

# GOURLEY LAW GROUP

ATTORNEYS

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## ESTATE PLANNING QUESTIONNAIRE

INSTRUCTIONS: Please complete this Questionnaire and bring it with you to our meeting. Please feel free to attach additional pages if you do not have enough room or wish to attach explanatory pages. If you have questions regarding any item, please place a “?” in the blank and we will discuss your questions at our meeting. **Please also bring copies of any current estate planning documents to our meeting.**

Meeting Date: \_\_\_\_\_ Attorney: \_\_\_\_\_

- | A. | PERSONAL       | Spouse 1 | Spouse 2 |
|----|----------------|----------|----------|
| 1. | Name:          | _____    | _____    |
| 2. | Other Names:   | _____    | _____    |
| 3. | Addresses:     |          |          |
|    | Home           | _____    | _____    |
|    |                | _____    | _____    |
| 4. | Telephone      |          |          |
|    | a. Home        | _____    | _____    |
|    | b. Work        | _____    | _____    |
| 5. | Age:           | _____    | _____    |
| 6. | Email:         | _____    | _____    |
| 7. | Marriage Date: | _____    |          |

**B. PRIOR MARRIAGE (If applicable)**

Spouse 1

Spouse 2

1. Former Spouse: \_\_\_\_\_
2. Marriage Date: \_\_\_\_\_
3. Terminated by Death or Divorce On:  
\_\_\_\_\_
4. Obligations to or from former spouse:  
\_\_\_\_\_
5. Child Support: \_\_\_\_\_

**C. CHILDREN (Please indicate if child of prior marriage)**

1. Living Children

Spouse 1

Spouse 2

- a. Name/DOB: \_\_\_\_\_  
Residence City/State: \_\_\_\_\_
- b. Name/DOB: \_\_\_\_\_  
Residence City/State: \_\_\_\_\_
- c. Name/DOB: \_\_\_\_\_  
Residence City/State: \_\_\_\_\_
- d. Name/DOB: \_\_\_\_\_  
Residence City/State: \_\_\_\_\_

2. Deceased Children. If either of you have any deceased children please list their name and the names of the surviving children of the deceased child if any. \_\_\_\_\_

**D. INTERSPOUSAL AGREEMENTS**

1. Have you ever executed a Community Property Agreement? \_\_\_\_\_
2. Have you ever executed any other agreements between spouses regarding your property (such as a pre-nuptial agreement)? \_\_\_\_\_
3. **Please bring copies of any agreements to our meeting.**

**E. TRUSTS**

1. Do you receive income from any trust?    \_\_\_ YES    \_\_\_ NO  
If yes, who created the trust? \_\_\_\_\_  
\_\_\_\_\_
2. Have either of you ever created a trust, except as part of a Will?    \_\_ YES    \_\_\_ NO  
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_
3. Please bring all instruments relating to the trusts to the meeting.

**F. DESIGNATED BENEFICIARIES**

Are any of your accounts (e.g. bank accounts, brokerage accounts) have another person’s name on them or have a “TOD” or “POD” designation? \_\_\_ YES    \_\_\_ NO

**If yes, please bring copies of your last statements with you.**

**G. GIFTS AND/OR INHERITANCES**

1. Are either of you likely to receive any gifts or inheritances?    \_\_\_ YES    \_\_\_ NO  
If yes, from whom and approximately how much? \_\_\_\_\_  
\_\_\_\_\_
2. Do either of you make or intend to make regular gifts to any person?    \_\_\_ YES    \_\_\_ NO  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**H. ASSETS**

Please list all of your assets. Under “Owner” and “Debtor” please indicate if it is owned by only one of you (if so indicate which one) or both of you. You can write a “J” for jointly owned assets.

**REAL PROPERTY**

	Address	Approximate Value	Mortgage Amount	Approximate Equity	Owner
1					
2					
3					
4					

**BANK ACCOUNTS AND CREDIT UNION ACCOUNTS**

	Institution	Type of Account	Approximate Value	Owner
1				
2				
3				
4				
5				

**INVESTMENTS (STOCKS, BONDS, MUTUAL FUNDS, BROKERAGE ACCOUNTS, ANNUITIES – NOT IRA’S)**

	Institution/Company	Approximate Value	Owner
1			
2			
3			
4			
5			

**LIFE INSURANCE**

	Institution	Type of Policy (whole, term)	Death Benefit Amount	Named Beneficiary	Insured
1					
2					
3					
4					
5					

**IRA'S, 401(K), PENSION & DEFERRED COMPENSATION PLANS AND OTHER RETIREMENT PROGRAMS**

	Institution/Company	Approximate Current Value	Death Benefits (if any)	Owner
1				
2				
3				
4				
5				

