

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

**Smith & Zuccarini, P.S.**

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Date: \_\_\_\_\_

**HUSBAND**

**WIFE**

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

Other Names Used: \_\_\_\_\_

Home Address: \_\_\_\_\_

Preferred Mailing Address (if different) \_\_\_\_\_  
 Street Address City State Zip

\_\_\_\_\_ P.O. Box / Street City State Zip

County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip \_\_\_\_\_ City State Zip

Business Phone: \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_

U. S. citizen?  Yes  No  Yes  No

If not, of what country? \_\_\_\_\_

Date & Place of any Marriage: \_\_\_\_\_

When did you become a Washington resident? \_\_\_\_\_

Any prior marriages?  Yes  No  Yes  No

If so, terminated by:  Death  Divorce  Death  Divorce

**CHILDREN**

Name	Birthdate	Age	Adopted (Mark "A")	Child only of Husband (H), Wife (W) or Both (B)	Married (Y/N)	Number of Children
1.						
2.						
3.						
4.						
5.						

**ADVISORS**

	<u>Name</u>	<u>Firm</u>
Accountant	_____	_____
Insurance Advisor	_____	_____
Stock Broker	_____	_____
Financial Planner	_____	_____

**OTHER INFORMATION**

1. **YOUR OBJECTIVES.** Describe any special estate planning objectives and concerns:  
\_\_\_\_\_  
\_\_\_\_\_
  
2. **DEPENDENTS.** Are persons (other than minor children) now dependent upon you or likely to be in the future?  
 Yes  No If yes, explain relationship.  
Do you have any dependents with unusual needs?  Yes  No  
\_\_\_\_\_
  
3. **TRUST.** If you are a beneficiary of any trust, please describe (and provide a copy of the Trust Agreement, if available).  
\_\_\_\_\_
  
4. **PROSPECTIVE INHERITANCE.** If you may receive an inheritance in the future, please describe and estimate the value.  
\_\_\_\_\_
  
5. **PRIOR GIFTS.** Have you ever made an aggregate gift to a person in one year in excess of \$10,000 in value? Have you ever filed federal gift tax returns? If the answer is yes to either, please give details.  
\_\_\_\_\_
  
6. **BENEFICIARY.** Are you a participant or beneficiary under any profit sharing, pension, retirement plan or IRA? If yes, explain here or in Item No. 7 on attached Asset Schedule.  
\_\_\_\_\_
  
7. **REAL PROPERTY.** Do you own any real property outside the State of Washington? If yes, indicate location, here or in Item No. 4 on attached Asset Schedule.  
\_\_\_\_\_
  
8. **S CORPORATION STOCK.** Are you a shareholder of any corporation which has made an S-corporation election for income tax purposes?  Yes  No If yes, indicate which corporation, here or in Item No. 3 on attached Asset Schedule.  
\_\_\_\_\_

## ASSET SCHEDULE

(If you prefer, a current financial statement may be substituted for this schedule.)

Date: \_\_\_\_\_

[Under "how held," indicate one of the following: Community property ("CP"), Separate property ("SP - Husband" or "SP - Wife"), Joint Tenancy with Right of Survivorship ("JT").]

**1. TANGIBLE PERSONAL PROPERTY** [Briefly describe by general category (such as furniture and appliances, cars, boat, antiques, collections, other) and indicate reasonable liquidation value.]

Brief Description of Type and Location	How Held	Approximate Value
		\$
		\$
		\$
		\$

**2. BANK ACCOUNTS AND CERTIFICATES OF DEPOSIT:**

Name of Institution	Type of Account	How Held	Approximate Balance
			\$
			\$
			\$
			\$

**3. PUBLICLY TRADED STOCKS AND BONDS, MUTUAL FUNDS, STOCK OPTION** [Attach copy of latest broker's statement(s), stock agreements, or provide the following information]:

Name of Company	No. of Shares	Registered Owner	How Held	Market Value
				\$
				\$
				\$
				\$
				\$

**4. ANNUITIES:** Are you the owner, annuitant or beneficiary under any annuity (other than one already described in paragraph 7 or 8 below)? If so:

Issuer	Owner	Annuitant	Primary Beneficiary	Secondary Beneficiary (if any)	Present Surrender Value
					\$
					\$
					\$
					\$

**5. PARTNERSHIPS AND CLOSELY HELD BUSINESS** [Under "type" indicate general partnership ("GP"), limited partnership ("LP"), C-corporation ("Corp") S-corporation or sole proprietorship ("Sole")]:

Name of Entity	Type	Percentage of Interest	How Held	Approximate Value of Interest
				\$
				\$

**6. REAL ESTATE**

Owned	Type of Property and Location	How Held	Approximate Fair Market Value	Mortgage Balance	Approximate Net Value
					\$
					\$
					\$

