

LAW OFFICES OF
P. STEPHEN AITA, PLLC
ATTORNEY AND COUNSELOR AT LAW

ESTATE PLANNING QUESTIONNAIRE – COUPLE

To make an appointment, call (253) 858-5434 or e-mail steve@aitalaw.com.

SECTION 1: PERSONAL INFORMATION

Additional writing space is available on Page 24. Add additional pages if necessary.

Today's Date: _____

Information	Client A	Client B	Notes
Your full legal name (include middle name)			
Other names used (nicknames/maiden name)			
Home Address			
Mailing Address (if different from home address)			
Home Phone			
Work Phone			
Cell Phone			
E-mail Address			
Birth Date			
Last 4 digits of SSN			
Citizenship			

Current Health Status		
Occupation		
Employer		
Years residing in Washington		

Former Marriage(s)			
Information	Client A	Client B	Notes
Name of Former Spouse			
Date and Place of Marriage			
Date and Place Marriage Terminated			
Terminating Event (Divorce or Death)			
Is any alimony or maintenance owed?			
Is any child support owed?			

If you have any additional former marriages, add information to page 18.

Are either of you required by a divorce decree to maintain life insurance for the benefit of a former spouse or children?

- Yes
- No

If yes, provide details: _____

If you pay or receive maintenance or child support, does the obligation continue after your death?

- Yes
- No

Please attach a copy of the Decree of Dissolution, Separation Agreement, Findings of Fact, etc. to this Questionnaire.

Retirement

If you are employed, when do you plan to retire?

Client A _____

Client B _____

Safe Deposit Box

Do you have a safe deposit box? If so, please complete the information below.

Yes

No

Location	Contents	Names on Account	Location of Key
_____	_____	_____	_____

Additional Information

1. Who referred you to us? _____
2. Who is your Accountant? _____
3. Who is your Financial Planner? _____
4. Do you own long-term care (Nursing Home) insurance?
 - Yes
 - No

Children of Current Relationship

Information	Please list additional (grand)children in Section 7	Notes
<p style="text-align: center;">Living children of both Client A and Client B</p> <p>Please provide child's full name (with middle initial), birth date, other parent's name, and child's current address.</p>	Child's Name #1:	
	Current Address:	
	Birth Date:	
	Child's Name #2:	
	Current Address:	
	Birth Date:	

	Child's Name #3:	
Deceased children of both Client A and Client B	Child's Name:	
Grandchildren of both Client A and Client B	Birth Date:	
	Date of Death:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Client A's Children Born Before Current Relationship		
Information	Please list additional (grand)children in Section 7	Notes
<p>Living children of Client A but not Client B</p> <p>Please provide child's full name (with middle initial), birth date, other parent's name, and child's current address.</p>	Child's Name #1:	
	Current Address:	
	Birth Date:	
	Other Parent's Name:	
	Child's Name #2:	
	Current Address:	
	Birth Date:	
	Other Parent's Name:	
	Child's Name #3:	
	Current Address:	
	Birth Date:	
	Other Parent's Name:	

Deceased children of Client A but not Client B	Child's Name:	
	Birth Date:	
	Other Parent's Name:	
	Date of Death:	
Grandchildren of Client A but not Client B	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Client B's Children Born Before Current Relationship

Information	Please list additional (grand)children in Section 7	Notes
<p>Living children of Client B but not Client A</p> <p>Please provide child's full name (with middle initial), birth date, other parent's name, and child's current address.</p>	<p>Child's Name #1:</p>	
	<p>Current Address:</p>	
	<p>Birth Date:</p>	
	<p>Other Parent's Name:</p>	
	<p>Child's Name #2:</p>	
	<p>Current Address:</p>	
	<p>Birth Date:</p>	
	<p>Other Parent's Name:</p>	
	<p>Child's Name #3:</p>	
	<p>Current Address:</p>	
	<p>Birth Date:</p>	
	<p>Other Parent's Name:</p>	
<p>Deceased children of Client B but not Client A</p>	<p>Child's Name:</p>	
	<p>Birth Date:</p>	
	<p>Other Parent's Name:</p>	
	<p>Date of Death:</p>	

Grandchildren of Client B but not Client A	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	
	Grandchild's Name:	
	Birth Date:	
	Parents' Names:	
	Grandchild's Current Address:	

Financial Support

Do either of you give financial support to any person other than your minor children? If yes, please provide details.

- Yes
- No

Existing Documents You May Have Signed

Below is a chart of documents you may have signed. If you have signed any of the named documents, please fill in when and where you signed them. **Please attach a copy of the below-referenced documents to this Questionnaire.**

Document	Client	Date Signed	In what state?
Will	Client A		
	Client B		
Financial and/or Medical Power of Attorney	Client A		
	Client B		
Community Property Agreement	Client A		
	Client B		
Revocable Living Trust	Client A		
	Client B		

1. Have either of you signed any other agreement regarding your ownership of property?
- Yes
 - No
- If yes, list type of document (partnership, prenuptial, etc.) and the date it was signed.
-

2. Do either of you or your children currently receive income from a trust?
- Yes
 - No
- If yes, who is the beneficiary, and who created the trust?
-

3. Do either of you or your children expect to be named as a beneficiary of a trust established by someone else?
- Yes
 - No
- If yes, please describe:
-

4. Please provide any additional details below:

SECTION 2: YOUR CURRENT ASSETS (NET WORTH)

Community Property:

Do you consider *all* of your assets listed below to be equally owned by both of you?

