

Armstrong, Klym & 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

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

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

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

 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: _____

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: _____

 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
EXAMPLE <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
EXAMPLE <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
EXAMPLE <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
EXAMPLE <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
EXAMPLE <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
EXAMPLE <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:			

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.)

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

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.

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.

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

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

K. REFERRAL

Who referred you to our office?

Name: _____

L. CERTIFICATION

The undersigned hereby represents to Armstrong, Klym & 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 & Jameson, P.S. may not be appropriate.

Date

Signature of Client or Client Representative

Date

Signature of Co-Client or Co-Client Representative