

Planning Questionnaire

Date

Client Name

Documents to be Attached:

Attached N/A

1. Existing Wills of Both Spouses
2. Latest Income and Gift Tax Returns Filed by Either Spouse
3. Life Insurance Policies
4. Pension, Profit-sharing, Deferred Compensation or Other
5. Retirement Benefit Plans
6. Buy/Sell or Stock Redemption Agreements
7. Trust Instruments
8. Pre-Nuptial Agreement
9. Long Term Care Insurance Policy

Family Statistics

Address

Phone

Name of Spouse

Date of Birth

Place of Marriage

Date of Marriage

Your Children(s') Name(s)

Address

Date of Birth

Your Children(s') Name(s)	Address

Family Statistics *(continued)*

Your Grand Children(s) Name(s)	Date of Birth	Their Parents

Father	Address	Birthdate

Mother	Address	Birthdate

Advisors

Attorney

Trustee

Accountant

Designated Guardian for Children

Life Insurance Advisor

Investment Advisor

Bank and Trust Officer

Physician

Stockbroker

Clergyman

Personal Representative

Assets

1. Have you lived in a state other than Washington? If so, where and for how long?

2. Did you or your spouse own any substantial separate property before marriage?

3. Did you or your spouse own any substantial separate property before marriage?

4. What assets do you think are separate property? Whose separate property?

5. Have you or your spouse ever resided in a foreign country? If so, what countries and for how long?

6. Are you or your spouse a foreign national? If yes from which country?

Distribution Objectives

1. Upon your death how and to whom do you wish your assets distributed?

2. If you and your spouse should both die prematurely, should your children receive property at 21 or should it be held to a more mature age?

3. Do any of your children have special educational, medical or, financial needs?

4. Do you want a survivor to manage your estate from an investment standpoint?

5. To whom would survivor look for management help?

6. Is avoiding unnecessary estate taxation of great importance to you?

Distribution Objectives *(continued)*

7. Do you contemplate making future gifts?

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8. Do you wish to make bequests to your church or synagogue or to any other charitable organization?

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9. If none of your children are living at the time of your spouse's death, do you want your estate to go to: your family? spouse's family? Elsewhere?

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10. Do you anticipate any gifts or inheritance from friends or family?

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Assets / REAL ESTATE

Primary Residence	Ownership	Value	Liability
Vacation Residence	Ownership	Value	Liability
Rental Property	Ownership	Value	Liability

Assets / BANK ACCOUNTS

Type	Description	Owned By	Asset Value

Assets / INVESTMENTS

Bonds, Common Stock, Mutual Funds, Ltd. Partnerships, Preferred Stock

Type	Description	Owned By	Asset Value

Retirement

401K, 403B, IRA's, Qualified Plans, SEP/IRA

Type	Description	Owned By	Asset Value

Insurance

Term Policy, Whole Life Policy, Universal Life, Variable Life

Type	Description	Owned By	Asset Value

Annual Expenditures

Standard of Living

Food	\$	_____
Mortgage Payment	\$	_____
Rent	\$	_____
Real Estate Taxes	\$	_____
Entertainment	\$	_____
Clothing	\$	_____
Utilities	\$	_____
Miscellaneous	\$	_____
Income Taxes	\$	_____
Savings & Investments	\$	_____
Other Loan Payments	\$	_____
Education	\$	_____
Life Insurance	\$	_____
Other	\$	_____
	\$	_____
	\$	_____
	\$	_____
TOTAL ANNUAL EXPENDITURES	\$	_____