- Yes
- No

Separate Property:

Please list any assets owned by one of you but not the other:

A. Cash Assets (Checking, Savings, Money Market, etc.) – Not Retirement Accounts

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

Name(s) on Account _____

Account Type (checking, savings, etc.) _____

Institution Name _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

TOTAL CASH ASSETS: \$ _____

B. Retirement Accounts and Annuities

Owner's Name _____

Type (IRA, Roth IRA, 401(k), Pension, etc.) _____

Institution Name _____

Primary Beneficiary _____

Second Beneficiary _____

Current Value \$ _____

Owner's Name _____

Type (IRA, Roth IRA, 401(k), Pension, etc.) _____

Institution Name _____

Primary Beneficiary _____

Second Beneficiary _____

Current Value \$ _____

Owner's Name _____

Type (IRA, Roth IRA, 401(k), Pension, etc.) _____

Institution Name _____

Primary Beneficiary _____

Second Beneficiary _____

Current Value \$ _____

TOTAL RETIREMENT ACCOUNTS \$ _____

Please attach a written confirmation from the institution stating your current beneficiary designations.

C. Stocks & Bonds (Not Retirement Accounts)

Name(s) on Account _____

Fund/Investment Name _____

Broker Name & Phone _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

Name(s) on Account _____

Fund/Investment Name _____

Broker Name & Phone _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

Name(s) on Account _____

Fund/Investment Name _____

Broker Name & Phone _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship
- I named someone to receive this account on my death ("pay or death" or "transfer on death").

Name(s) on Account _____

Fund/Investment Name _____

Broker Name & Phone _____

Account Number (last 4 digits) _____ Approximate Current Value _____

- Held in Joint Tenancy with Rights of Survivorship

- I named someone to receive this account on my death ("pay or death" or "transfer on death").

TOTAL STOCKS & BONDS (not in retirement accounts): \$ _____

D. Real Estate

Address of Property #1

Property Type (residence, rental, etc.)

Name(s) Currently on Title

Date of Purchase _____

Purchase Price _____

Tax Parcel ID Number _____

County Assessed Value _____

Address of Property #2

Property Type (residence, rental, etc.) _____

Name(s) Currently on Title _____

Date of Purchase _____

Purchase Price _____

Tax Parcel ID Number _____

County Assessed Value _____

Market Value	\$ _____
less	
Mortgage Balance	\$ _____
<hr/>	
Net Value	\$ _____
<hr/>	

Market Value	\$ _____
less	
Mortgage Balance	\$ _____
<hr/>	
Net Value	\$ _____
<hr/>	

TOTAL NET VALUE OF REAL ESTATE \$ _____

E. Valuable Items of Tangible Personal Property

(This category includes jewelry, automobiles, boats, silver, art, musical instruments, furniture, or collections which are valued at more than \$5,000.)

Description of Item	Estimated Wholesale Value

TOTAL OF VALUABLE ITEMS: \$ _____

F. Other Assets (Business Interest, Real Estate Assets, etc.)

1. Do you own other valuable assets not listed above?

- Yes
- No

If yes, please describe the asset and its fair market value:

2. Please describe any partnership, joint venture, or other business interest held by either of you:

3. Do you plan on buying a business in the future?

- Yes
- No

TOTAL VALUE OF OTHER ASSETS: \$ _____

G. Debts (other than real estate mortgages)

Creditor Name	_____	Amount of Debt	\$ _____
Creditor Name	_____	Amount of Debt	\$ _____
Creditor Name	_____	Amount of Debt	\$ _____
TOTAL DEBT:			\$ _____

H. Summary of Assets

A. Total Cash Assets (page 11)		\$ _____
	<i>plus</i>	
B. Total Retirement Accounts (page 12)		\$ _____
	<i>plus</i>	
C. Total Stocks & Bonds (page 14)		\$ _____
	<i>plus</i>	
D. Total Net Real Estate (page 14)		\$ _____
	<i>plus</i>	
E. Total Valuable Items (page 15)		\$ _____
	<i>plus</i>	
F. Total Other Assets (page 15)		\$ _____
<hr/>		
TOTAL ASSETS (Sections A-F)		\$ _____
-	<i>less</i>	
TOTAL DEBT (Section G, page 16)		\$ _____
<hr/>		
NET WORTH		\$ _____

SECTION 3: LIFE INSURANCE, GIFTS, AND INHERITANCES

A. Life Insurance		
	Answer	Notes
Name of Insurance Company #1		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		
Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
Name of Insurance Company #2		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		
Face Value of Policy		
Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
Name of Insurance Company #3		
Type of Insurance (please check one)	<input type="checkbox"/> Term <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal	
Date Purchased		
Owner's Name		
Insured's Name		
Face Value of Policy		

Cash Surrender Value		
Primary Beneficiary		
Contingent Beneficiary		
Total Face Value		

TOTAL FACE VALUE OF ALL LIFE INSURANCE \$ _____
plus

+ NET WORTH (from Page 16) \$ _____

ESTIMATED SIZE OF TAXABLE ESTATE
(for estate and inheritance tax purposes) \$ _____

B. Gifts and/or Inheritances

1. Are either of you or your children likely to receive any gifts or inheritances in the future?
- Yes
 - No
- If yes, please describe.

