

Peninsula Law Firm PLLC

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To help us better serve you please complete this questionnaire and return to the office prior to your appointment.

ESTATE PLANNING QUESTIONNAIRE

Full Legal Names:

Husband's: _____ Wife's: _____

Permanent Home address: _____

City: _____ State: _____ Zip Code: _____

Address of Part/Time Residence: _____

Home phone: _____ Fax: _____

Husband's Cell: _____ Wife's Cell: _____

Husband's e-mail: _____ Wife's email _____

Husband's Date of Birth: _____ Place of Birth: _____

Husband's Social Security Number: _____

Wife's Date of Birth: _____ Place of Birth: _____

Wife's Social Security Number: _____

Are you a United States Citizen? Husband: _____ Wife: _____

DOCUMENTS

We/I have // have not // made a will. We/I have // have not // made a trust.

We have // have not // a Community Property Agreement.

We/I have // have not // made a Power of Attorney.

We/I have a life insurance trust //; a personal residence trust //; other type trust: _____

We/I have a Family Limited Liability Partnership/ or a LLC or a Corporation: _____.

Please also bring to your appointment: All previous estate planning documents including Wills, Trusts, Community Property Agreements, Powers of Attorney, and Health Care Directives; and if available, LLC or LLP Operating Agreements, or incorporation documents.

Is there a divorce decree or separation agreement from a prior marriage, or a prenuptial Agreement that would affect your estate planning? **If so, please provide a copy of the divorce decree or separation agreement.**

Have you ever filed any Federal Gift Tax Returns? Yes _____ No _____

CHILDREN OF THIS UNION:

NAME: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth):

NAME: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth):

NAME: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth):

NAME: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth):

HUSBAND'S CHILDREN OF PRIOR MARRIAGE(S):

NAME: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth) _____

NAME: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth) _____

NAME: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth) _____

WIFE'S CHILDREN OF PRIOR MARRIAGE(S):

NAME: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth) _____

NAME: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth) _____

NAME: _____ Date of Birth: _____

Address: _____

Telephone: _____

Spouse of this child: _____

Children of this child: (names and dates of birth) _____

SIBLINGS: (specify whose -husband's or wife's)

Relationship: _____ Name: _____

Address: _____

Home Telephone: _____ Cell Number: _____

Relationship: _____ Name: _____

Address: _____

Home Telephone: _____ Cell Number: _____

Relationship: _____ Name: _____

Address: _____

Home Telephone: _____ Cell Number: _____

OTHER CLOSE RELATIVES:

Name: _____

Address: _____

Home Telephone: _____ Cell Number: _____

Name: _____

Address: _____

Home Telephone: _____ Cell Number: _____

Husband's Father: deceased // Living: Name: _____

Address: _____

Telephone: _____

Husband's Mother: deceased // Living: Name: _____

Address: _____

Telephone: _____

Wife's Father: deceased // Living: Name: _____

Address: _____

Telephone: _____

Wife's Mother: deceased // Living: Name: _____

Address: _____

Telephone: _____

Will either of you be receiving an inheritance, and if so, what and from whom:

FINANCIAL INFORMATION

Banks or Credit Unions:

A. NAME OF FINANCIAL INST.: _____

Office or Branch: _____

Type of Account: _____ Joint // or Individual //

In Name(s) of: _____

Account No.: _____

B. NAME OF FINANCIAL INST.: _____

Office or Branch: _____

Type of Account: _____ Joint // or Individual //

In Name(s) of: _____

Account No.: _____

Investment Accounts:

A. NAME OF FINANCIAL INST.: _____

Office or Branch: _____

Type of Account: _____ Joint // or Individual //

In Name(s) of: _____

Account No.: _____

B. NAME OF FINANCIAL INST.: _____

Office or Branch: _____

Type of Account: _____ Joint // or Individual //

In Name(s) of: _____

Account No.: _____

Real Property:

1. Address: _____

Date Acquired: _____ Price paid: _____

State and County: _____

Tax Parcel Number: _____

2. Address: _____

Date Acquired: _____ Price paid: _____

State and County: _____

Tax Parcel Number: _____

3. Address: _____

Date Acquired: _____ Price paid: _____

State and County: _____

Tax Parcel Number: _____

Autos:

Make: _____ Year: _____ Approximate value: _____

Make: _____ Year: _____ Approximate value: _____

RV(s):

Make: _____ Year: _____ Approximate value: _____

Boat(s):

Make: _____ Year: _____ Approximate value: _____

Air Craft(s):

Make: _____ Year: _____ Approximate value: _____

PERSONAL PROFESSIONALS:

Insurance Agent: _____

Financial Advisor: _____

Accountant: _____

Pastor/ church affiliation: _____

Family Physician(s): _____

APPOINTMENTS AND PLANNING:

Reciprocal Power of Attorney: If married (or in a domestic partnership) do you and your spouse wish to have Reciprocal Durable Power of Attorney? _____ If so, should this Reciprocal Durable Power of Attorney be effective / / anytime, or / / only in case of disability?

I (we) wish to appoint the following person(s) as guardian of my (our) minor children:

Power of Attorney: We/I wish to give the following person(s) financial power of attorney:

Healthcare Power of Attorney: We/I wish to give the following person(s) power of attorney for health care decisions if we/I should become incapacitated:

For Husband: _____
their phone numbers: _____

For Wife: _____
their phone numbers: _____

Organ Donation Choice *(If desired. Each check only one option):*

Yes, I want to donate my organs, tissues or other parts of my body to benefit others, and they can be used for **transplantation and/or medical research** Husband____ Wife ____ .

Yes, I want to donate my organs, tissues or other parts of my body for **transplantation only**.

Husband _____ Wife _____

Yes, but I wish to donate **only** _____ **for transplantation.**

Husband _____ Wife _____

SPECIAL LEGACY: Special gifts to certain individuals/ or a special needs trust for a child or family member with disabilities.

GENERAL LEGACY: DISTRIBUTION; SPECIAL INSTRUCTIONS, BEQUESTS: (who receives what and how) _____

MEMORIAL &/or Burial Instructions

ANY OTHER INSTRUCTIONS
