

**Armstrong, Klym, Waite,  
Atwood & Jameson, P.S.**  
Attorneys at Law

**ESTATE PLANNING QUESTIONNAIRE**

This form is extremely important. Your accuracy and completeness in responding will help our firm represent you. Please bring this completed information packet to your initial consultation.

*Office use only:*

Attorney: \_\_\_\_\_ Date: \_\_\_\_\_ File No. \_\_\_\_\_

**A. CLIENT INFORMATION**

**CLIENT**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

U.S. Citizen?  Yes  No

Veteran?  Yes  No

If yes, please list branch and dates of service: \_\_\_\_\_

**CO-CLIENT**

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

U.S. Citizen?  Yes  No

Veteran?  Yes  No

If yes, please list branch and dates of service: \_\_\_\_\_

**B. MARITAL INFORMATION**

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

City: \_\_\_\_\_ State or Province: \_\_\_\_\_ Country: \_\_\_\_\_

**C. PREVIOUS MARRIAGES/RELATIONSHIPS**

Is there is a court order that requires you to provide ongoing insurance and/or other assets to a former spouse or child?

**Client:**  Yes  No **Co-Client:**  Yes  No

If so, please describe and provide a copy of the order to our office: \_\_\_\_\_

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

**D. CHILDREN**

(if applicable, include adult and minor children, as well as any who have predeceased you)

**NAME OF CHILD:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Married  Single

Street Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Relationship to Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

**Relationship to Co-Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

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**NAME OF CHILD:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Married  Single

Street Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Relationship to Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

**Relationship to Co-Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

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**NAME OF CHILD:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Married  Single

Street Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Relationship to Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

**Relationship to Co-Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

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**NAME OF CHILD:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Married  Single

Street Address: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Relationship to Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

**Relationship to Co-Client:**

Natural child  Adopted  Stepchild  Child born out of wedlock  Deceased

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 **Please check this box and attach a separate page to list additional children.**

**CHILDREN (Continued)**

**Are all of your children in good health?**

Yes  No

**Are any of your children blind?**

Yes  No

**Are any of your children disabled?**

Yes  No

**Are any of your children receiving Supplemental Security Income or SSDI?**

Yes  No

**If yes, how much is the child's monthly payment?**

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

**Are any of your children receiving Medicaid or Medicare?**

Medicaid/COPEs  Medicare

**Do any of your children have any problems with:**

**Serious physical or mental illness?**

Yes  No

**Drug Addiction?**

Yes  No

**Alcoholism?**

Yes  No

**Debt problems/ bankruptcy?**

Yes  No

**Marital Difficulty?**

Yes  No

If you answered yes above, please list the name and reason for listing that child:

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

Do any of your children owe you money, or have you made gifts to one or more of your children that you wish to treat as an advancement of their inheritance? If yes, please provide information:

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

**E. GRANDCHILDREN**

\*\*If you intend to leave any property of your estate directly to a grandchild as an **IMMEDIATE** beneficiary, please list their name and information on the asset below\*\*

**NAME OF GRANDCHILD:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Married  Single

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

**Relationship to Client:**

Is this grandchild a direct descendant (natural or adopted) child of your child?  Yes  No

Property to be distributed: \_\_\_\_\_

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**NAME OF GRANDCHILD:** \_\_\_\_\_

**Gender:**  Male  Female **Marital Status:**  Married  Single

Name(s) of Grandchild's Parent(s): \_\_\_\_\_

**Relationship to Client:**

Is this grandchild a direct descendant (natural or adopted) child of your child?  Yes  No

Property to be distributed: \_\_\_\_\_

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 **Please check this box and attach a separate page to list additional grandchildren.**

**GRANDCHILDREN (Continued)**

**Are all of your grandchildren in good health?**

Yes  No

**Are any of your grandchildren blind?**

Yes  No

**Are any of your grandchildren disabled?**

Yes  No

**Are any of your grandchildren receiving Supplemental Security Income or SSDI?**

Yes  No

**If yes, how much is the child's monthly payment?**

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

**Are any of your grandchildren receiving Medicaid or Medicare?**

Medicaid/COPEs  Medicare

**Do any of your grandchildren have any problems with:**

**Serious physical or mental illness?**

Yes  No

**Drug Addiction?**

Yes  No

**Alcoholism?**

Yes  No

**Debt problems/ bankruptcy?**

Yes  No

**Marital Difficulty?**

Yes  No

If you answered yes above, please list the name and reason for listing that grandchild:

