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A LAW PRACTICE SPECIALIZING IN THE AREAS OF:
Accident Claims, Business Planning, Criminal Defense,
Estate Planning- preparing Wills and Trusts,
Insurance Recovery, Land Use,
Maritime Law, Probate,
Real Property Law, and Water Law

203 A West Patison Street, Port Hadlock, WA 98339
TELEPHONE: 360.379.8500 FAX: 360.379.8502

ESTATE PLANNING QUESTIONNAIRE

Husband's Full Legal Name: \_\_\_\_\_

Wife's Full Legal Name: \_\_\_\_\_

Permanent Home address: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

Address of Part/Time Residence: \_\_\_\_\_

Husband's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Husband's Social Security Number: \_\_\_\_\_

Wife's Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Wife's Social Security Number: \_\_\_\_\_

Are you a United States Citizen? Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

We/I have // have not // made a will. We/I have // have not // made a trust.

We/I have // have not // made a Power of Attorney.

We have // have not // a Community Property Agreement.

We/I have a life insurance trust //; a personal residence trust //; other type trust: \_\_\_\_\_

We/I have a Family Limited Liability Partnership/Company: \_\_\_\_\_

Is there a divorce decree or separation agreement from a prior marriage that would effect your estate

planning? **If yes, please bring a copy of the divorce decree or separation agreement.**

**Please also bring to your appointment: All previous estate planning documents including wills, trusts, Community Property Agreements, Powers of Attorney, and Health Care Directives; and if available, LLC or LLP Operating Agreements.**

Have you ever filed any gift tax returns? Yes \_\_\_\_\_ No \_\_\_\_\_

**Children of this marriage:**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Husband's Children of prior marriage(s):**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Wife's Children of prior marriage(s):**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Grandchildren:**

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**Siblings:**

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

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

Telephone: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

**Other Close Relatives:**

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Husband's Father: deceased //

living: Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Husband's Mother: deceased //

Living: Name: \_\_\_\_\_

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

Wife's Father: deceased //

Living: Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Wife's Mother: deceased //

Living: Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Will you be receiving an inheritance: \_\_\_\_\_

## FINANCIAL INFORMATION

### Banks or Credit Unions

A. NAME OF FINANCIAL INST.: \_\_\_\_\_

Office or Branch: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Joint // or Individual //

In Name(s) of: \_\_\_\_\_

Account No.: \_\_\_\_\_

B. NAME OF FINANCIAL INST.: \_\_\_\_\_

Office or Branch: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Joint // or Individual //

In Name(s) of: \_\_\_\_\_

Account No.: \_\_\_\_\_

**Real Property**

1. Address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_

State and County: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

2. Address: \_\_\_\_\_

Date Acquired: \_\_\_\_\_ Price paid: \_\_\_\_\_

State and County: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

**Autos:**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Approximate value: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Approximate value: \_\_\_\_\_

**RV(s):**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Approximate value: \_\_\_\_\_

**Boat(s):**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Approximate value: \_\_\_\_\_

**Air Craft(s):**

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Approximate value: \_\_\_\_\_

**I wish to appoint the following person(s) as guardian of minor children:**

\_\_\_\_\_

**Power of Attorney:** We/I wish to give the following person(s) financial power of attorney:

\_\_\_\_\_

**Healthcare Power of Attorney:** We/I wish to give the following person(s) power of attorney for health care decisions if we/I should become incapacitated: \_\_\_\_\_

**Reciprocal Power of Attorney:** If married, do you and your spouse wish to have Reciprocal Durable Power of Attorney? \_\_\_\_\_

Should this Reciprocal Durable Power of Attorney be effective only in case of disability or should it

