\_\_\_ No \_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Are you or your spouse making child support payments?

Yes \_\_\_\_ No \_\_\_\_

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6. Are you or your spouse pursuant to a divorce or property settlement?

Yes \_\_\_\_ No \_\_\_\_

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7. If you or your spouse have been widowed, was a Federal Estate Tax or State Death Tax Return filed for the deceased spouse?

Yes \_\_\_\_ No \_\_\_\_ (if Yes, please furnish a copy)

8. Have you or your spouse ever filed Federal or State Gift Tax returns?

Yes \_\_\_\_ No \_\_\_\_

9. Do either you or your spouse want specific Funeral Arrangements?

Yes \_\_\_\_ No \_\_\_\_

(If yes, please specify)

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10. Are you or your spouse receiving Social Security, Disability or other Governmental Benefits?

Yes \_\_\_\_ No \_\_\_\_ (if yes please describe)

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11. Are you or your spouse the beneficiary of a Trust?

Yes \_\_\_\_ No \_\_\_\_

If yes, please provide information about the Trust including the name of the Trust and any written documents you have and the name of the Trustee and Attorney for the Trust, if known.

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12. Do you wish to disinherit someone other than your spouse, or disallow a person from being your Attorney-in-Fact?

Yes \_\_\_\_ No \_\_\_\_

If yes, please list their names

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Are you interested in hearing about a Pet Trust?

Yes \_\_\_\_ No \_\_\_\_

### Property Information

The following information about your property or properties, the value, and form of ownership will allow us to properly advise you regarding your Estate Planning Options and tax planning strategies appropriate for you. Please fill in the information below in the categories that apply to you as much as you can.

(NOTE: Indicating joint ownership presumes the property passes to the joint owner by right of survivorship; please specify if your property is jointly owned but does not pass to the joint owner at death.)

Assets	Owner (Self, Spouse, Joint)	Value
Real Estate (Equity Only)		
Life Insurance- cash surrender value only; do not include term life insurance		
IRA, 401K, etc.		
Vehicles		
Business Interests		

Stocks & Bonds		
Pension Benefits that continue after your death		
Money owed to you (outstanding Notes payable to you)		
Other Monies & Property		

## ESTATE PLAN

### Specific Bequest

Do you wish to make any specific bequest in your Will?

Yes \_\_\_\_ No \_\_\_\_

If "Yes", please continue; If "No", please skip this section.

Below please select what kind of specific bequest you want to make.

**Car:** Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Cash:** \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_

**Other (for example – "wedding ring" or "all of my art work")**

Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Item: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

**Distribution of the remainder of your Estate**

Who would you like to inherit the remainder of your estate when you die? Please check one:

- My Spouse
- My then living children, in equal shares.
- This named individuals(s): \_\_\_\_\_
- This named Charity(s): \_\_\_\_\_
- Other, please explain:

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If the person(s) that you named above has predeceased you to the charity you chose is no longer in existence, who would you like to inherit the remainder of your estate when you die”

- My then living children, in equal shares
- My children, but if one of my children is deceased then his or her share will go to that deceased child’s children (my grandchildren).
- A class Please describe: \_\_\_\_\_ (i.e. “my nieces and mynephews”)
- This named individual(s): \_\_\_\_\_
- This named charity: \_\_\_\_\_
- Other, please explain:

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