

# STRICTLY CONFIDENTIAL

## ESTATE PLANNING QUESTIONNAIRE

(Individuals, Married Couples, Business Owners)

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**Name**

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**Date**

*Please complete and return this Questionnaire at least 24 hours prior to our planning meeting so we can be prepared to advise you. You can use the contact information shown below to return the Questionnaire by mail, fax, or email.*

**If something does not apply to you, please line it out or write "NA".**



**SOUND ESTATE PLANNING, PLLC**

Protecting Your Loved Ones ~ Your Assets ~ Your Legacy

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Please check this box if you are single (ignore "spouse" information)

## SECTION I – PERSONAL

|   | SELF                         | SPOUSE   |
|---|------------------------------|--|
| Full Name   | _____                        | _____  |
| Birthday  | _____                        | _____  |
| Citizenship   | _____                        | _____  |
| Home Address  | _____                        | Mailing Address <input type="checkbox"/> check if same as home |
|   | _____                        | _____  |
|   | _____                        | _____  |
| Telephone<br>(circle one)   | Cell      Home      Business | Cell      Home      Business                                   |
| E-Mail  | _____                        | _____  |
| Date of Marriage  | _____                        |  |
| <b>CHILDREN</b>   | _____                        | M / F  |
| (Full Name / DOB)   | _____                        | M / F  |
|   | _____                        | M / F  |
| <b>PETS</b> (name):   | _____                        | Continuing Care? __ Yes __ No                                  |
| Have you been married before?   | __ Yes __ No                 | Has your spouse? __ Yes __ No                                  |
| Have you or your spouse entered into a marital contract (e.g., prenuptial or community property agreement)? |                              | __ Yes __ No   |
| Are any children from a prior marriage adopted?   |                              | __ Yes __ No   |
| Do you have a Will or Revocable Living Trust?   |                              | __ Yes __ No   |
| Does your spouse have a Will or Revocable Living Trust?   |                              | __ Yes __ No   |
| Do you or any of your children receive governmental support or benefits?                                    |                              | __ Yes __ No   |

## SECTION II – ASSETS

### “Estimated Values”

**REAL ESTATE (e.g., Residence, Vacation Home, Vacant Land)**

| Description / Address | Ownership | Loan Balance | Market Value |
|-----------------------|-----------|--------------|--------------|
|                       |           | \$           | \$           |
|                       |           | \$           | \$           |

**STOCKS, BONDS, MUTUAL FUNDS (not including retirement plans (e.g., IRAs) – see next page)**

| Description | Type | Ownership | Amount |
|-------------|------|-----------|--------|
|             |      |           | \$     |
|             |      |           | \$     |
|             |      |           | \$     |
|             |      |           | \$     |

**MOTOR VEHICLES, BOATS, RVs, Etc.**

| Year | Type | Loan Balance | Market Value |
|------|------|--------------|--------------|
|      |      | \$           | \$           |
|      |      | \$           | \$           |
|      |      | \$           | \$           |

**BANK & SAVINGS ACCOUNTS**

(e.g., checking accounts (“CA”); savings accounts (“SA”); certificates of deposit (“CD”).  
Do not include retirement funds here, such as IRAs and 401(k)s.

| Institution | Type | Ownership | Balance |
|-------------|------|-----------|---------|
|             |      |           | \$      |
|             |      |           | \$      |
|             |      |           | \$      |

**RETIREMENT PLANS (e.g., profit sharing; IRA; SEP; 401(k); ROTH)**

| Institution | Type | Balance |
|-------------|------|---------|
|             |      | \$      |
|             |      | \$      |
|             |      | \$      |
|             |      | \$      |

**LIFE INSURANCE POLICIES AND ANNUITIES**

|          |                    |
|----------|--------------------|
| Company: | Benefit Amount: \$ |
| Type:    | Cash Value: \$     |
| Insured: | Beneficiary:       |

|          |                    |
|----------|--------------------|
| Company: | Benefit Amount: \$ |
| Type:    | Cash Value: \$     |
| Insured: | Beneficiary:       |

**OTHER SIGNIFICANT "NON-BUSINESS" ASSETS**

Please give the approximate value of your other significant assets, such as furniture, antiques, paintings, silverware, jewelry, etc.

\$ \_\_\_\_\_

**SECTION III - DESIGNATIONS**

(this Section identifies the individuals you trust to act on your behalf)

**PERSONAL REPRESENTATIVE ("PR")**

Please identify three personal representatives (the person who will administer the estate) in your order of preference. Your spouse is typically the first personal representative, but it is not required.

| PR | Self | Spouse |
|----|------|--------|
| 1  |      |        |
| 2  |      |        |
| 3  |      |        |

**TRUSTEE**

Please identify three trustees (the individual or entity designated to hold, manage and distribute assets placed in a trust) in your order of preference. Selected trustees often mirror the personal representatives identified above (e.g., your spouse is typically the first trustee, but it is not required).

| <b>TRUSTEE</b> | <b>Self</b> | <b>Spouse</b> |
|----------------|-------------|---------------|
| 1              |             |               |
| 2              |             |               |
| 3              |             |               |

**GUARDIAN**

If you have children under 18 years of age, please identify three guardians in your order of preference.

| <b>Guardian</b> |  |
|-----------------|--|
| 1               |  |
| 2               |  |
| 3               |  |

**GENERAL POWER OF ATTORNEY**

Please identify three agents in your order of preference (your spouse is typically the first agent, but it is not required). The General Durable Power of Attorney (“POA”) allows you to appoint an individual (sometimes referred to as an “attorney-in-fact” or “agent”) to make decisions and take actions on your behalf in the event you are incapacitated.

| <b>Agent</b> | <b>Self</b> | <b>Spouse</b> |
|--------------|-------------|---------------|
| 1            |             |               |
| 2            |             |               |
| 3            |             |               |

**HEALTH CARE**

Please identify three health care agents in your order of preference (your spouse is typically the first agent, but it is not required). Health Care includes: 1) a **Health Care POA** that allows your agent to make decisions regarding your medical treatment; 2) a **HIPAA Authorization** that authorizes your health care providers to share your health information with your Health Care Agent; and 3) an **Advance Health Care Directive (or Living Will)** that declines artificial life support in the event of an irreversible coma or imminent, incurable, and terminal condition.

| Agent * | Self | Spouse |
|---------|------|--------|
| 1       |      |        |
| 2       |      |        |
| 3       |      |        |

\*Please include address and phone number for any agent other than your spouse.

**SECTION IV – BUSINESS**  
(skip if you do not have a business)

**NAME / ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**FORM:** (sole proprietorship, partnership, corporation, LLC, etc.) \_\_\_\_\_

**NATURE:** Please describe your business: \_\_\_\_\_

\_\_\_\_\_

**OWNERSHIP**

Percent owned by: You \_\_\_\_\_ % Spouse \_\_\_\_\_ % Children \_\_\_\_\_ % Others \_\_\_\_\_ %

Do you have a Buy-Sell or Redemption Agreement?  Yes  No

Is the buy-out funded with a life insurance policy?  Yes  No

Do you have a Family Limited Partnership?  Yes  No

**ESTIMATED VALUE** \$ \_\_\_\_\_

**ANNUAL NET EARNINGS** \$ \_\_\_\_\_

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