

# REHBERG LAW GROUP, PLLC

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## CHECK-UP QUESTIONNAIRE

Revised 01-01-2020

### Instructions:

- Please fill out this questionnaire as completely as possible. Although we may already have this information, please help us keep our information current.
- 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 6 - 9).
- 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  No

Are 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  No

Are 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 email

Is 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:**

**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: GENERAL UPDATE INFORMATION**

Please explain the specific items you would like to discuss at your meeting.

I have acquired new real estate since our last meeting.

Yes  No

If you have a Living Trust, have you acquired assets that are not titled in your trust?

Yes  No

It has been over five years since our last meeting.

Yes  No

My financial condition has changed substantially since our last meeting.

Yes  No

If yes, please explain:

I have had changes to my family since our last meeting.

Yes  No

If yes, please explain:

**PART V: PLANNING NOTES**

Since you established your estate planning, do you want to make any changes to the people you appointed in the following documents or to your distribution provisions?

**If you are married, your spouse is typically your primary designated person to carry out these responsibilities. The people you list below 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**

**As a reminder**, 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
<b>Client 1</b>	First alternate		
	Second alternate		
	Third alternate		
<b>Client 2</b>	First alternate		
	Second alternate		
	Third alternate		

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

**As a reminder**, 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
<b>Client 1</b>	First alternate		
	Second alternate		
	Third alternate		
<b>Client 2</b>	First alternate		
	Second alternate		
	Third alternate		



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

**As a reminder,** 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
<b>Client 1</b>	First alternate		
	Second alternate		
	Third alternate		
<b>Client 2</b>	First alternate		
	Second alternate		
	Third alternate		

#### 4. Guardian for the Children

**As a reminder**, 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
<b>Client 1</b>	First		
	Second		
	Third		
<b>Client 2</b>	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:

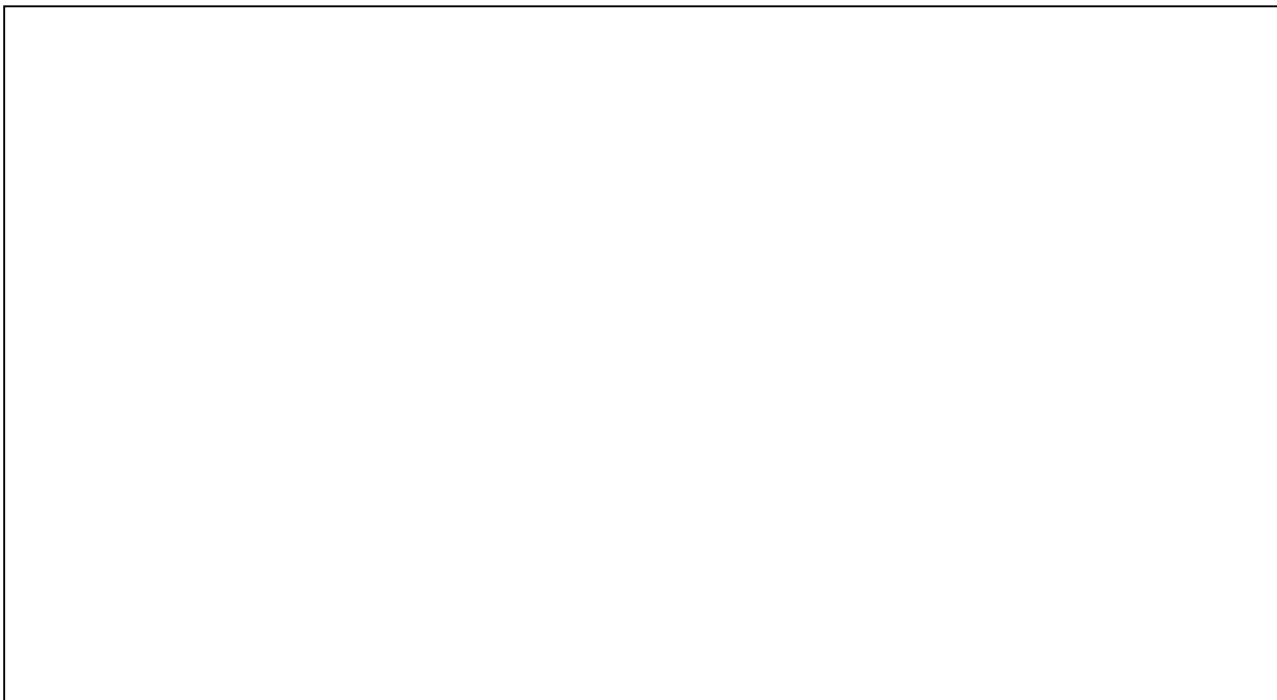
- a. **Charitable Distributions.** Do you want to make gifts to charities or other non-profit organizations? If yes, how much, and to whom? Please provide full legal name, city, and state of headquarters, and the tax identification number (or “EIN”).

