

**Sanders Law Group**  
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**ESTATE PLANNING QUESTIONNAIRE**

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

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

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

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

**Spouse Information**

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

Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

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

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

**Current Estate Plan**

	<b>Self</b>	<b>Spouse</b>
Do you currently have a Will? <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 health care 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 previously executed any of these documents, please bring them 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(s) and dates:

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

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

**Children from Current Marriage**

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**Children from Former Marriage**

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Full Name: \_\_\_\_\_ 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 sections regarding 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: \_\_\_\_\_

**Alternate Choice?**

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

**Trustee**

(Administers any Trust established in your will)

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

**Alternate Choice?**

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

**Guardian/Conservator**

(Cares for children under the age of 18, if both parents are deceased)

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

**Alternate Choice?**

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

**Attorney-In-Fact**

(Handles your financial affairs, immediately or upon incapacity, as designated in the document)

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

**Alternate Choice?**

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

**Health Care Representative**

(Makes health care decisions on your behalf if you are unable to do so)

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

**Alternate Choice?**

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

**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 \_\_\_\_

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

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

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3. Do you provide primary or other financial support to any other adult children?

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

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

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

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

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

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6. Are you or your spouse making payments 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 you know.

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

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

If yes, please list their name(s)

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

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

### **Property Information**

The following information about your property or properties, including the value and form of ownership will allow us to properly advise you regarding the 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 that 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.)

<b>Assets</b>	<b>Owner (Self, Spouse, Joint)</b>	<b>Value</b>
<b>Real Estate (equity only)</b>		
<b>Life Insurance - cash surrender value only; do not include term life insurance here</b>		

<b>IRA, 401(k), etc.</b>		
<b>Vehicles</b>		
<b>Business Interests</b>		
<b>Stocks &amp; Bonds</b>		
<b>Pension Benefits that continue after your death</b>		
<b>Money owed to you (outstanding Notes payable to you)</b>		
<b>Other money &amp; property</b>		

**ESTATE PLAN**

**Specific Bequest**

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

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

**If yes, please fill in the information below; if no, please skip the rest of 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(ies): \_\_\_\_\_
- Other, please explain:

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

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

- 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 nephews")
- This named individual(s): \_\_\_\_\_
- This named charity: \_\_\_\_\_
- Other, please explain:

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