

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Smith & Zuccarini, P.S.

2155 - 112th Avenue NE
 Bellevue, Washington 98004
 (425) 453-4455
 Fax (425) 453-4454
 (800) 945-4481
 www.smithzuccarini.com

Date: _____

MALE

FEMALE

Full Legal Name: _____

Other Names Used: _____

Home Address

Street Address

Preferred Mailing Address (if different)

City State Zip Code

_____ P.O. Box/Street

City State Zip Code

County: _____

Home Phone: _____

E-mail Address: _____

Employer: _____

Occupation: _____

Business Address:

P.O. Box/Street

_____ City State Zip Code

Business Phone: _____

Date & Place of Birth: _____

U. S. citizen? Yes No Yes No

If not, of what country?

Any prior marriages? Yes No Yes No

If so, terminated by: Death Divorce Death Divorce

CHILDREN

Name	Birthdate	Age	Adopted (Mark "A")	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:

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

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 is the net value of your estate? _____

2. **BEQUEST.** If you died today, who do you want to leave your estate to?

3. **TRUST FOR CHILDREN.** If you have children who will be beneficiaries of your estate, is a trust necessary or desirable? If so, do you want to leave your property in a common fund for all of your children, or in separate shares for each child?

4. **GUARDIAN FOR MINOR CHILDREN.** If you have any children who are minors (under 18), who do you want to name as primary and alternate guardian(s) of such children?
Primary _____
City _____ State _____
Alternate _____
City _____ State _____

5. **BEQUEST TO CONTINGENT BENEFICIARIES.** If any primary beneficiary fails to survive you, what alternate disposition should be made of such beneficiary's share?

6. **PERSONAL REPRESENTATIVE.** Who do you want to name as primary and alternate Personal Representative (aka "Executor") to administer your estate?
Primary _____
City _____ State _____
Alternate _____
City _____ State _____

7. **TRUSTEE.** Who do you want to name as primary and alternate Trustee of any trust(s) established at your death?
Primary _____
City _____ State _____
Alternate _____
City _____ State _____

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

9. **CHARITABLE BEQUESTS.** Do you want to leave anything to charity?

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

Primary

City State

Alternate

City State

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

Primary

City State

Alternate

City State

14. **LIVING WILL.** Do you want life support procedures terminated?

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