

STRICTLY CONFIDENTIAL

ESTATE PLANNING QUESTIONNAIRE (Individuals, Married Couples, Business Owners)

Name

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".

Please use the open space on Page 7 for anything additional that does not fit on the other pages.



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 (circle one)	Cell Home Business	Cell Home Business
E-Mail	_____	_____
Date of Marriage	_____	
CHILDREN	_____	M/F
(Full Name / DOB)	_____	M/F
	_____	M/F
PETS (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).

TRUSTEE	Self	Spouse
1		
2		
3		

GUARDIAN

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

Guardian	
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.

Agent	Self	Spouse
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: _____

SECTION V – ADDITIONAL SPACE

Please use the space below for anything you could not fit on the previous pages.