

ESTATE PLANNING QUESTIONNAIRE

This information will help us have a meaningful discussion of your circumstances and concerns. Your story is unique.

Law Office of Robert C. Pittman
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Call us if you have any questions. (253) 471-9779.

Date: _____ Referred by: _____

PERSONAL

First Person

Second Person

Name _____

Other names you have used _____

Your Address: _____

Telephone Home _____

Work _____

Cell _____

E-mail address _____

Date of Birth _____

If married:
Marriage Date _____

Place of Marriage _____

United States Citizen? Yes ___ No ___ Yes ___ No ___

PRIOR MARRIAGES? Yes ___ No ___ Yes ___ No ___

If you were married before, please provide details of any outstanding obligations. If marriage ended in divorce, a copy of the Decree of Dissolution would be helpful if you have continuing obligations.

YOUR CHILDREN -- Please indicate if the child is a "joint" child or "belongs" to First Person or Second Person

Living Children	First Person (FP)	Second Person (SP)	Joint (J)
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			
Name _____	FP ___	SP ___	J ___
Date of Birth _____			

If you have any deceased children, please provide information on any children of your deceased child.

DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon you for support now or possibly in the future? (parents, for example)

AGREEMENTS BETWEEN SPOUSES OR LIFE PARTNERS

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

Have you ever executed any other agreements between spouses or life partners regarding your property (for example, a “prenuptial” or joint ownership agreement)? If yes, please furnish a copy.
Yes ___ No ___

TRUSTS

Is any member of your family named a beneficiary of a trust? Yes ___ No ___

Have you ever created a trust? Yes ___ No ___

Please furnish copies of all documents relating to any existing trusts.

INSURANCE

Do you have life insurance? Yes ___ No ___

Do you have Long Term Care Insurance? Yes ___ No ___

If yes, please bring information regarding each policy to our meeting.

JOINT TENANCY ASSETS

Do you own any real or personal property as joint tenants with each other or third parties? (for example, bank accounts, stocks, bonds, real estate) Yes ___ No ___

If so, please describe: _____

RETIREMENT BENEFITS

Are you a participant in a retirement plan? If so, please provide information regarding type of plan, current value, beneficiary designation, etc. (copy of latest statement if available)

GIFTS AND/OR INHERITANCES

Are you likely to receive any gifts or inheritances? Yes ___ No ___

If yes, briefly describe: _____

Do you make, or intend to make, regular gifts to any person? Yes ___ No ___

If yes, briefly describe: _____

YOUR GREATEST CONCERNS

We need to talk about your greatest concerns if your planning is going to be meaningful and meet your goals and objectives.

Please list, in order of priority, your greatest concerns about your estate planning:

1. _____
2. _____
3. _____
4. _____
5. _____

Additional comments and notes for discussion at our meeting:

ASSET SCHEDULE (**Approximations are fine.** Also please indicate if any asset is separate property of either of you, for example, something acquired before marriage or by gift or inheritance.) If you prefer, a copy of an existing financial statement may be brought along to our meeting.

Real Property (fair market value – do not subtract mortgage balance)

Home	\$ _____
Additional real property	\$ _____
Additional real property	\$ _____
Stocks and Bonds (not in IRA/retirement)	\$ _____
Checking/Savings/Money Market	\$ _____
Life Insurance (Face Value/Death Benefit) (cash value: \$ _____)	\$ _____
Miscellaneous Property (including furniture, Furnishings, antiques, automobiles, boats, Collectibles, etc.) Ball Park Estimate	\$ _____
Company Retirement Programs	\$ _____
IRAs, Roth or Regular/SEP	\$ _____
<u>Subtotal</u>	\$ _____
<u>LESS LIABILITIES</u> (all debts, including mortgages)	\$ (_____)
<u>NET WORTH</u> (Approximate – subtotal less liabilities)	\$ _____

Sources of income and “ball park” estimate of annual income:

OUT OF STATE PROPERTY

Is any of your property located out of state? Yes ___ No ___

If yes, which state(s)?: _____

SOME OF THE "PLAYERS" IN YOUR PLAN

Personal Representatives/Trustees to take your places upon your death or disability. (Manages trust or estate for the benefit of you and your beneficiaries.)

1st Choice: _____

2nd Choice: _____

Guardian(s) of minor children (if applicable):

1st Choice: _____

2nd Choice: _____

Distribution of your estate – Who should receive your assets? What restrictions should be placed on access?

NOTE: Your assets can continue in special lifetime trust arrangements for the benefit of your beneficiaries, guarding against loss due to lawsuits, creditors, predators, and failed marriages. Would you like to discuss this? Yes ___ No ___

Specific bequests (of particular assets)? _____

Charitable bequests? _____

Do you have any pets you wish to provide for? Yes ___ No ___

Names of your pets: _____

Who will care for your pets? _____

DURABLE POWER OF ATTORNEY

(The Durable Power of Attorney is used to allow someone to help you with your financial affairs and to make health care decisions if you can't.)

Who will step in if you are out of commission?

1st Choice: _____

2nd Choice: _____

HEALTH CARE DIRECTIVE (“LIVING WILL”)

The purpose of the Living Will is to make your desires known with regard to having your life “artificially prolonged” in the case of a terminal condition. Do you wish to have such a document prepared or discuss this further? Yes ___ No ___

LONG TERM INCAPACITY - *What About Me?*

If you were ever incapacitated on a long-term basis, how would you want to be cared for? You need to create personal care instructions. Your instructions might include simple things such as having the newspaper, books or magazines read to you, watching a particular TV program, or identifying food you like to eat. Begin to make some notes about what you want.

FUNERAL ARRANGEMENTS; ORGAN DONATION

Have you made any funeral arrangements or memorial instructions? Yes ___ No ___

Is your family aware of your wishes concerning organ donation? Yes ___ No ___

MISCELLANEOUS

Please list any other questions or concerns you would like to discuss at your consultation:

THANK YOU!