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ESTATE PLANNING WORKSHEET



CLIENT'S FULL NAME

Other/Previous Names

Home Address

Mailing Address

(if different)

Phone (Home / Cell / Other)

E-Mail

Alt Phone (Home / Cell / Other)

Email Docs OK? Yes No

Employer

Do you wish attachments to be sent with a password?
 No Yes (specify): _____

Title/Position

Date of Birth

Place of Birth

Soc. Sec. #

Driver's License # & Exp Date

WA Resident? Yes No, State?

U.S. Citizen? Yes No, Country?

U.S. Military Service? No Yes

Convicted of felony? No Yes

FAMILY MEMBERS

CHILDREN # _____ NONE

Name Birthdate (Age)

1. _____

Gender: M F Surviving? Yes No¹ No²

2. _____

Gender: M F Surviving? Yes No¹ No²

3. _____

Gender: M F Surviving? Yes No¹ No²

Name Birthdate (Age)

4. _____

Gender: M F Surviving? Yes No¹ No²

5. _____

Gender: M F Surviving? Yes No¹ No²

6. _____

Gender: M F Surviving? Yes No¹ No²

PARENTS

Father: _____

Surviving? Yes No

Mother: _____

Maiden Name: _____

Surviving? Yes No

SIBLINGS # _____ NONE

1. _____

Gender: M F Surviving? Yes No¹ No²

2. _____

Gender: M F Surviving? Yes No¹ No²

3. _____

Gender: M F Surviving? Yes No¹ No²

4. _____

Gender: M F Surviving? Yes No¹ No²

5. _____

Gender: M F Surviving? Yes No¹ No²

OTHER CONSIDERATIONS / NOTATIONS:

Attach extra sheets as necessary

No¹ = Predeceased & survived by own children or descendants

No² = Predeceased with no living descendants

NOMINATION OF GUARDIAN OF MINOR CHILDREN

(Cares for and raises children until 18 years old)

NO MINORS

1. _____

Convicted of a felony? No Yes

2. _____

Convicted of a felony? No Yes

3. _____

Convicted of a felony? No Yes

INHERITANCES FOR MINOR CHILDREN

Washington law requires protective measures to safeguard and manage the minor's inheritance by: (1) a guardian of the minor's state, (2) a trust established for the minor, or (3) a custodial account.

A guardianship will last until the minor reaches the age of majority at 18 years old. A guardianship is a court proceeding separate from any probate of your estate or other proceeding related to your estate or death. In many cases, a guardianship proceeding may be expensive, requires additional court involvement, and involves continuing court oversight of the activities of the guardian until the minor reaches age 18. When the minor turns 18 years old, the guardianship ends and the minor takes direct control over any remaining assets and funds. This is the "default" protection measure used most often, if you don't specify other arrangements in your will.

A trust established for the minor is the most flexible option and allows you to define what purposes the funds may be used for and at what age or other triggering event (e.g. college graduation, age 30) the minor will be deemed responsible enough to have direct control over the funds. A trust does not usually involve any additional court involvement. However, a trust requires additional planning in advance and is usually created by including additional trust provisions in your will or creating a separate trust agreement or documents. (See additional pages below on Trust for Minors)

A custodial account may be an inexpensive option for handling the inheritance of a minor child beneficiary. A custodian is named to manage the investment and expenditure of the funds under the Uniform Transfers to Minors Act. Unlike a guardianship, no separate or additional court proceeding is required to establish the custodianship and there is no continued court supervision of the custodian. Unlike a trust, there is no ability for you to give specific instructions to the custodian about how the funds are to be used while the minor is under age. Also, the age of responsibility for a minor custodial account is either 21 or 25, which is longer than a guardianship, but there are no other options.

How would you like to handle inheritances for children?

