

**Client Information
Estate Planning**

Personal Information

	Husband	Wife
Full Name:	_____	_____
Preferred to be called:	_____	_____
Date of Marriage:	_____	
Address:	_____	
City, State & Zip Code:	_____	
Home Telephone:	_____	
Cell Phone:	_____	_____
E-mail Address:	_____	_____
Birth Date:	_____	_____
Previously Married:	Yes No	Yes No

Children

Name and Address	Phone Number	Age	
_____	_____	_____	

Child of:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Both
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
Issue:	<input type="checkbox"/> Children	<input type="checkbox"/> Adopted	<input type="checkbox"/> No children

Name and Address	Phone Number	Age	
_____	_____	_____	

Child of:	<input type="checkbox"/> Husband	<input type="checkbox"/> Wife	<input type="checkbox"/> Both
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
Issue:	<input type="checkbox"/> Children	<input type="checkbox"/> Adopted children	<input type="checkbox"/> No children

Name and Address

Phone Number

Age

Child of:

Marital Status:

Issue:

Husband

Married

Children

Wife

Single

Adopted children

Both

Divorced

No children

Name and Address

Phone Number

Age

Child of:

Marital Status:

Issue:

Husband

Married

Children

Wife

Single

Adopted children

Both

Divorced

No children

Name and Address

Phone Number

Age

Child of:

Marital Status:

Issue:

Husband

Married

Children

Wife

Single

Adopted children

Both

Divorced

No children

Name and Address

Phone Number

Age

Child of:

Marital Status:

Issue:

Husband

Married

Children

Wife

Single

Adopted

Both

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. Some people want their spouse to function in this capacity. Others prefer to spare their spouse from these duties.

Husband's Choices for Personal Representative:

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

Wife's 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.

Husband's Choices for Attorney-in-fact:

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

Wife's 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:

Husband's Choices for Attorney-in-fact for health care decisions:

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

Wife's 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.

Husband's Choices for Guardian:

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

Wife's 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?

Husband: Yes No Wife: Yes No

Distribution

How do you want your assets used after your death?

Husband's desires if wife is surviving: _____

Husband's desires if wife is not surviving: _____

Wife's desires if husband is surviving: _____

Wife's desires if husband is not surviving: _____

Any other instructions?:

Do you have any preference for burial or cremation, etc? Have you made any arrangements for these preferences?:

Estate Tax/ Long Term Care/ Medicaid Planning

Retirement Funds

Enter the approximate value of your retirement funds under the appropriate heading of community property, husband's separate property or wife's separate property.

	Community	Husband's	Wife's
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	Person Insured
Policy Number 1	\$ _____	\$ _____	
Policy Number 2	\$ _____	\$ _____	
Total:	\$ _____		

Other Assets

Enter the approximate value of the following assets under the appropriate heading of community property, husband's separate property or wife's separate property.

	Community	Husband's	Wife's
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 liability under the appropriate heading of community property, husband's separate property or wife's separate property.

	Community	Husband's	Wife's
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.

	Community	Husband's	Wife's
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 either of 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 or your spouse a shareholder of any corporation which would be classified as an "S" Corp.? Yes No

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

Do you have long-term care insurance?

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 select the response 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 or your spouse currently have any of the following:

- | | |
|-----------------------------------|-------------------------------------|
| Will | Trust |
| Power of Attorney | Health Care Directive (Living Will) |
| Power of Attorney for Health Care | Prenuptial Agreement |
| Community Property 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:
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 Stanwood, Washington 98292
 admin@jbdolan.com