

KBK

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ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

Appointment: _____

FAMILY INFORMATION	
Client Full Name:	Client DOB:
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Client E-mail:	Client SSN:
Length of Residency in Washington State:	Occupation:

Spouse Full Name:	Spouse DOB:
Spouse E-mail:	Spouse SSN:
Length of Residency in Washington State:	Occupation:
Place, City, and State of Marriage/Commitment:	Date:
Number of Years Resident in State of Washington	

Street Address:	Home Phone:
	Work Phone:
City:	Cell Phone:
Zip:	

CHILDREN		
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Please list all children, living, deceased, adopted or other

Birthdate	Full Name	Current Residence

GRANDCHILDREN		
Birthdate	Full Name	Grandchild's parents

DOCUMENTS & DECISIONMAKERS

The following documents comprise a basic estate plan. Each document includes appointment of important decision-makers. If you know who you'd like to appoint, please fill in names. If you're not sure, don't worry, we will discuss this in detail during our meeting.

Do you have a Will?	Where is your original Will stored?
Executor of Will:	Alternate Executor:
Guardian of Minors:	Alternate Guardian of Minor:
Do you have a Healthcare Power of Attorney?	Do you have a living will, physician's directive or health care directive?
Attorney-in-fact for health matters:	Alternate Attorney-in-fact for health matters:
Do you have a Financial Power of Attorney?	
Attorney-in-Fact for Finance?	Alternate Attorney-in-Fact for finance:
Do you have a Trust?	
Trustee of Trust:	Alternate Trustee of Trust:
Do you have a Community Property Agreement?	

Additional Questions

How will you communicate your passwords and pins to your executor?		
Who will own the rights to your website?		
Do you own any guns? (Some require special planning.)		
Are you a season ticket holder for a sports team or other venue?		
Are you a writer, poet, photographer, software designer, graphics designer, or amateur professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any copyrights, patents or trademarks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PREVIOUS MARRIAGES			
	Name of Previous Spouse(s)	Date of Death	Divorce
Client			
Spouse			

PRESENT ADVISORS	
Accountant	Name:
Attorney	Name:
Insurance Agent	Name:
Stock Broker	Name:
Other	Name:

ASSETS			
Real Property	Address/Description	How Title Held	Market Value
a.			\$
b.			\$
c.			\$
Secured Notes	Address/Description	How Title Held	Market Value
a.			\$
b.			\$
c.			\$

	Description	How Title Held	Market Value
IRA, 401(K), etc.			\$
Cash Account <i>(checking, savings, money market, etc.)</i>			\$
Retirement Plan	Client Beneficiary:		\$
	Spouse Beneficiary:		\$
Name of Business:	How owned?		

Life Insurance			
Company:	Whole life or term?		
Owner:	Beneficiary:	<input type="checkbox"/> Whole <input type="checkbox"/> Term	Death Benefit: \$
Company:	Whole life or term?		
Owner:	Whole life or term?	<input type="checkbox"/> Whole <input type="checkbox"/> Term	Death Benefit: \$

Other Personal Property:	\$
Jewelry, art, furnishings, wines, motor vehicles, boats, etc. Sales concerns?	\$
Other Assets: (Attach schedule)	\$
GROSS ESTATE (Total of all values)	\$

LIABILITIES			
		Whose Liability (Husband/Wife/Both)	Value
Notes			\$
Mortgages			\$
Judgments	\$		\$
TOTAL DEBTS			\$
NET TAXABLE ESTATE			\$

ANTICIPATED INHERITANCES		
		Value
Client:		\$
Spouse:		\$

ESTATE TAX PLANNING

If your total net worth exceeds \$2.193M we should discuss potential estate tax savings opportunities like the ones listed below:

If you are married, are you interested in discussing an estate plan savings clause in your plan?

Are you currently making gifts or are you planning to make gifts to others during your lifetime?

Are you planning to make charitable gifts?

Insurance Policies

Do you have an umbrella liability & underinsured policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have long term care insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What are your home insurance policy limits?		
What are your bodily injury and underinsured motorist's coverage?		
Per person \$ _____	Per Collision \$ _____	Single Limit \$ _____

Your cooperation in completing this form is critical. It will enable us to ascertain your particular estate planning needs in the time allotted for your appointment. If you have any questions or problems in completing this form, please call our office before your appointment.