



**MYERS HARBOR LAW, PLLC**  
— WILLS, TRUSTS, & PROBATE —

**ESTATE PLANNING  
QUESTIONNAIRE**  
PLANNING FOR THE FUTURE

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## General Information

### Client A

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

### Client B

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Place of Marriage: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

## Children

Full Name: FIRST MIDDLE LAST	DOB: MM/DD/YYYY	Parentage: Client A/B/A&B
Full Name: _____	DOB: _____	Parentage: _____
Full Name: _____	DOB: _____	Parentage: _____
Full Name: _____	DOB: _____	Parentage: _____
Full Name: _____	DOB: _____	Parentage: _____
Full Name: _____	DOB: _____	Parentage: _____
Full Name: _____	DOB: _____	Parentage: _____

## Employment Information

### Client A

Occupation: \_\_\_\_\_ Expected Retirement Date: \_\_\_\_\_  
Annual Income: \_\_\_\_\_ Annual Income from Other Sources: \_\_\_\_\_

Client B

Occupation: \_\_\_\_\_

Expected Retirement Date: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Annual Income from Other Sources: \_\_\_\_\_

Summary of Estate

Client A

Total Value of Assets: \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_

Net Value of Estate: \$ \_\_\_\_\_

Client B

Total Value of Assets: \$ \_\_\_\_\_

Total Liabilities: \$ \_\_\_\_\_

Net Value of Estate: \$ \_\_\_\_\_

Inventory of Estate

*Financial Accounts (checking, savings, CDs, mutual funds, stocks, bonds, etc.)*

Type of Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

*Retirement Accounts (IRAs, 401k, etc.)*

Type of Account: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Type of Account: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_ Current Balance: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

*Life Insurance*

Type of Policy: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Type of Policy: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Last 4 digits of Account #: \_\_\_\_\_ Death Benefit: \$ \_\_\_\_\_

Designated Beneficiary(s): \_\_\_\_\_

Alternate Beneficiary(s): \_\_\_\_\_

Policy Owner: \_\_\_\_\_

*Real Estate*

Address: \_\_\_\_\_ Fair Market Value: \$ \_\_\_\_\_  
\_\_\_\_\_ Remaining Mortgage: \$ \_\_\_\_\_  
Ownership (how property is titled): \_\_\_\_\_

Address: \_\_\_\_\_ Fair Market Value: \$ \_\_\_\_\_  
\_\_\_\_\_ Remaining Mortgage: \$ \_\_\_\_\_  
Ownership (how property is titled): \_\_\_\_\_

Address: \_\_\_\_\_ Fair Market Value: \$ \_\_\_\_\_  
\_\_\_\_\_ Remaining Mortgage: \$ \_\_\_\_\_  
Ownership (how property is titled): \_\_\_\_\_

*Liabilities (other than mortgages listed above: car loans, student loans, other significant debts)*

Liability: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Liability: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Liability: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

**Appointment of Legal Representatives**

*Personal Representative: this is the person in charge of administering your Will.*

**Client A**

Primary (full name): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

Alternate (full name): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

[Optional]

Second Alternate (full name): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_

**Client B**

Primary (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Alternate (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

[Optional]

Second Alternate (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

*Power of Attorney: the attorney-in-fact is the agent designated to act on your behalf by your Power of Attorney.*

**Client A**

Primary (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Alternate (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

[Optional]

Second Alternate (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

**Client B**

Primary (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

Alternate (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

[Optional]

Second Alternate (full name): \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

*Health Care Directive: this document indicates your desire for maintaining or removing life sustaining nutrients and hydration if diagnosed to be in a terminal or permanent unconscious condition.*

Client A

I do

I do not

Want to have artificially administered nutrition and hydration.

Client B

I do

I do not

Want to have artificially administered nutrition and hydration.

Do you have any specific burial wishes? If so, please explain on the lines below:

Client A

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Client B

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Generally, how would you like your estate to be distributed?

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