

CLIENT INFORMATION

Gathering accurate information is a critical step in the estate planning process. Not only necessary in formulating the plans, it is essential for the drafting of any documents.

1. **Personal Data.** Please give the following information about you and your family.

PERSONAL DATA	CLIENT	SPOUSE
Full Name:		
Address:		
City, State & Zip:		
County:		
Home Phone:	()	
Work Phone:	()	()
E-mail Address:		
Social Security Number:		
Date of Birth:		
Date of Marriage:		
✓ Previous Marriage(s):	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Citizen of which Country:		
Occupation:		

CHILDREN	OLDEST CHILD	CHILD 2	CHILD 3
Full Name:			
Address:			
City, State & Zip:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Related to :	<input type="checkbox"/> Both <input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Both <input type="checkbox"/> Client <input type="checkbox"/> Spouse	<input type="checkbox"/> Both <input type="checkbox"/> Client <input type="checkbox"/> Spouse
Currently Dependent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birthdate:			
Ages of his/her children:			
Comments on special needs or other concerns:			

Is there a physical possibility of more children? Yes No

Names of any deceased children: _____

Also provide information about other individuals or charitable organizations that you may want to remember in your estate plans.

NAME OF INDIVIDUAL OR CHARITY	ADDRESS	CITY, STATE & ZIP	RELATIONSHIP

2. Property: A complete listing of all types of property (investments, personal goods, life insurance, real estate, etc.) can help you as you consider how your property is to be distributed. It also helps identify potential tax issues. Please give a full listing of all your holdings. Attach additional sheets if necessary.

ESTATE SUMMARY				
	Single Person	Community Property	Husband's Separate	Wife's Separate
LIQUID ASSETS				
1. Checking Accounts				
2. Savings Accounts				
3. Money Market Funds				
4. Brokerage Accounts				
5. Securities in Brokerage Accounts				
6. Mutual Funds				
7. Certificates of Deposit				
8. Cash/Surrender Value of Life Insurance				
9. Other: _____				

10. Total Liquid Assets (add lines 1-9)				
NON-LIQUID ASSETS				
11. Rental/Recreational Property (#_____)				
12. Homes(s)				
13. Loans made to others				
14. Value of Businesses (#_____)				
15. Death benefit of life insurance				
16. Other: _____				
17. Total Non-liquid assets (add lines 11- 16)				
RETIREMENT ASSETS				
18. IRA's				
19. Profit Sharing/pension/ 401(k) plans				
20. Other: _____				
21. Total Retirement (add lines 18-20)				
PERSONAL				
22. Cars				
23. Boats/Recreational vehicles				

24. Furniture				
25. Household Goods/ misc. personal items				
26. Jewelry				
27. Collectibles				
28. Total Personal (add lines 22-27)				
29. TOTAL ASSETS				

DEBTS and LIABILITIES	Single Person	Community Property	Husband's Separate	Wife's Separate
30. Credit Card Debt				
31. Consumer Debt				
32. Business Debt				
33. Home Mortgage				
34. Rental Property Mortgage				
35. Other Debt				
36. Total Debt (add lines 30-35)				
NET WORTH (subtract line 35 from line)29				

INCOME SUMMARY (list all sources and amounts of monthly income)			
Income Source	Single	Husband	Wife
1.			
2.			
3.			
4.			
EXPECTED INHERITANCES (best estimate)			
1.			
2.			

Is any of your real estate outside the state of Washington? No Yes If yes, where is it located? _____

Have you or your spouse 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 you the beneficiary of a trust made by someone else? Yes No

3. People to Help. Although there are a number of ways that your estate may be planned, you will need the help of others to carry them out. However, the roles of **Personal Representative** (or Executor) and **Attorney-in-fact** (Power of Attorney) are typically needed. If you have minor children, a **Guardian** should be named. Please give the requested information on potential helpers.

(a) A **Personal Representative** or Executor is responsible for carrying out the terms of your Will. Depending on how things are structured, this person's duties may be light or heavy. This person should be trusted by you and have a basic business ability that will enable him or her to fulfill the responsibilities. Some people want their spouse to function in this capacity. Others prefer to spare their spouse from these duties.

