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# ESTATE PLANNING QUESTIONNAIRE

PLANNING FOR THE FUTURE

## Client

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First, Middle, Last Name

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Date of Birth

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Home Address

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Home Phone

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Cell Phone

---

Email

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Citizenship

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Marital Status

Do you want you and your spouse to be jointly represented?

Yes       No

Do you have a prenuptial agreement in effect?

Yes       No

Do you have a power of appointment?

Yes       No

## Spouse

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First, Middle, Last Name

---

Date of Birth

---

Home Address

---

Home Phone

---

Cell Phone

---

Email

---

Citizenship

## Children

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Child Name

---

Date of Birth

---

Additional Info

---

Child Name

---

Date of Birth

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Additional Info

## Children of Spouse (if different)

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Child Name

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Date of Birth

---

Additional Info

---

Child Name

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Date of Birth

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Additional Info

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Child Name

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Date of Birth

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Additional Info

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Child Name

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Date of Birth

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Additional Info

### Employment Information

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What is your employment status?

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Occupation

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Annual Income

---

Any additional income from other sources

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What is your employment status?

---

Occupation

---

Annual Income

---

Any additional income from other sources

### Summary of Estate

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Total Assets

---

Total Debts & Liabilities

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Total Net Worth

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Total Assets

---

Total Debts & Liabilities

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Total Net Worth

### List of Assets

**Cash Accounts: bank accounts, savings, checking, CDs, cash, etc.**

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**Real Estate:** primary residence, investment properties, rentals, etc.

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**Investments:** stocks, bonds, mutual funds, etc.

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**Life Insurance:** policies owned individually or through employer (policy/whole vs term/value)

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**Retirement Accounts:** IRAs, 401K, etc.

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**Business Ownership:** list any businesses in which you have an ownership stake

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**Liabilities: list any debts, mortgages, auto loans, credit cards, etc.**

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## Election of Legal Representatives

**Personal Representative: this is the person in charge of administering your estate after your death.**

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First Choice

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Relationship

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Address

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Phone

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Second Choice

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Relationship

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Address

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Phone

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Third Choice

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Relationship

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Address

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Phone

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First Choice

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Relationship

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Address

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Phone

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Second Choice

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Relationship

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Address

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Phone

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Third Choice

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Relationship

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Address

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Phone

**Power of Attorney for Financial Decisions:** The appointed person is called your "Attorney-in-fact," and handles financial decisions on your behalf if you become disabled or incapacitated.

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First Choice

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Relationship

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Address

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Phone

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Second Choice

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Relationship

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Address

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Phone

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Third Choice

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Relationship

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Address

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Phone

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First Choice

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Relationship

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Address

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Phone

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Second Choice

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Relationship

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Address

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Phone

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Third Choice

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Relationship

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Address

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Phone

**Power of Attorney for Health Care Decisions:** The appointed person is called your "Attorney-in-fact," and handles health care decisions on your behalf if you become disabled or incapacitated. It is recommended that this person be geographically near to you in case of emergency.

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First Choice

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Relationship

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Address

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First Choice

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Relationship

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Address

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Phone

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Phone

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Second Choice

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Second Choice

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Relationship

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Relationship

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Address

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Address

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Phone

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Phone

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Third Choice

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Third Choice

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Relationship

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Relationship

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Address

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Address

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Phone

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Phone

## Additional Questions

Do you have a child with a learning disability?

Yes       No

Does anyone in your family receive governmental support or benefits?

Yes       No

Do you have adopted children?

Yes       No

Do any of your children have special education, medical, or physical needs?

Yes       No

Are any of your children institutionalized?

Yes       No

Are you or your spouse receiving social security, disability, or other governmental benefits?

Yes       No

Do you provide primary or other major financial support to adult children?

Yes       No

Have you or your spouse been divorced?

Yes       No

