



ESTATE PLANNING WORKSHEET

We ask that you please refrain from wearing perfume or cologne to meetings at our office, as some of our staff and clients have medical conditions, which make them sensitive to strong scents.

USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

IF POSSIBLE, PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR APPOINTMENT VIA MAIL OR FAX.

BACKGROUND INFORMATION

Client's Full Legal Name _____
(name most often used to title property and accounts)

Also Known As _____
(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ US Citizen? _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone _____ County of Residence _____ Business Telephone _____

Employer _____ Position _____

E-mail Address _____ It is okay to communicate with me via my E-mail address.

Divorced Widowed Single

CHILDREN, OTHER FAMILY MEMBERS, & POSSIBLE BENEFICIARIES

Name	Birth date	Parent or Relationship
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		
_____	_____	_____
Comments: _____		

ADVISORS

Name	Telephone
Personal Attorney _____	_____
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

PLANNING QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Have you been widowed? <i>Was an Estate Tax Return filed?</i>		
Have you ever filed federal or state gift tax returns?		
Have you completed previous will, trust, or estate planning? <i>Please bring a copy with you to your meeting.</i>		
Are there any charitable organizations you wish to make provisions for at the time of your death?		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

ADDITIONAL RELEVANT INFORMATION

ESTIMATED PROPERTY INFORMATION

REAL PROPERTY

TYPE: Any interest in real estate including your family residence, vacation home, time share, vacant land, etc.

List # of parcels and states if not in Washington.	Estimated Market Value	Estimated Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	_____	_____

FURNITURE AND PERSONAL EFFECTS

TYPE: List separately only major personal effects such as, jewelry, collections, antiques, furs, and all other valuable non-business personal property (*describe any items over \$2,500.*).

Type or Description	Estimated Market Value
Miscellaneous Furniture and Household Effects (Total) _____	_____
_____	_____
_____	_____
_____	_____
<i>Total</i>	_____

AUTOMOBILES, BOATS AND RVS

TYPE: For each motor vehicle, boat, RV, etc. with a value greater than \$250K, please list the following: description, how titled, market value and encumbrance:

	Estimated Market Value	Estimated Loan Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	_____	_____

BANK & SAVINGS ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).
Do not include IRA's or 401(k)'s here

Name of Institutions	# of Accounts	Estimated Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	_____	_____

Note: If Account is in your name for the benefit of a minor, please specify and give minor's name.

STOCKS AND BONDS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.
(indicate type below)

Stocks, Bonds or Investment Accounts	# of Accounts	Estimated Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>	_____	_____

LIFE INSURANCE POLICES AND ANNUITIES

TYPE: Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

Group Term			Face Value
_____			_____
_____			_____
Other			Face Value
Type	Owner	Cash Value	Face Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

RETIREMENT PLANS

TYPE: Non-Pension (NP), Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Stocks, Bonds or Investment Accounts	# of Plans	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
<i>Total</i>		_____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Owner	Name	Ownership %	Value of Interest
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable **to you**, or other moneys owed to you.

Current Balance

_____	_____
_____	_____
_____	_____
<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		<i>Total</i> _____

SUMMARY OF VALUES

	<u>Amount</u>
ASSETS	Total Value
Real Property	_____
Furniture and Personal Effects	_____
Automobiles, Boats and RV's	_____
Bank and Savings Accounts	_____
Stocks and Bonds	_____
Life Insurance and Annuities	_____
Retirement Plans	_____
Business Interests	_____
Money owed to you	_____
Anticipated Inheritance, Etc.	_____
Other Assets	_____
Total Assets:	_____