\_\_\_\_\_

**F. LONG TERM CARE INSURANCE**

Do you have Long Term Care Insurance?  Yes  No

If so, please provide a brief description of the policy coverage: \_\_\_\_\_

\_\_\_\_\_

**G. MISCELLANEOUS**

1. Do you have any legal issues I should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Where do you store your important papers? \_\_\_\_\_

3. Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate the name and address of the bank: \_\_\_\_\_

4. Have you prepaid your burial and funeral arrangements?  Yes  No

If yes, please provide copies of your cemetery deed and funeral contract.

5. Are there any difficult family dynamics that could impact your planning?  Yes  No

If yes, please provide information: \_\_\_\_\_

6. Are you a contributor to a 529 Plan?  Yes  No

If so, please describe: \_\_\_\_\_

7. Does anyone in your immediate or extended family have special need issues (including any spouses of your children)?  Yes  No

If yes, name and relationship of disabled family member: \_\_\_\_\_

\_\_\_\_\_

**H. ASSETS AND RESOURCES**

**1. REAL ESTATE**

Description (Location)	Cost (Basis)	Market Value	Mortgage Balance	How Title Held
<b>**EXAMPLE**</b> <i>123 Smith Ave., Kennewick, WA</i>	<i>\$XXXXXXXXXX</i>	<i>\$XXXXXXXXXX</i>	<i>\$XXXXXXXXXX</i>	<i>Joint Tenant</i>

**2. CASH AND BANK ACCOUNTS** (CDs, Checking, Savings, etc.)

Name of Bank/Branch Location	Type of Account	Account No.	Balance Value	Ownership
<b>**EXAMPLE**</b> <i>ABC Bank/Jadwin Ave., Richland</i>	<i>Savings</i>	<i>XXXXX-XXX</i>	<i>\$XXXXXXXXXX</i>	<i>Joint w/ Son</i>

**3. SECURITIES** (Bonds, Marketable Securities, etc.)

Name of Company	Type of Sec.	# of Shares or Face Value	Cost	Current Value	Ownership
<b>**EXAMPLE**</b> <i>Acme Corp.</i>	<i>Common or preferred</i>	<i>XX Shares</i>	<i>\$XXXXXXXXXX</i>	<i>\$XXXXXXXXXX</i>	<i>Sole Owner</i>

**4. RETIREMENT ACCOUNTS** (IRAs, 401ks, Annuities, Keoghs, etc.)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
<b>**EXAMPLE**</b> <i>Apple Insurance Co.</i>	<i>XXXX-XXXX</i>	<i>Client</i>	<i>Spouse</i>	<i>January, 1970</i>	<i>\$XXXXXXXXXX</i>

**5. PENSIONS**

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Value
<b>**EXAMPLE**</b> <i>IBEW Pension Plan</i>	<i>XXXX-XXXX</i>	<i>Client</i>	<i>Spouse</i>	<i>January, 1970</i>	<i>\$XXXXXXXXXX</i>

**6. LIFE INSURANCE** (Whole Life, Term, Endowment, etc.)

Name of Institution	Account No.	Owner	Beneficiary	Date Est.	Current Value
<b>**EXAMPLE**</b> <i>Apple Insurance Co.</i>	<i>XXXX-XXXX</i>	<i>Client</i>	<i>Spouse</i>	<i>January, 1970</i>	<i>\$XXXXXXXXXX</i>

**7. PERSONAL PROPERTY**

Category	Item	Market Value	How Title Held
Home Décor & Furnishings:	-----		
Cars, RVs, Boats, etc.:			
Cars, RVs, Boats, etc.:			
Cars, RVs, Boats, etc.:			
Cars, RVs, Boats, etc.:			
Cars, RVs, Boats, etc.:			
Jewelry , Furs, etc.:	-----		
Other:			
Other:			
Other:			
Other:			
Other:			

