

# REHBERG LAW GROUP, PLLC

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## INITIAL ESTATE PLANNING QUESTIONNAIRE

Updated July 20, 2016

### Instructions:

- Please fill out this questionnaire as completely as possible and return it to our office before your initial appointment or bring it with you when you meet with the attorney (if you are unable to complete the questionnaire, the attorney will assist you during your initial consultation).
- The information that you provide is **confidential** and will not be shared without your permission.
- Please fill in the **full legal names** of all people listed in the questionnaire (even if the person will not be specifically mentioned). Please do not use nicknames unless specifically requested.
- This is a generic questionnaire so if questions do not apply to you, write N/A.
- Please think about whom you would like to name as your personal representative, your successor trustees and guardians for your children, if appropriate (see page 6).
- If you need more room, please write on the back or on a separate piece of paper.
- Who filled out the Questionnaire? \_\_\_\_\_

Your documents will be based on the information you provide. To that end, please read and sign the following statement:

I understand that my Estate Plan will be based on the information provided herein. I further understand that my responses to the questionnaire are confidential and will not be shared without my permission. I affirm that the information provided herein is full, complete and accurate to the best of my present knowledge.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

### How Can We Best Serve You?

Have you met with a Rehberg Law Group, PLLC attorney before?  Yes  No

If yes, who did you meet with and when? \_\_\_\_\_

How did you hear about our firm?  Professional Referral  Newspaper  Mailing  Internet

Radio  Friend or Family Referral  Other \_\_\_\_\_

If referred, who referred you? \_\_\_\_\_

**PART I: PERSONAL INFORMATION**

*If possible, please use full legal names (first, full middle and last) when asked for names.*

Client 1: Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Nickname: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, what is your nationality? \_\_\_\_\_

Client 2: Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Birth date: \_\_\_\_\_ SSN: \_\_\_\_\_ Nickname: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No If not, what is your nationality? \_\_\_\_\_

**Contact Information**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County:  King  Snohomish  Pierce  Other \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Fax: \_\_\_\_\_

C1 Cell: \_\_\_\_\_ C2 Cell: \_\_\_\_\_

C1 Email: \_\_\_\_\_ C2 Email: \_\_\_\_\_

Is this a:  personal email or  work email

Is this a:  personal email or  work email

**Employment**

Client 1: Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you retired?  Yes  No Occupation now or prior to retirement: \_\_\_\_\_

Client 2: Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you retired?  Yes  No Occupation now or prior to retirement: \_\_\_\_\_

**Marital Status**

Married  Single  Divorced  Widowed  Life Partnership

If Married: Date of Marriage: \_\_\_\_\_ State where Married: \_\_\_\_\_

Prior Marriages: (include name of former spouse and date marriage ended.)

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

**PART II: IMMEDIATE FAMILY INFORMATION** (please use full names including the full middle name)

Information about your Children:

Oldest child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_  
FIRST MIDDLE LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

Next child *full* name: \_\_\_\_\_

FIRST

MIDDLE

LAST

SSN: \_\_\_\_\_ Birth date: \_\_\_\_\_  Male  Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Related to:  Both  Husband  Wife Child's Spouse's name: \_\_\_\_\_

First names of children: \_\_\_\_\_

*If you still need more room, please use the back of this page.*

**PART III: EXTENDED FAMILY INFORMATION** (please use full names including the full middle name)

Information about your Parents and Siblings:

**Client 1's Family:**

**Client 2's Family:**

Father: \_\_\_\_\_

\_\_\_\_\_

Mother: \_\_\_\_\_

\_\_\_\_\_

Siblings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If any family member is deceased, please write "dec" after his or her name.*

Do you have a family member with special educational, medical or financial needs?  Yes  No

Are you related to any current clients of ours?  Yes  No If yes, whom? \_\_\_\_\_

Are there any other family members or situations that you think we should be aware of?

**PART IV: CURRENT PLANNING**

What documents do you **currently** have? *Please place a checkmark beside what you have:*

Revocable Living Trust

Living Will

Will

Irrevocable Trust(s) Please explain:

Community Property Agreement

\_\_\_\_\_

Prenuptial/Postnuptial Agreement

Other: \_\_\_\_\_

Durable Power of Attorney

\_\_\_\_\_

Health Care Power of Attorney

**PART V: ESTATE PLANNING GOALS**

Please describe any special Estate Planning objectives and concerns you have. Also, please provide additional information that you believe would be useful in assisting you do your estate planning.

**PART VI: POINTS TO PONDER**

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 goals and desires. Please look these over and place a check mark beside any that may concern you.

