

JONES BUTLER DOLAN, PS

Client Information
Estate Planning

Personal Information

Client

Full Name:
Preferred to be called:
Address:
City, State & Zip Code:
Home Telephone:
Cell Phone:
E-mail Address:
Best way to contact:
Birth Date:
Previously Married: Yes No

Children

Name and Address Phone Number Age
[Blank lines for child information]

Marital Status: Married Single Divorced
Issue: Children Adopted No children

Name and Address Phone Number Age
[Blank lines for child information]

Marital Status: Married Single Divorced
Issue: Children Adopted children No children

Name and Address Phone Number Age
[Blank lines for child information]

Marital Status: Married Single Divorced
Issue: Children Adopted children No children

Name and Address

Phone Number

Age

Marital Status:
Issue:

Married
 Children

Single
 Adopted children

Divorced
 No children

Name and Address

Phone Number

Age

Marital Status:
Issue:

Married
 Children

Single
 Adopted children

Divorced
 No children

Name and Address

Phone Number

Age

Marital Status:
Issue:

Married
 Children

Single
 Adopted

Divorced
 No children

Name and Address

Phone Number

Age

Marital Status:
Issue:

Married
 Children

Single
 Adopted

Divorced
 No children

Use back of page for additional children.

Agents

1. A **Personal Representative** or Executor is responsible for carrying out the terms of your Will. This person should be trusted by you and have a basic business ability that will enable him or her to fulfill the responsibilities of settling your estate.

Choices for Personal Representative:

	Name & Address	Phone & Relationship
First Choice	_____	_____
	_____	_____
Second Choice	_____	_____
	_____	_____
Third Choice	_____	_____
	_____	_____

2. An **Attorney-in-fact** is someone appointed by you to handle your business affairs through a document known as a Power of Attorney. It is also possible to authorize someone to make health care decision for you if you are unable to do so. The person who handles your business affairs does not need to be the same person who makes the health care decisions. If they are different, please fill out the following two sections. Your Attorney-in-fact functions only during your lifetime and is bound by the powers that you grant him or her in the Power of Attorney. At least one alternative is advisable, and two alternates are better.

Choices for Attorney-in-fact:

	Name & Address	Phone & Relationship
First Choice	_____	_____
	_____	_____
Second Choice	_____	_____
	_____	_____
Third Choice	_____	_____
	_____	_____

If you want different people than are listed above to make health care decisions, please complete the following:

Choices for Attorney-in-fact for health care decisions:

	Name & Address	Phone & Relationship
First Choice	_____	_____
	_____	_____
Second Choice	_____	_____
	_____	_____
Third Choice	_____	_____
	_____	_____

3. A **Guardian** is someone appointed by you to care for your minor child or children if neither of you are living. Technically, there are two types of guardians. The guardian of the person is responsible for taking care of the children, and guardian of the estate manages the assets of the minors. Most frequently these roles are filled by the same person or you can nominate separate individuals for each role.

Choices for Guardian:

	Name & Address	Phone & Relationship
First Choice	_____	_____
	_____	_____
Second Choice	_____	_____
	_____	_____
Third Choice	_____	_____
	_____	_____

Health Care Directive

Do you want to give your health care provider instructions not to artificially prolong the dying process in the event you have a terminal condition or in a permanent unconscious condition?

Yes No

Distribution

How do you want your assets used after your death?

Any other instructions?:

Estate Tax/ Long Term Care/ Medicaid Planning

Retirement Funds

Enter the approximate value of your retirement funds.

IRA's	\$	_____
Pension/401(k) plans	\$	_____
Total:	\$	_____

Life Insurance

Enter the amount of the death benefit and cash value of your life insurance.

	Death Benefit	Cash Value	Beneficiary
Policy Number 1	\$ _____	\$ _____	_____
Policy Number 2	\$ _____	\$ _____	_____
Total:	\$ _____		

Other Assets

Enter the approximate value of the following assets.

Checking Accounts	\$ _____
Saving Accounts	\$ _____
Certificates of Deposits	\$ _____
Stocks/Bonds	\$ _____
Investments Accounts	\$ _____
Mutual Funds	\$ _____
Residence	\$ _____
Rental/Recreation Property	\$ _____
Business	\$ _____
Vehicles	\$ _____
Boats/Recreation Vehicles	\$ _____
Furniture/Household Goods	\$ _____
Collectibles	\$ _____
Jewelry	\$ _____
Other: _____	\$ _____
Total:	\$ _____

Debts and Liabilities

Enter the approximate value of your debts and liabilities.

Credit Cards	\$ _____
Consumer Debt	\$ _____
Business Debt	\$ _____
Home Mortgage	\$ _____
Home Equity Loan	\$ _____
Other Debt	\$ _____
Total:	\$ _____

Net Worth Summary

Enter the approximate total of retirement funds, life insurance and other assets listed on previous page and subtract the total debts and liabilities listed above.

Retirement Funds	\$ _____
Life Insurance	\$ _____
Other Assets	\$ _____
Sub-Total:	\$ _____
Subtract Debts	\$ _____
Net Worth:	\$ _____

Is any of your real estate outside the state of Washington? Yes No

If yes, where is it located? _____

Have you ever made gifts to an individual person in one year in excess of \$10,000?

Yes No

Have you ever filed federal gift tax returns? Yes No

Are you a shareholder of any corporation which would be classified as an "S" Corp.?

Yes No

Are you a beneficiary of a trust made by someone else? Yes No

Do you have long-term care insurance? Yes No

Questions

Below is a list of many of the things that concern people in their estate planning; it is here to help you think through some possible objectives. Please look these over and place a check mark in the appropriate column.

My beneficiaries are all responsible and outright gifts will not cause them problems.

I have beneficiaries who are disabled and need special provisions.

Some or all of my heirs are minors and will need to have any assets managed for them, should they be too young.

I am concerned about leaving assets outright to my children. I would rather have the assets protected for a period of time.

I want to avoid possible challenges to my estate plan by disgruntled heirs.

I want to plan for my grandchildren.

I own a business and want there to be a smooth transition in the operation of the business when I die.

I own a business and want my children to share equally in my estate, even though only one of them gets the business.

I want to provide for charities.

Yes	No	Need more information

Existing Plans. Finally, it is important to do estate planning in the context of your present plans. Please indicate if you currently have any of the following:

- Will
- Power of Attorney
- Power of Attorney for Health Care
- Trust
- Health Care Directive (Living Will)
- Prenuptial Agreement
- Other: _____

Other Concerns or Questions. Please indicate any concerns or questions that you might have concerning your estate plans: _____

This form was filled out by: _____ Date: _____

Please return this form to:
 Jones Butler Dolan, PS
 10027 269th Street NW
 Post Office Box 458
 Stanwood, Washington 98292
admin@jbdolan.com