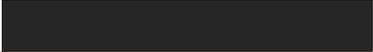


CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Client(s)

Date



YOUR PERSONAL INFORMATION

Full Name:	Gender:
Signature Name for Legal Documents:	
Nickname(s):	
Other names by which you are also known:	
Last 4 of Social Security:	
Birthdate:	Citizenship:
Home Address:	County:
Home Phone:	Home Fax:
Cell Phone:	Email:
Office/Work Phone:	Position:
Marital/Partner Status:	Date of Marriage:

YOUR PARTNER'S PERSONAL INFORMATION

Full Name:	Gender:
Signature Name for Legal Documents:	
Nickname(s):	
Other names by which you are also known:	
Last 4 of Social Security:	
Birthdate:	Citizenship:
Home Address:	County:
Home Phone:	Home Fax:
Call Phone:	Email:
Office/Work Phone:	Position:
Marital/Partner Status:	Date of Marriage:



CHILDREN INFORMATION

Full Name	Birthdate	Gender	Parent(s)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

OTHER HEIRS, DEPENDENT, OR CLOSE RELATIVES INFORMATION

Full Name	Birthdate	Gender	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

YOUR ESTATE PLANNING GOALS

What are your overall Estate Planning Goals?

1. _____

2. _____

3. _____

4. _____

5. _____



EXISTING DOCUMENTS YOU MAY HAVE SIGNED

Below is a list of documents you may have signed in the past. If you have signed any of the named documents please fill in when and where you signed them.

****Please attach a copy of any documents that you have to this Questionnaire.*

Document	Signed by	Date Signed	State
Will	You	___/___/___	
	Your Partner	___/___/___	
Financial Power of Attorney	You	___/___/___	
	Your Partner	___/___/___	
Health Care Power of Attorney	You	___/___/___	
	Your Partner	___/___/___	
Trust Type: _____	You	___/___/___	
	Your Partner	___/___/___	
Other Documents Specify: _____	You	___/___/___	
	Your Partner	___/___/___	

PLEASE ANSWER:

- Have either of you signed any other agreement regarding your mutual ownership of property?
Yes No
- Do either of you or your children currently receive income from a trust?
Yes No



CURRENT ASSETS (NET WORTH)

CASH ACCOUNTS:

Name of Bank or Institution Firm	Type of Account	Owner	Current Balance
TOTAL			\$ _____

INVESTMENT ACCOUNTS: *other than retirement accounts*

Name of Brokerage or Investment Firm	Type of Account	Owner	Current Balance
TOTAL			\$ _____

RETIREMENT PLANS & ACCOUNTS:

Type of Plan	Employer or Institution	Owner	Death Beneficiary	Value
TOTAL				\$ _____

ANNUITIES:

Whose life is Insured?	Company	Owner	Payments only for life	Death Beneficiary if Payments are not only for Life	Value
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
TOTAL					\$ _____



LIFE INSURANCE POLICIES:

Insurance Company	Face Value	Type of Policy	Who	Cash Value	Loans Against Policy
			Insured: _____ Owner: _____ Beneficiary: _____		
			Insured: _____ Owner: _____ Beneficiary: _____		
			Insured: _____ Owner: _____ Beneficiary: _____		
			Insured: _____ Owner: _____ Beneficiary: _____		
			Insured: _____ Owner: _____ Beneficiary: _____		
TOTALS	\$ _____		Insured: _____ Owner: _____ Beneficiary: _____	\$ _____	\$ _____

NET CASH VALUE: \$ _____

NET PROCEEDS: \$ _____

MORTGAGES, NOTES & OTHER DEBTS OWED TO YOU:

Name of Debtor & Description of Loan	Year of Loan	Year Due	To Whom Debt is Owed	Current Loan Balance

TOTAL \$ _____



PARTNERSHIP INTERESTS

Name of Partnership	General Partner %	Limited Partner %	Owner	Value of Partner Interest
TOTAL				\$ _____