**PERSONAL PROPERTY**

	Type of Property	Approximate Value	Owner
1	Household Goods		
2	Vehicles		
3	Boats		
4	Jewelry		
5	Other High Value Items		

**OTHER ASSETS**

	Type of Asset	Approximate Value	Owner
1			
2			
3			
4			
5			

**Subtotal:** \$ \_\_\_\_\_

**ANY LIABILITIES OTHER THAN MORTGAGES**

	Type of Liability	Secured?	Approximate Amount Owed	Creditor
1				
2				
3				
4				
5				

LESS Other Liabilities (\$ \_\_\_\_\_ )

**Net Worth (Approximate)** \$ \_\_\_\_\_

**INSURANCE:**

What are your vehicle insurance collision liability limits? \_\_\_\_\_

Do you have an umbrella policy? \_\_\_ Yes \_\_\_ No

If yes, how much is the Umbrella? \_\_\_\_\_

**I. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY**

1. What are any objectives or priorities you have? \_\_\_\_\_

2. Do either or you want to give anyone a special gift? \_\_\_ Yes \_\_\_No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. To whom would each of you like to leave everything else? (Check one or more of the following).

\_\_\_ Each Other

\_\_\_ Children

\_\_\_ Grandchildren

\_\_\_ Other – Please Specify: \_\_\_\_\_  
\_\_\_\_\_

4. Common Disaster. If no one named in the prior section survives you, to whom would you like to leave everything? (e.g. your children and grandchildren, etc. died at the same time or prior to you.)

SPECIFIC DOLLAR AMOUNT (OPTIONAL): \_\_\_\_\_  
\_\_\_\_\_

RESIDUARY BEQUESTS (MUST TOTAL 100%): \_\_\_\_\_  
\_\_\_\_\_

5. Trusts.

Do you want to leave anything to anyone under 18? \_\_\_ Yes \_\_\_No

Do you want to leave anything to someone receiving government benefits? \_\_\_Yes \_\_\_No

Are you concerned with the ability of any beneficiary to handling money? \_\_\_ Yes \_\_\_No

6. Personal Representative – Who would you like to manage your estate?

	Spouse 1	Spouse 2
1 <sup>st</sup> Choice:	_____	_____
2 <sup>nd</sup> Choice:	_____	_____
3 <sup>rd</sup> Choice:	_____	_____

7. Trustee – Other than your spouse, who should serve as trustee of any trust created in your Will?

	Spouse 1	Spouse 2
1 <sup>st</sup> Choice:	_____	_____
2 <sup>nd</sup> Choice:	_____	_____
3 <sup>rd</sup> Choice:	_____	_____

8. If either or you have children who are not yet age 18, who should raise them if something were to happen to the both of you?

1<sup>st</sup> Choice: \_\_\_\_\_  
2<sup>nd</sup> Choice: \_\_\_\_\_

9. Cremation/Burial. Please indicate if you would like a request for cremation or burial in your Will or if you would rather not address this in your Will:

Spouse 1: \_\_\_ Cremation \_\_\_ Burial \_\_\_ Leave this provision out of my Will

Specific Instructions: \_\_\_\_\_

Spouse 2: \_\_\_ Cremation \_\_\_ Burial \_\_\_ Leave this provision out of my Will

Specific Instructions: \_\_\_\_\_



**J. DURABLE POWER OF ATTORNEY**

A Durable Power of Attorney is a document which is effective upon your disability or incapacity.

- 1. Have either of you ever executed a power of attorney before? \_\_\_ Yes \_\_\_ No
- 2. Was it recorded? \_\_\_ Yes \_\_\_ No If yes, please bring a copy.
- 3. Who would you like to assist you with health care decisions? \_\_\_\_\_

Spouse 1

Spouse 2

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

- 4. Who would you like to assist you with financial decisions? \_\_\_\_\_

Spouse 1

Spouse 2

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

**K. HEALTH CARE DIRECTIVE (LIVING WILL)**

The purpose of the Health Care Directive is to make know the desire of the person signing the documents of his/her wish to have OR not have his/her life “artificially prolonged” in the case of a permanently unconscious or imminently terminal condition. Do you wish to have such a document prepared?

\_\_\_ YES \_\_\_ NO

**SEPARATE PROPERTY WORKSHEET**

A. Please list out **in detail** each item of **separate property** held by the **Spouse 1** (please bring copies of deeds for any real property?): \_\_\_\_\_

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B. Please list out **in detail** each item of **separate property** held by the **Spouse 2** (please bring copies of deeds for any real property?): \_\_\_\_\_

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