**7. RIGHTS OR INTERESTS IN TRUSTS, ESTATES, OR PROSPECTIVE INHERITANCES**

Briefly describe or give the name of any Trust in which you have an interest, or the person who is the source of the inheritance and what you expect to receive. Please provide a copy of the Will or Trust which creates the interest, if available. If not, please advise if and how we may obtain a copy.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. BUSINESS INTERESTS**

If either client has an ownership in any business (whether sole proprietorship, corporation or partnership), please provide additional information regarding the nature of the interest and value of the business interest. If there are business documents (such as Buy-Sell Agreements, Stock Certificates, etc.) please provide copies.: \_\_\_\_\_  
\_\_\_\_\_

**9. MISCELLANEOUS**

If either client has any property interests not described above, please explain the nature of the interests and the estimated value of each. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. SELECTING BENEFICIARIES**

Please note we will spend time during our first meeting completing Schedule 2 and Schedule 3. However , you may want to review your existing documents (if any) and the following choices of beneficiaries and fiduciaries in preparation for our meeting.

In general, to whom and how do you want your property distributed upon your death? Think about your family members, friends, former benefactors, and charities, such as public benefit nonprofit organizations, educational or religious organizations. Are there certain items of personal property that should pass to designated individuals? Are there specific charities or individuals that you intend to leave a gift? Are some selected beneficiaries going to require a Trustee to manage their fund on their behalf?

Please note any differences between spousal wishes.

A. First-choice beneficiaries:  Spouse  Children  Spouse and Children  Other  
List: \_\_\_\_\_

B. Second-choice beneficiaries:  Spouse  Children  Spouse and Children  Other  
List: \_\_\_\_\_

C. Third-choice beneficiaries:  Spouse  Children  Spouse and Children  Other  
List: \_\_\_\_\_

D. Any specific disposition of your residence?  
List: \_\_\_\_\_

E. Any specific gifts of special articles, such as art or jewelry?  
List: \_\_\_\_\_

F. Any specific disposition of other household and/or personal effects?  
List: \_\_\_\_\_  
\_\_\_\_\_

G. Other information you think is important to your estate planning:  
\_\_\_\_\_  
\_\_\_\_\_

**J. SELECTING FIDUCIARIES**

(Please provide names, addresses and phone numbers if chosen person is not a child or spouse.)

<b><u>POSITION</u></b>	<b><u>CLIENT</u></b>	<b><u>CO-CLIENT</u></b>
<b>WILL SELECTIONS:</b>		
Personal Representative(s)	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____
Trustee or Co-Trustees	_____	_____

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**FINANCIAL GENERAL POWER OF ATTORNEY:**

Agent or Co-Agents	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

- Yes, my Co-Agents may act independently of each other.
  No, each task must be undertaken jointly by all Co-Agents.

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**HEALTH CARE POWER OF ATTORNEY & LIVING WILL:**

Agent or Co-Agents	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

If more than one Agent is selected, may either Agent act alone, independently of the other Agent, or must all Co-Agents act together?

- Yes, my Co-Agents may act independently of each other.
  No, each task must be undertaken jointly by all Co-Agents.

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**GUARDIAN(S) FOR MINOR CHILDREN (or disabled children):**

Guardian(s)	_____	_____
1st Successor(s)	_____	_____
2nd Successor(s)	_____	_____

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**K. REFERRAL**

Who referred you to our office?

Name: \_\_\_\_\_

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**L. CERTIFICATION**

The undersigned hereby represents to Armstrong, Klym, Waite, Atwood & Jameson, P.S. that the information contained in this questionnaire (including any attached documentation) is accurate and complete, and that the undersigned understands that the law firm will rely on this information. If the information contained herein is inaccurate or incomplete, the recommendations made by Armstrong, Klym, Waite, Atwood & Jameson, P.S. may not be appropriate.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Client or Client Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Co-Client or Co-Client Representative*