LLC, CORPORATE, OR PROFESSIONAL INTERESTS

Name of Corporation or Company	Type of Entity	Buy Sell Agreement?	% Owned	Value
		<input type="checkbox"/>		
TOTAL				\$ _____

SOLE PROPRIETORSHIP BUSINESS INTERESTS

Name of Entity	Description of Business	Owner	Value
TOTAL			\$ _____

REAL PROPERTY

Name or Address of Property	Type of Property	% Owned	Owner	Mortgage	Value
TOTAL				\$ _____	\$ _____
NET VALUE					\$ _____



ANTICIPATED INHERITANCE OR LAWSUIT JUDGMENT

Describe Each Asset	Owner	Estimated Value
TOTAL		\$ _____

OTHER ASSETS

Describe Each Asset	Owner	Estimated Value
TOTAL		\$ _____

PERSONAL EFFECTS, CARS, BOATS AND PLANES:

Asset Description	Owner	Estimated Value
TOTAL		\$ _____

LIABILITIES: *other than real property liabilities*

Describe each Liability so we understand the Nature of the Liability	Who owes the debt?	Estimated Value
TOTAL		\$ _____



TOTAL CURRENT ASSETS AND LIABILITIES

CURRENT ASSETS	Total	For OFFICE USE
Cash Accounts		
Investment Accounts		
Unexercised Employee Stock Options		
Retirement Plans and Accounts		
Annuities		
Mortgages, Notes & Other Debts Owned to you		
Partnership Interests		
LLS, Corporate, or Professional Interests		
Sole Proprietorship Business Interests		
Real Property Interests		
Anticipated Inheritance or Lawsuit Judgment		
Other Assets		
Personal Effects, Boats, and Automobiles		
TOTAL CURRENT ASSETS	\$ _____	

CURRENT LIABILITIES	Total	For OFFICE USE
Real Property Mortgages & Liabilities		
Other Liabilities		
TOTAL CURRENT LIABILITIES		

NET WORTH TODAY \$ _____
TOTAL ESTATE \$ _____

FAMILY QUESTIONS

CHILDREN

- Yes No Do you have a child with a learning disability?
- Yes No Do any of your children receive governmental support or benefits?
- Yes No Do any of your children have special educational, medical, or physical needs?
- Yes No Are any of your children institutionalized?
- Yes No Do you provide primary or other major financial support to adult children?

YOU & YOUR PARTNER

- Yes No Are you or your spouse/partner receiving social security, disability, or other governmental benefits?
- Yes No Have either you or your spouse/partner been divorced?
- Yes No Are you or your spouse/partner making payments pursuant to a marital settlement agreement?
- Yes No Have you or your spouse/partner ever signed a pre- or post-marriage or relationship contract? (If so, please send us a copy.)
- Yes No Have you or your spouse/partner been widowed?
- Yes No Have you or your spouse/partner ever filed federal or state gift tax returns?
- Yes No Have you or your spouse/partner completed previous will, trust, or other estate planning documents? (If so, please send us a copy.)

Please send any wills, trusts, or agreements requested on this page; you may drop them off at our office, send them by mail, or email attachment to legal@tnguyenlaw.com



DISABILITY/INCAPACITY PLANNING - POWERS OF ATTORNEY

FINANCIAL POWER OF ATTORNEY:

If you ever become unable to manage your financial affairs, who would you want to handle your financial affairs? Please indicate whether you would like any of these named persons to serve as co-agents.

	YOU	YOUR PARTNER
First Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Second Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Third Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Fourth Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Effective:	<input type="checkbox"/> immediately <input type="checkbox"/> upon disability	<input type="checkbox"/> immediately <input type="checkbox"/> upon disability

*Effective Immediately means your nominee(s) can sign documents for you as soon as you sign the Power of Attorney. Effective on Disability means you must be unable to manage your finances before the Power of Attorney goes into effect

MEDICAL POWER OF ATTORNEY:

If you ever become unable to communicate your wishes to your medical providers, who would you want to make medical decisions? Please indicate whether you would like any of these named persons to serve as co-agents.