**7. NOTES OR CONTRACTS RECEIVABLE**

Payor	Date of Instrument	Collateral	Current Value
			\$
			\$

**8. INDIVIDUAL RETIREMENT ACCOUNTS (IRAs):**

Name of Participant	Financial Institution/Custodian	Approximate Value
		\$
		\$
		\$

**9. RETIREMENT/PENSION PLANS.** Briefly describe any interest in any profit sharing plan, 401(k) plan, pension plan, etc.:

Sponsoring Company	Name of Participant	Type of Plan	Name of Designated Beneficiary After Death	Approximate Present Value
				\$
				\$
				\$

ESTIMATED TOTAL ASSETS OF ESTATE  
(exclusive of life insurance):

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

ESTIMATED TOTAL DEBTS:

\$( \_\_\_\_\_ )

NET WORTH (exclusive of life insurance):

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

**10. INSURANCE ON YOUR LIFE:**

Insurance Company & Policy Number	Owner [self, company, etc.]	Face Value	Cash Value	Primary Beneficiary	Secondary Beneficiary	Annual Premium
						\$
						\$
						\$
						\$
						\$

**11. INSURANCE ON SPOUSE'S LIFE:**

Insurance Company & Policy Number	Owner [spouse, company, etc.]	Face Value	Cash Value	Primary Beneficiary	Secondary Beneficiary	Annual Premium
						\$
						\$
						\$
						\$
						\$

**NET ESTATE FOR ESTATE TAX PURPOSES -**

Net worth - page 4 total plus  
face amount of life insurance

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

## POINTS TO PONDER

Before our meeting, please determine your answers to the following questions.

1. **GROSS ESTATE.** What would you estimate to be the current value all your property, including any retirement plans and proceeds of any life insurance policies?

\_\_\_\_\_

Do you or your spouse have any separate property? If so, please describe:

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

2. **BEQUEST TO SPOUSE.** If your spouse survives you, do you want to leave your entire estate outright or in trust for your spouse?

\_\_\_\_\_

3. **BEQUEST TO CHILDREN.** If your spouse fails to survive you, do you want to leave your entire estate outright or in trust for your children?

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

4. **BEQUEST TO CONTINGENT BENEFICIARIES.** If neither your spouse nor any of your descendants survive you, who do you want to receive your property?

\_\_\_\_\_

5. **SPECIFIC BEQUESTS?** Do you want to leave any specific items of property or cash gifts to particular people? If so, what goes to whom?

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

6. **CHARITABLE BEQUESTS.** Do you want to leave anything to charity? If so, describe:

7. **PERSONAL REPRESENTATIVE.** Who do you want to name as primary and alternate Personal Representative (aka "Executor") to administer your estate?

H: Primary \_\_\_\_\_ W: Primary \_\_\_\_\_  
Alternate \_\_\_\_\_ Altern: \_\_\_\_\_

8. **TRUSTEE.** Who do you want to name as primary and alternate Trustee of any trust(s) established at your death?

Husband: Primary \_\_\_\_\_ Wife: Primary \_\_\_\_\_  
Alternate \_\_\_\_\_ Alternate \_\_\_\_\_

9. **GUARDIAN FOR MINOR CHILDREN.** If any children are minors (under 18), who do you want to name as primary and alternate guardian of such children?

Primary \_\_\_\_\_

Alternate \_\_\_\_\_

10. **REVOCABLE LIVING TRUST.** Do you want to know more about and consider use of a Revocable Living Trust?  Yes  No

11. **LOCATION OF FINANCIAL RECORDS.** Are your financial records complete and located where they can be found and used by personal representative?

12. **FINANCIAL POWER OF ATTORNEY.** Who do you want to authorize to manage your financial affairs if you become incapacitated?

Husband: Primary \_\_\_\_\_ Wife: Primary \_\_\_\_\_  
Alternate \_\_\_\_\_ Alternate \_\_\_\_\_

13. **HEALTH CARE DURABLE POWER OF ATTORNEY.** Who do you want to authorize to make health care decisions for you if you become incapacitated?

Husband: Primary \_\_\_\_\_ Wife: Primary \_\_\_\_\_  
Alternate \_\_\_\_\_ Alternate \_\_\_\_\_

14. **LIVING WILL.** If you are terminally ill and on life support, do you want life support procedures terminated?

Husband:  Yes  No      Wife:  Yes  No

15. **DONATION OF ORGANS.** Do you want to make your organs available for transplantation following your death?

Husband:  Yes  No      Wife:  Yes  No

16. **DISPOSITION OF REMAINS.** Do you prefer burial or cremation? Do you have any special instructions?

Husband:  Burial  Cremation      Wife:  Burial  Cremation