Amount	Name of Charity	City, State	Tax ID

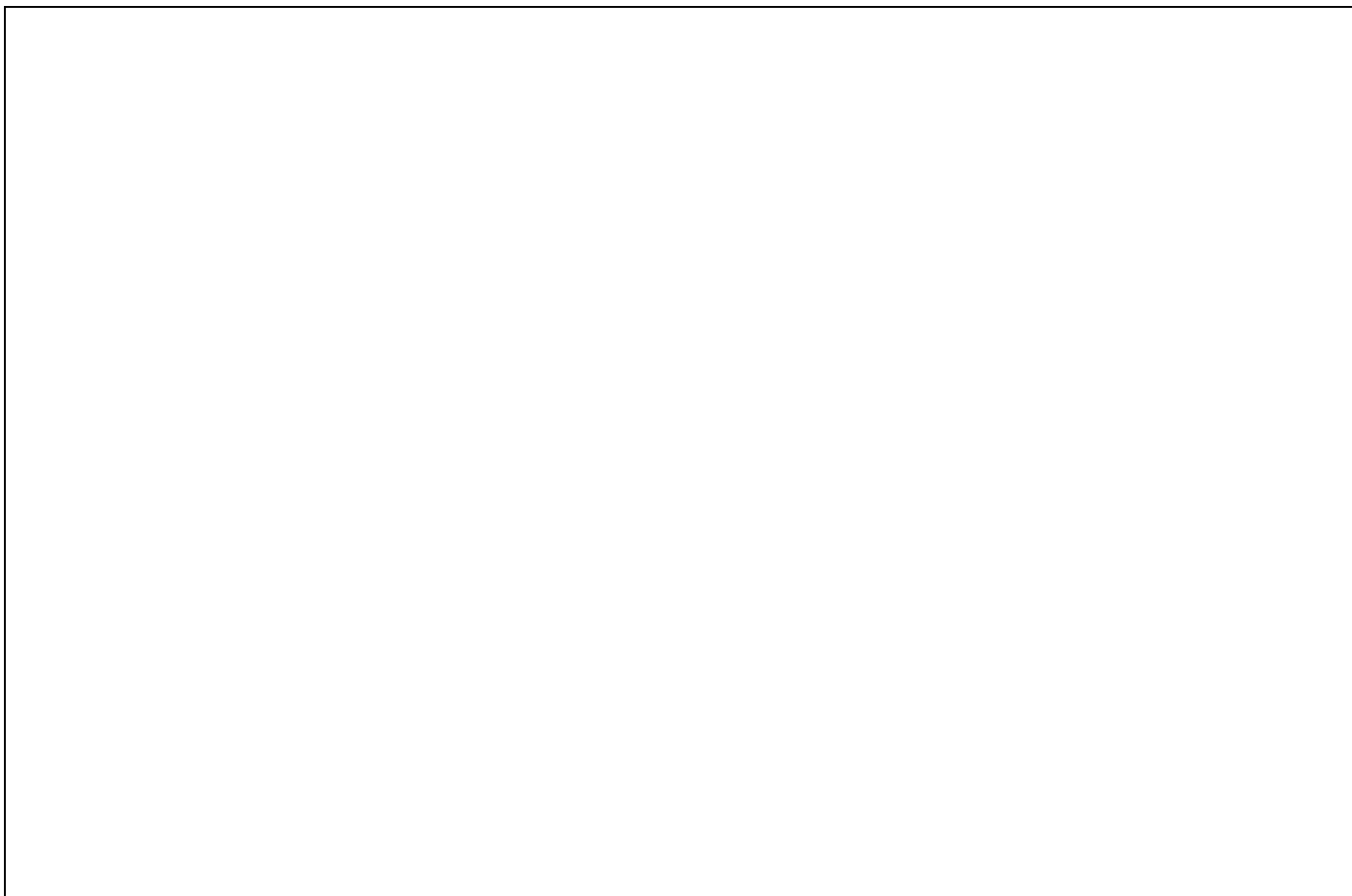
- b. **Specific Distributions to People.** Do you want to make specific monetary gifts to certain people? If yes, to whom? If they are related to you, please list the relationship. What would you want done with the distribution if they were to predecease you?

- 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 VI: NOTES AND QUESTIONS**



**PART VII: ADVISOR INFORMATION:**

**Financial Planner**

**Accountant**

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

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Insurance Agent**

**Attorney**

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

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\_\_\_\_\_  
\_\_\_\_\_

May we contact your primary financial advisor 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 discuss your planning?  Yes  No

May we contact your insurance agent 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 VIII: 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. IRA's (# _____)				
19. Profit Sharing/pension/401(k) plans (# _____)				
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: _____				
<b>34. 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 - Please list ALL sources and amounts of monthly income</b>			
Source	Single	Client 1	Client 2
1.			
2.			
3.			
4.			

<b>Expected Inheritances (Best Estimates)</b>			
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  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
- Do you have a long-term care plan?  Yes  No
- Do you have a burial and/or funeral policy?  Yes  No
- Do you have interests in partnerships?  Yes  No
- Do you own your own business?  Yes  No