2. Have either of you made any gifts greater than \$13,000 to any person in a single calendar year?
- Yes
 - No
- If yes, please name the donee, the date the gift was made, and the amount.

SECTION 4: YOUR HEIRS AND BENEFICIARIES

A. Estate Planning Priorities

Please describe your estate planning objectives and priorities:

B. The Heirs and Beneficiaries You Will Name in Your Will

Who do you want to inherit your property at your death? (Use page 19 or attach additional pages to list additional names.)

1. First Choice(s):

Name #1: _____

Name #2: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

What share (example 100%, 50%, \$5,000): _____

What share (example 100%, 50%, \$5,000): _____

2. Second (Contingent) Choice(s):

Name #1: _____

Name #2: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

What share (example 100%, 50%, \$5,000): _____

What share (example 100%, 50%, \$5,000): _____

Name #3: _____

Name #4: _____

Relationship to you: _____

Relationship to you: _____

Address: _____

Address: _____

What share (example 100%, 50%, \$5,000): _____

What share (example 100%, 50%, \$5,000): _____

C. Testamentary Trusts

1. If you name a child or young person as a beneficiary, do you want their share held in a Trust until they reach a certain age?

- Yes
- No

2. How old should the beneficiary be when the Trust terminates? _____

D. Disability of Heirs

1. Are any of your beneficiaries disabled or receiving government assistance?

- Yes
- No

If yes, please name them:

E. Disinheritance

Are you leaving *nothing* to one or more of your children or other family members?

- Yes
- No

If yes, please name them:

F. Specific Bequests (Gifts)

Do you have any specific items or money that you want to leave to someone?
(for example, "\$5,000 to my cousin, Karen" or "my 1966 Ford Mustang to my friend, Joe")

Person	Current Address	Item or Amount

SECTION 5: EXECUTORS, TRUSTEES, & GUARDIANS

Information	Answer	Notes
Executor/Personal Representative <i>First Choice</i>	Name:	This person manages the probate process after your death. This person manages trust funds for beneficiaries, often a child, after your death.
	Relationship:	
	Age:	
	Current Address:	
Executor/Personal Representative <i>Second Choice</i>	Name:	
	Relationship:	
	Age:	
	Current Address:	
Trustee <i>First Choice</i>	Name:	
	Relationship:	
	Age:	
	Current Address:	
Trustee <i>Second Choice</i>	Name:	
	Relationship:	
	Age:	
	Current Address:	

Guardian of Minor Children <i>First Choice</i>	Name:	This person provides physical care for minor children after your death.
	Relationship:	
	Age:	
	Current Address:	
Guardian of Minor Children <i>Second Choice</i>	Name:	
	Relationship:	
	Age:	
	Current Address:	

SECTION 6: OTHER ESTATE PLANNING DOCUMENTS

Information	Answer	Notes
Financial Power of Attorney <i>First Choice</i>	Name:	This person will make financial decisions for you if you are unable to make those decisions for yourself while you are alive.
	Relationship:	
	Current Address:	
Financial Power of Attorney <i>Second Choice</i>	Name:	
	Relationship:	
	Current Address:	
Should Financial Power of Attorney be effective immediately or only upon your disability? (Please check one)	<input type="checkbox"/> Effective Immediately <input type="checkbox"/> Effective Upon Disability	
Medical Power of Attorney <i>First Choice</i>	Name:	This person will make health care decisions for you if you are unable to make those decisions for yourself while you are alive.
	Relationship:	
	Current Address:	

Medical Power of Attorney <i>Second Choice</i>	Name:	
	Relationship:	
	Current Address:	
Durable Power of Attorney for Health Care Decisions for Minor Children & Nomination of Guardian of Person & Estate of Minor Child	Name:	If you have children under the age of 18, this document allows you to name a person to make decisions for your minor child while you are alive but disabled.
	Relationship:	
	Current Address:	
Do you want a Health Care Directive ("Living Will")?	<input type="checkbox"/> Yes <input type="checkbox"/> No	This document details your wishes regarding extraordinary life support measures under the Washington Natural Death Act.

SECTION 7: OTHER INFORMATION

Is there any additional information that you think we should know? Examples might include:

- Family members from whom you are estranged;
- Paternity issues;
- Charities you wish to name in your Will if not previously listed; and
- Special needs of any of your beneficiaries.

LAW OFFICES OF
P. STEPHEN AITA, PLLC

6625 WAGNER WAY • SUITE 320
 GIG HARBOR, WASHINGTON 98335-8392
 Phone: (253) 858-5434 Fax: (253) 276-2373
 e-mail: steve@aitalaw.com
www.aitalaw.com
www.facebook.com/aitalaw