**Children/Heirs**

- |     |    |           |   |
|-----|----|-----------|---|
| Yes | No | Need Info | I am concerned about leaving assets outright to my children or to other beneficiaries. I would rather have the assets protected for a period of time. |
| Yes | No | Need Info | I have heirs/beneficiaries who are disabled and will need special provisions.   |
| Yes | No | Need Info | Some or all of my heirs are minors, and will need to have any assets managed for them, should they be too young.                                      |
| Yes | No | Need Info | I want to avoid possible challenges to my Estate Plan by disgruntled heirs.   |
| Yes | No | Need Info | I want to plan for my grandchildren.  |
| Yes | No | Need Info | I want to provide for charities.  |

**Estate Administration**

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- |     |    |           |  |
|-----|----|-----------|--|
| Yes | No | Need Info | I want to avoid probate and the associated costs, delays and hassle.   |
| Yes | No | Need Info | I want to avoid public disclosure of the nature and extent of my assets and of the people or organizations to whom I want my assets distributed upon my death. |
| Yes | No | Need Info | I want to make sure my assets are properly titled.   |
| Yes | No | Need Info | I want to be sure my spouse has access to my half of our estate if he or she needs it after I die.   |
| Yes | No | Need Info | I want to be able to designate specific personal items for specific heirs, e.g., jewelry, etc.   |

**Taxes**

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- |     |    |           |  |
|-----|----|-----------|--|
| Yes | No | Need Info | I want to save estate taxes. (If the estate is over two million dollars, it will be subject to State estate taxes) |
| Yes | No | Need Info | I want to keep the proceeds of insurance on my life free from estate tax.  |

**Incapacity**

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- |     |    |           |  |
|-----|----|-----------|--|
| Yes | No | Need Info | If I (or my spouse) become incapacitated, I want to provide for management of my affairs without a guardianship procedure (which is essentially a "living probate"). |
|-----|----|-----------|--|

**Asset Protection**

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- |     |    |           |  |
|-----|----|-----------|--|
| Yes | No | Need Info | I want to protect against the possibility that assets will be lost if my spouse remarries after I die. |
| Yes | No | Need Info | I want to protect my half of our estate from my spouse's creditors after I die.                        |
| Yes | No | Need Info | I want to protect my assets from creditors while I am alive.   |

**If You Own a Business**

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- |     |    |           |  |
|-----|----|-----------|--|
| Yes | No | Need Info | I own a business and want there to be a smooth transition in the operation of the business when I die.               |
| Yes | No | Need Info | I own a business and want my children to share equally in my estate, even though only one of them gets the business. |

**PART VII: PLANNING NOTES**

There are certain considerations in doing your estate planning. The following topics are designed to help you think in advance about issues that MAY come up in creating your plan. Although an attorney will go in great detail on these issues, the following worksheet is provided for you to begin your planning.

**If you are married**, your spouse is typically your primary designated person to carry out these responsibilities. The people you list would step in if your spouse is unable to fulfill the responsibilities.

There will be several people you will need to appoint to positions of responsibility in your plan:

**1. Personal Representative/Trustee**

If you choose to use a Will as your primary estate tool, you will need to appoint a Personal Representative. This is the person we traditionally called your “Executor”. This person is to follow the instructions you have set out in your will. They will ensure all legal requirements are completed, including probate, if necessary, paying your income and estate taxes, selling property that will need to be liquidated, paying estate bills, and distributing property to the beneficiaries. If you decide to use a Living Trust in your planning, the same duties are carried out by a “Trustee”.

**Name of Primary (after spouse, if married) Personal Rep/Trustee** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of First Alternate Personal Representative/Trustee** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Second Alternate Personal Representative/Trustee** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**2. Attorney in Fact for Legal and Financial Matters**

When you create a power of attorney, this is the person who would be responsible for paying your bills, managing your finances, and taking care of any legal matters on your behalf, if you become incapacitated. This could be the same person as your Personal Representative, or a different person.

**Name of Primary (after spouse, if married) Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of First Alternate Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Second Alternate Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**3. Attorney in Fact for Health Care Issues**

This person would be responsible for making health care decisions for you in the event you were unable to make them for yourself. This could be the same person as your attorney in fact for legal and financial matters, or a different person.

**Name of Primary (after spouse, if married) Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of First Alternate Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Second Alternate Attorney in Fact** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**4. Guardian for the Children**

If you have children, and they are minors, you will need to appoint someone to be their guardian.

**Name of Primary Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of First Alternate Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**Name of Second Alternate Guardian** \_\_\_\_\_

Address \_\_\_\_\_

Relationship to you \_\_\_\_\_

**5. Distributing Your Estate**

Another important part of your planning will be determining how you would want your estate distributed. Please provide information on the following:

- a. Do you want to make gifts to charities or other non-profit organizations? If yes, how much, and to whom?



- b. Do you want to make specific monetary gifts to certain people? If yes, to whom? What would you want done with the distribution if they were to predecease you?