	YOU	YOUR PARTNER
First Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Second Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Third Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Fourth Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

HIPPA Release of Medical Information:

Would you like for your medical power of attorneys to be the same individual who have access to your medical information? Yes No (If so, please indicate additional individuals and their relationship to you below):



FIDUCIARIES

EXECUTORS FOR YOUR WILLS

Upon your death, who would you want to carry out your instructions?

	YOU	YOUR PARTNER
First Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Second Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Third Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Fourth Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

TRUSTEES FOR YOUR TRUSTS (IF ANY)

Upon your death, who would you want to carry out your trust instructions? Name your spouse or partner or one or more persons or financial institutions. If you do not know, we will help you decide who would be most appropriate.

	YOU	YOUR PARTNER
First Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Second Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Third Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Fourth Choice	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Name: _____ Relationship: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

GUARDIANS FOR YOUR MINOR CHILDREN:

Who would you choose to raise your children if you were unable to do so?

N/A

Name (List in Order of Priority)	Gender	Relationship
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female	



DISTRIBUTIONS

YOUR HEIRS AND BENEFICIARIES

The heirs and beneficiaries you will name in your estate planning instruments: *who do you want to inherit your property at your death?*

First Choice(s): *often your spouse, if no spouse, often your children.*

- 1. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____
- 2. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____
- 3. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____
- 4. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____

Second Choice(s): *these are your contingent beneficiaries; in the case your first choices above do not survive you.*

- 1. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____
- 2. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____
- 3. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____
- 4. Name: _____ Relationship: _____
 Address: _____ Share % or amount: _____

TRUSTS FOR CHILDREN

- 1. If you have minor children, do you want their distribution to be held in a trust? Yes No
- 2. Income: How old should each beneficiary be for receiving income from the trust? 18 21
- 3. Principal: How old should each beneficiary be for principal distributions?
 one-third at ages 18, 21, 25;
 one-third at ages 21, 25, 30;
 one-third at ages 25, 30, 35;
 other:

- 4. For couple with multiple minor children, upon your deaths do you want your assets:
 to be held in a family pot, then split into separate pots when the youngest child reaches age 18; or
 to be held in a family pot, then split into separate pots when the youngest child reaches age 21; or
 not to be held in a family pot, but split into separate pots immediately upon your death.

5. Any other goals for the testamentary trusts? _____



DISABILITY OF HEIRS

Are any of your beneficiaries disabled or receiving government assistance? Yes No
If yes, please name them: _____

DISINHERITANCE

Are you leaving nothing to one or more of your children? Yes No
If yes, please name them: _____

SPECIFIC BEQUESTS (GIFTS)

Do you have *specific* items or *specific* amounts of money that you want to leave to someone? For example, "\$5,000 to my cousin _____" or "my Porsche car to _____"; or, a watch, a painting, antiques and other tangibles.

Name	Address of person to be given	Item Description



OTHER QUESTIONS

FINANCIAL SUPPORT

1. Do either of you give financial support to any person other than your minor children?

Yes No

If yes, please provide details: _____

2. Do either of you or your children expect to be named as a beneficiary of a trust established by someone else?

Yes No

GIFTS AND/OR INHERITANCES

1. Are either of you or your children likely to receive any gifts or inheritances in the future?

Yes No

2. Have either of you made any gifts greater than \$14,000 to any person in a single calendar year?

Yes No

DISPOSITION OF REMAINS:

YOU: Burial Cremation No Preference Other: _____

YOUR PARTNER: Burial Cremation No Preference Other: _____

HEALTH CARE DIRECTIVE:

This document details your wishes regarding extraordinary life support measures under the Washington Natural Death Act. Would you like to be on extraordinary life support?

YOU: Yes No Directives: _____

YOUR PARTNER: Yes No Directives: _____

DIGITAL ASSETS:

Do you have digital assets such as videos, photos, documents, that you would like for the PR to keep or dispose of? Please indicate your directions regarding these assets: _____
