

REHBERG LAW GROUP, PLLC

INITIAL ESTATE PLANNING QUESTIONNAIRE

Revised 1-1-2020

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, therefore 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 pages 7 - 10).
- 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 Mailing Internet

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 citizenship? _____If you are not a U.S. Citizen, are you a Permanent Resident (i.e. Green Card)? Yes NoAre you a veteran? Yes No If yes, please bring in your DD214 **OR**

If yes, what was your date(s) of discharge? _____

Client 2: Name: _____

FIRST

MIDDLE

LAST

Birth date: _____ SSN: _____ Nickname: _____

Are you a U.S. Citizen? Yes No If not, what is your citizenship? _____If you are not a U.S. Citizen, are you a Permanent Resident (i.e. Green Card)? Yes NoAre you a veteran? Yes No If yes, please bring in your DD214 **OR**

If yes, what was your date(s) of discharge? _____

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 emailIs this a: personal email or work email

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: _____

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: _____

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

Do you have any children? Yes No

If you have children, please provide the information below. If you have a child that is deceased, please write ("dec") after his or her name. Include their citizenship if they are not a U.S. citizen.

Oldest child *full* name: _____

FIRST

MIDDLE

LAST

SSN: _____ Birth date: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Related to: Both Husband Wife Child's Spouse's name: _____

First names of children and ages: _____

Next child *full* name: _____

FIRST

MIDDLE

LAST

SSN: _____ Birth date: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Related to: Both Husband Wife Child's Spouse's name: _____

First names of children and ages: _____

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: _____

Phone Number: _____ Email: _____

First names of children and ages: _____

Next child *full* name: _____

FIRST

MIDDLE

LAST

SSN: _____ Birth date: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Related to: Both Husband Wife Child's Spouse's name: _____

First names of children and ages: _____

Next child *full* name: _____

FIRST

MIDDLE

LAST

SSN: _____ Birth date: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Related to: Both Husband Wife Child's Spouse's name: _____

First names of children and ages: _____

If you 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:

Father: _____

Mother: _____

Siblings: _____

_____**Client 2's Family:**_____

_____*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 NoAre 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 PLANNINGWhat documents do you currently have? Please place a checkmark beside what you have:

<input type="checkbox"/> Revocable Living Trust	<input type="checkbox"/> Directive to Physicians / Living Will
<input type="checkbox"/> Will	<input type="checkbox"/> Irrevocable Trust(s) Please explain: _____
<input type="checkbox"/> Community Property Agreement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Prenuptial / Postnuptial Agreement	<input type="checkbox"/> _____
<input type="checkbox"/> Durable Power of Attorney	<input type="checkbox"/> _____
<input type="checkbox"/> Health Care Power of Attorney	<input type="checkbox"/> _____

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

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need Info	I have heirs/beneficiaries who are disabled and will need special provisions.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need Info	I want to avoid possible challenges to my Estate Plan by disgruntled heirs.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need Info	I want to plan for my grandchildren.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Need Info	I want to provide for charities.

Incapacity

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").

Yes No Need Info I am concerned that future incapacity costs will deplete my estate and I want to plan for that.

Estate Administration

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

Yes No Need Info I want to save estate taxes. (If the estate is over two million dollars, it could 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.

Asset Protection

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

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 some 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 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.”

		Full name and address of who you want to act on your behalf:	Relationship to You
Client 1	First alternate		
	Second alternate		
	Third alternate		
Client 2	First alternate		
	Second alternate		
	Third alternate		

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. This person should be someone you trust. If you do not know who this person should be, it can be discussed during the meeting.

Same as Personal Representative/Trustee (as above) Yes No (see below)

		Full name of who you want to act on your behalf:	Relationship to You
Client 1	First alternate		
	Second alternate		
	Third alternate		
Client 2	First alternate		
	Second alternate		
	Third alternate		

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.

Same as Personal Representative/Trustee (as above) Yes No (see below)

Same as Attorney in Fact for Legal and Financial Matters (as above) Yes No (see below)

		Full name of who you want to make medical decisions on your behalf:	Relationship to You
Client 1	First alternate		
	Second alternate		
	Third alternate		
Client 2	First alternate		
	Second alternate		
	Third alternate		

4. Guardian for the Children

If you have children, and they are minors, you will need to nominate someone to be their guardian in the event you were incapacitated or deceased.

		Full name of who you want to manage your minor children on your behalf:	Relationship to You
Client 1	First		
	Second		
	Third		
Client 2	First		
	Second		
	Third		

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. **Charitable Distributions.** Do you want to make gifts to charities or other non-profit organizations? If yes, how much, and to whom? Please provide full legal name, city, and state of headquarters, and the tax identification number (or “EIN”).

Amount	Name of Charity	City, State	Tax ID

b. **Specific Distributions to People.** Do you want to make specific monetary gifts to certain people? If yes, to whom? If they are related to you, please list the relationship. What would you want done with the distribution if they were to predecease you?

c. **Remainder Estate Distribution.** To whom would you want to distribute your remaining assets (primary beneficiary(ies))? If they are related to you, please list the relationship. What would you want done with the distribution if they were to predecease you?

d. **All Prior Beneficiaries Deceased.** If all of your primary beneficiary(ies) predecease you, who receives the remainder of your estate?

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.

Liquid Assets	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: _____				
10. Total Liquid Assets (add lines 1-9)				
Non-Liquid Assets	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: _____				
16. Total Non-Liquid Assets (add lines 11-15)				
Retirement Assets	Single Person	Community Property	Client 1 Separate	Client 2 Separate
17. IRA's (#_____)				
18. IRA's (#_____)				
19. Profit Sharing/pension/401(k) plans (#_____)				
20. Other: _____				
21. Total Retirement (add lines 17-20)				
Personal	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				
26. Total personal (add lines 22-25)				
27. Total Assets (Add lines 10, 16, 21 & 26)				

Debts	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. Total Debt (Add lines 28-33)				
Net Worth				
Total Net Worth (Subtract line 34 from line 27)				

Income Summary - Please list ALL sources and amounts of monthly income

Source	Single	Client 1	Client 2
1.			
2.			
3.			
4.			

Expected Inheritances (Best Estimates)

Source	Single	Client 1	Client 2
1.			
2.			
3.			

Do you own real estate, including Timeshares or mineral rights, outside the state of

Washington? If yes, Where? _____

 Yes No

Have you or your spouse given more than the annual exclusion amount

(\$15,000 in 2019) to one person in a single year?

 Yes NoHave 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

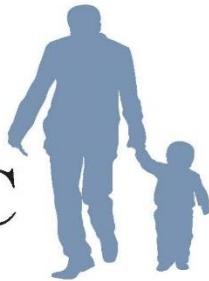
Do you have a long-term care plan?

 Yes No

Do you have a burial and/or funeral policy?

 Yes No

REHBERG Law Group, PLLC



Established in 1968

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