PERSONAL REPRESENTATIVE		
FIRST CHOICE	CLIENT	SPOUSE
Name:		
Address:		
City, State & Zip:		
Relationship:		
SECOND CHOICE		
Name:		
Address:		
City, State & Zip:		
Relationship:		
THIRD CHOICE		
Name:		
Address:		
City, State & Zip:		
Relationship:		

(b) An **Attorney-in-fact** is someone appointed by you to handle your affairs through a document known as a Power of Attorney. Your attorney-in-fact would handle business matters. 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. 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. Like the Personal Representative, your spouse might be a wise first choice. However, at least one alternative is advisable.

ATTORNEY-IN-FACT FOR BUSINESS MATTERS		
	CLIENT	SPOUSE
FIRST CHOICE Name:		
Address:		
City, State & Zip:		
Relationship:		
SECOND CHOICE Name:		
Address:		
City, State & Zip:		
Relationship:		
THIRD CHOICE Name:		
Address:		
City, State & Zip:		
Relationship:		

ATTORNEY-IN-FACT FOR HEALTH CARE		
	CLIENT	SPOUSE
FIRST CHOICE Name:		
Address:		
City, State & Zip:		
Relationship:		
SECOND CHOICE Name:		
Address:		
City, State & Zip:		
Relationship:		
THIRD CHOICE Name:		
Address:		
City, State & Zip:		
Relationship:		

(c) A **Guardian** is someone appointed by you to care for your minor child or children. 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.

GUARDIAN FOR MINOR CHILDREN			
	FIRST CHOICE	SECOND CHOICE	THIRD CHOICE
Name:			
Address:			
City, State & Zip:			
Relationship:			

(d) A **Trustee** would be needed if your plans call for a trust. A trust is an arrangement where some of your assets are held by a Trustee and managed according to the terms of the Trust Agreement. The Trust Agreement would detail how the income and assets are to be handled and distributed. You may want to serve as the initial Trustee, but it is advisable to select someone else to act as Trustee if you are unable or unwilling to do so.

TRUSTEE		
	CLIENT	SPOUSE
FIRST CHOICE Name :		
SECOND CHOICE Name :		
THIRD CHOICE Name :		

4. 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 illness or injury?

Client: Yes No

Spouse: Yes No

If yes, give the name and address of doctor.

PHYSICIANS		
	CLIENT	SPOUSE
Name		
Address		
City, State & Zip		

5. Distributions. After caring for the needs of you, your spouse, and possibly others during your lifetime, the remainder of your assets would be distributed after settling any obligations. Please indicate your desires for the distribution of your estate. Although specific amount or gifts of specific assets are possible, it is often more convenient to distribute an estate by percentages.

(a) Assuming the client dies first, the estate should go:

100% to the surviving spouse; or

as follows _____

(b) Assuming the spouse dies first, the estate should go:

100% to the surviving spouse; or

as follows _____

(c) At the death of the survivor, the estate should be distributed as follows:

DISTRIBUTION OF SPECIFIC AMOUNTS OR ASSETS		
NAME	RELATIONSHIP	ASSET

DISTRIBUTION OF REMAINDER PERCENTAGES		
NAME	RELATIONSHIP	PERCENTAGE

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 beside any that may concern you.

BENEFICIARIES:

- | | |
|---|---|
| My beneficiaries are all responsible and outright gifts will not cause problems. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I have beneficiaries who are disabled and will need special provisions/ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| Some or all of my heirs are minors and will need to have any assets managed for them, should they be too young. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I am concerned about leaving assets outright to my children. I would rather have the assets protected for a period of time. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I want to avoid possible challenges to my estate plan by disgruntled heirs. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I want to plan for my grandchildren. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I own a business and want there to be a smooth transition in the operation of the business when I die. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I own a business and want my children to share equally in my estate, even though only one of them gets the business. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |
| I want to provide for charities. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need More information |

6. 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
- Living Will
- Health Care Directive
- Prenuptial Agreement
- Other: _____
- Other: _____
- Trust
- Power of Attorney
- Power of Attorney for Health Care
- Community Property Agreement

7. 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: The Law Office of Terry H. Schaberg, PLLC
1621 Freeway Drive, Suite 206
Mount Vernon, Washington 98273