- c. To whom would you want to distribute your remaining assets?

**PART VIII: NOTES AND QUESTIONS**

**PART IX: ADVISOR INFORMATION:**

**Financial Planner**

**Accountant**

Name:	_____	_____
Firm:	_____	_____
Address:	_____	_____
City, Zip:	_____	_____
Phone:	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

**Insurance Agent**

**Attorney**

Name:	_____	_____
Firm:	_____	_____
Address:	_____	_____
City, Zip:	_____	_____
Phone:	_____	_____
Fax:	_____	_____
E-mail:	_____	_____

- |  |     |    |
|--|-----|----|
| May we contact your primary financial advisor to introduce ourselves or to discuss your estate planning?   | Yes | No |
| May we send copies of your executed documents that we have prepared to your primary financial advisor? If Yes, please initial approval _____ / _____ | Yes | No |
| May we contact your accountant to introduce ourselves or to discuss your planning?   | Yes | No |
| May we contact your insurance agent to introduce ourselves or to discuss your estate planning?   | Yes | No |
| In the event you do not have a financial advisor, would you like a referral to a financial advisor?  | Yes | No |
| In the event you do not have an accountant, would you like a referral to an accountant?  | Yes | No |
| If you have not looked into long term care insurance with your advisors, would you like a referral to someone who could help you in this area?       | Yes | No |

**PART X: FINANCIAL INFORMATION**

Why do we need to know about your finances? Detailed information about your assets (the accounts, titling and beneficiary designations) is critical to planning your estate because it helps us to help you with the following: (1) estate and gift tax planning; (2) determining if assets are properly titled; and (3) determining how your assets (including real property in every state) will pass when you die.

**If you have a written financial plan from your advisor, please bring that to the meeting.**

**OR**

**Please complete the following or bring in copies or originals of your account statements.**

*Use current Fair Market Value for each asset.*

<b>Liquid Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
1. Cash and Checking Accounts (# _____)				
2. Savings Accounts (# _____)				
3. Money-Market Funds (# _____)				
4. Brokerage Accounts (including Mutual Funds, excluding IRA)				
5. Stocks not in brokerage accounts (# _____)				
6. Bonds not in brokerage accounts (# _____)				
7. Certificates of Deposit (# _____)				
8. Life insurance (Cash/Surrender Value) (# _____)				
9. Other: _____				
<b>10. Total Liquid Assets</b> (add lines 1-9)				
<b>Non-Liquid Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
11. Home(s) (# _____)				
12. Rental/Recreational Property (# _____)				
13. Value of Business(es) (# _____)				
14. Death benefit of life insurance				
15. Other: _____				
<b>16. Total Non-Liquid Assets</b> (add lines 11-15)				
<b>Retirement Assets</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
17. IRA's (# _____)				
18. Profit Sharing/pension/401(k) plans (# _____)				
19. Other: _____				
20. Other: _____				
<b>21. Total Retirement</b> (add lines 17-20)				
<b>Personal</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
22. Cars				
23. Boats/Recreational Vehicles				
24. Furniture & Household Goods & Misc. Items				
25. Jewelry & Collectibles				
<b>26. Total personal</b> (add lines 22-25)				
<b>27. Total Assets</b> (Add lines 10, 16, 21 & 26)				

<b>Debts</b>	Single Person	Community Property	Client 1 Separate	Client 2 Separate
28. Credit Card Debt				
29. Consumer Debt				
30. Business Debt				
31. Home Mortgage				
32. Rental-Property Mortgage				
33. Other Debt: _____				
34. <b>Total Debt</b> (Add lines 28-33)				
<b>Net Worth</b>				
<b>Total Net Worth</b> (Subtract line 34 from line 27)				

<b>Income Summary</b> <i>Please list ALL sources and amounts of monthly income</i>			
Source	Single	Client 1	Client 2
1.			
2.			
3.			
4.			

<b>Expected Inheritances</b> (Best Estimates)			
Source	Single	Client 1	Client 2
1.			
2.			
3.			

- Do you own real estate outside the state of Washington? Yes      No  
 If yes, Where? \_\_\_\_\_
- Have you or your spouse given more than the annual exclusion amount (currently \$14,000) to one person in a single year? Yes      No
- Have you ever filed federal gift tax returns? *If yes, please bring along copies of the returns.* Yes      No
- Are you or your spouse a shareholder of any corporation classified as an "S" Corp.? Yes      No
- Are you a beneficiary of a trust made by someone else? Yes      No
- Do you have stock options? Yes      No
- Are you involved in litigation or any other adversary proceedings? Yes      No
- Do you expect to inherit in the next six months? Yes      No
- Do you have any copyrights, patents or trademarks that you own? Yes      No