



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

Client B

Total Value of Assets: \$ _____

Total Value of Assets: \$ _____

Total Liabilities: \$ _____

Total Liabilities: \$ _____

Net Value of Estate: \$ _____

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

Client B

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

Additional Questions

Do you have any children with a learning disability or special needs of any kind?

Yes No

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

Yes No

Do you or anyone in your family receive government benefits or support? (Social security, disability, etc.)

Yes No

Do you have any adopted children?

Yes No

Have you been divorced?

Yes No

Do you have any remaining obligations as a result of any divorce, or any requirements for support for any ex-spouse or children?

Yes No

Are you a trustee or beneficiary of a trust, or have you ever created a trust?

Yes No

Have you ever filed a gift tax return?

Yes No

Have you ever signed a pre- or post-marriage contract? (pre-/post-nuptial agreement, etc.)

Yes No

Do you have a power of appointment over the property of another?

Yes No

Additional Information

Thank you for taking the time to fill out this questionnaire. This questionnaire allows our meeting to be more productive.