

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**

1. Name: _____

2. Other Names: _____

3. Addresses:
Home _____

4. Telephone
a. Home _____

b. Work _____

5. Age: _____

6. Email: _____

7. Citizenship: _____

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

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

a. Name/DOB: _____

Residence City and State: _____

b. Name/DOB: _____

Residence City and State: _____

c. Name/DOB: _____

Residence City and State: _____

d. Name/DOB: _____

Residence City and State: _____

2. Deceased Children. If 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 (If you were formerly married)

1. Have you ever executed a Community Property Agreement? ___ Yes ___ No

2. Have you ever executed any other agreements between spouses regarding your property (such as a pre-nuptial agreement)? Yes No

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 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 our meeting.**

F. DESIGNATED BENEFICIARIES

Are any of your accounts (e.g. bank accounts, brokerage account) have another person's name on them of have a "TOD" or POD" designation? Yes No

G. GIFTS AND/OR INHERITANCES

1. Are you likely to receive and gifts or inheritances? Yes No

If yes, from whom and approximately how much? _____

2. Do 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
1	Household Goods	
2	Vehicles	
3	Boats	
4	Jewelry	
5	Other High Value Items	

OTHER ASSETS

	Type of Asset	Approximate Value
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 you want to give anyone a special gift? ___ Yes ___ No

If yes, please describe. _____

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

___ 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?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

7. Trustee –Who should serve as trustee of any trust created in your Will?

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

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

1st Choice: _____

2nd 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:

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?

1st Choice: _____

2nd Choice: _____

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

1st Choice: _____

2nd 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