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ESTATE PLANNING QUESTIONNAIRE
(Married Couple)

1. Name _____ U.S. Citizen? Yes No
Birthdate _____ Social Security Number _____

2. Spouse _____ U.S. Citizen? Yes No
Birthdate _____ Social Security Number _____

3. Address _____
Street City State Zip
Phone (home) _____ (work) _____ (cell) _____
Spouse's phone numbers (work) _____ (cell) _____

4. Date married _____ Where were you married _____

Have you been married before?

Husband: Yes No If Yes, list the following:
Date married _____ Date separated/divorced _____

Wife: Yes No If Yes, list the following:
Date married _____ Date separated/divorced _____

Are there any special restrictions/conditions from the prior marriage? (Examples: support, requirement to name ex-spouse or children as beneficiaries of life insurance policies, etc.)

Yes No Unknown

If Yes, briefly state what those requirements are: _____

How long have you resided in Washington? Husband _____ Wife _____

Where else have you lived (states/countries only)? Husband _____ Wife _____

5. Do you have children? Yes No If Yes, list the following:

a. Children of this marriage:

<u>Name</u>	<u>Date of Birth</u>	<u>City/State of Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Children of prior marriages/relationships:

<u>H/W</u>	<u>Name</u>	<u>Date of Birth</u>	<u>City/State of Residence</u>
<input type="checkbox"/> H <input type="checkbox"/> W	_____	_____	_____
<input type="checkbox"/> H <input type="checkbox"/> W	_____	_____	_____
<input type="checkbox"/> H <input type="checkbox"/> W	_____	_____	_____
<input type="checkbox"/> H <input type="checkbox"/> W	_____	_____	_____
<input type="checkbox"/> H <input type="checkbox"/> W	_____	_____	_____
<input type="checkbox"/> H <input type="checkbox"/> W	_____	_____	_____

If any of the children listed in 5.a and 5.b are adopted, place an "A" beside the child's name.

d. Do you have any deceased children? Yes No If yes, provide the following:

Name of child _____ Date of death _____

Name of child _____ Date of death _____

Children of deceased child, if applicable:

<u>Name</u>	<u>Date of Birth</u>	<u>City/State of Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Why are you writing a Will? (Check all those that apply)

- Never had one
- Want to disinherit someone
- Contemplating marriage/divorce
- Concerned about probate
- Have child(ren) especially concerned about or who has special needs
- Want to make gift to specific person/charity
- Other (describe): _____

7. In general terms, how do you want your property to be distributed on your death? (Don't worry about exact detail; we'll review this when you come in)

8. Who do you want to be your executor?
 Name: _____ City, State: _____
 Backup? Name: _____ City, State: _____
9. If you have minor children, how old should they be to inherit? (The law presumes age 18) _____
10. What do you own?

REAL ESTATE

a. Do you own the home in which you live? Yes No If yes, state the following:
 Fair Market Value (likely sale price): \$ _____
 Total of mortgages on property: \$ _____
 Whose name is on the title? _____

b. Do you own any other real estate? Yes No If yes, list the following:

Address (or other description)	Fair Market Value	Debts on Property	Names on Title (H/W/Both/Other)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

BANK ACCOUNTS (basic checking, passbook savings, and certificates of deposit):

Checking accounts

Institution	Amount	Names on Account
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Savings accounts

Institution	Amount	Names on Account
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Certificates of Deposit

Institution	Amount	Names on Account
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

STOCKS/BONDS/MUTUAL FUNDS (but NOT retirement accounts)

Company	Current Value	Names on Shares/Bonds
_____	\$ _____	_____
_____	\$ _____	_____

LIFE INSURANCE (personal, mortgage cancellation, employer-provided, etc.)

<u>Insurer</u>	<u>Death Benefit</u>	<u>Type of Insurance</u> (Term/Whole Life)	<u>Beneficiary</u>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

RETIREMENT ACCOUNTS (401(k)s, IRAs, Roth IRAs, pensions)

<u>Type of Account</u>	<u>Amount</u>	<u>Beneficiary</u>
_____	\$ _____	_____
_____	\$ _____	_____

VEHICLES (cars, trucks, motor homes, boats, etc.)

<u>Make/Model/Year</u>	<u>Fair Market Value</u>	<u>Debt Owning</u>	<u>Names on Title (H/W/Both/Other)</u>
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

PERSONAL PROPERTY (household furnishings, jewelry, antiques, guns)

For items that are worth more than \$3,000, describe:

Item _____ Estimated value \$ _____
 Item _____ Estimated value \$ _____

BUSINESS INTERESTS (partnership/sole proprietorship/corporation)

Do you own an interest in a business? Yes No If yes, list the following:

- a. Name of Business _____
- b. Your interest in business (i.e., sole owner, partner, etc.) _____
- c. Estimated Value: \$ _____

MONEY OWED TO YOU (promissory note, land contract, etc.) If others owe you money, state:

<u>Who owes you money</u>	<u>Amount owed</u>	<u>Describe written evidence of debt</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

11. OTHER DEBTS - do you owe anyone else money not already listed above? If so, list:

<u>To Whom</u>	<u>How much</u>	<u>What kind of debt</u>
_____	\$ _____	_____
_____	\$ _____	_____

12. Do you have:

Community Property Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Durable Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advance Directive/Living Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prenuptial/Post-Nuptial Agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. If you are anticipating an inheritance or gift in the next ten years, describe:

<u>From Whom</u>	<u>Approximately how much</u>
_____	\$ _____
_____	\$ _____

14. Have you made any large gifts (more than \$10,000 to one person in a year)? Yes No

15. Are you planning on moving from Washington? Yes No

DISCLAIMER

The information presented on this form is not intended to be legal advice regarding your specific situation and is not intended to replace the work or advice of an attorney. Accessing this form through the WALSTEAD MERTSCHING PS website (www.walstead.com) does not create either an expressed or implied attorney-client relationship. Any disclosure of confidential information is not protected and may be detrimental to you if we already have an existing attorney-client relationship with a party who may be adverse to you.

By submitting this form, you agree that no information disclosed by you shall prohibit WALSTEAD MERTSCHING PS or its individual attorneys from representing a different client in this matter.

FOR ATTORNEY'S USE ONLY

Documents to be prepared:

- Wills for husband and wife
- Community Property Agreement
- Durable Powers of Attorney for husband and wife
- Health Care Directives for husband and wife
- Letter to client
- Statement - fee to be charged: \$ _____