Guardianship of Child's Estate (lasts until age 18)

Other, please explain

Custodial Account (lasts until age 18/21/25)

Not needed at this time

Trust for Minors, completed additional parts below

Unsure at this time

OTHER CONSIDERATIONS / DIRECTIONS:

Attach extra sheets as necessary

MARRIAGES AND RELATIONSHIPS

NAME OF SPOUSE / PARTNER:

Gender: M F Surviving? Yes No¹ No²

Marriage, Date and Place: Domestic Partner, Other: _____

Do you consider your assets to be equally owned by both of you? Yes, All Community No, Explain Unknown

Do you or your spouse have a prenuptial or separate property agreement? No Yes, Describe & provide copy

OTHER CONSIDERATIONS / NOTATIONS:

Attach extra sheets as necessary

FORMER RELATIONSHIPS

_____ NONE

1.

Gender: M F Surviving? Yes No¹ No²

Marriage, Domestic Partner, Other: _____

Date Terminated: _____

Reason: Divorce, Death, Annulment

Alimony or maintenance? No Yes, Explain

Maintain life ins / beneficiary? No Yes, Explain

Children from this relationship? No Yes, Explain

Child support? No Yes, Explain

2.

Gender: M F Surviving? Yes No¹ No²

Marriage, Domestic Partner, Other: _____

Date Terminated: _____

Reason: Divorce, Death, Annulment

Alimony or maintenance? No Yes, Explain

Maintain life ins / beneficiary? No Yes, Explain

Children from this relationship? No Yes, Explain

Child support? No Yes, Explain

OTHER CONSIDERATIONS / NOTATIONS:

Attach extra sheets as necessary

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NATURE OF ASSETS / NET WORTH

Do you have any profit sharing, pension or retirement plan? No Yes

Do you have any life insurance? No Yes

Do you own any real property? No Yes, In WA Yes, Outside WA

Any property / accounts as joint tenants? No Yes with Spouse Yes with Others

Are you a shareholder of any S-Corp? No Yes

Any safe deposit boxes? No Yes, purpose / contents?

Are likely to have a Washington taxable estate or a Federal taxable Estate? No Yes

Now or in the future (e.g. likely to be a beneficiary or receive any large inheritance)?

NET WORTH

Real Estate

Stocks, Invest

Fin Accounts

Life Ins

Retirement

Annuities

Money/Rcvb

Business

Pers Prop

Other

TOTAL

Attach extra sheets as necessary

OTHER CONSIDERATIONS:

Attach extra sheets as necessary

DURABLE POWER OF ATTORNEY FOR FINANCIAL AFFAIRS

Appointed to manage your financial affairs during your lifetime, if you are incapacitated.

Have you ever executed a financial power of attorney? No Yes, explain / provide a copy

Do you wish to have such a document prepared? Yes No Unsure at this time

NOMINATIONS

1. _____

Convicted of a felony? No Yes

2. _____

Convicted of a felony? No Yes

3. _____

Convicted of a felony? No Yes

WILL: DIVIDING YOUR ESTATE AFTER YOU DEATH

Have you ever executed a Will before? No Yes, Date _____ / provide a copy Before 1982

Other Estate Planning Documents? No Yes, Describe: _____ / provide a copy

Do you wish to have such a document prepared? Yes No Unsure at this time

WILL: PERSONAL REPRESENTATIVE / EXECUTOR

Appointed in Will to administer estate, finalize debts, pay taxes, distribute to the heirs. Nominations

1. _____

Convicted of a felony? No Yes

2. _____

Convicted of a felony? No Yes

3. _____

Convicted of a felony? No Yes

CONTINUE TO NEXT PAGE TO LIST HEIRS AND GIFTS

OTHER CONSIDERATIONS:

Attach extra sheets as necessary

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WILL: HEIRS AND GIFTS

The heirs of your estate (who receives gifts) and their inheritances (the items, amount, percentages, shares).

List any desired specific or special gifts from your estate. (e.g. \$_____/_____% for nieces/nephews, family heirlooms, favorite charity, etc.) Think about whether the gift should be given only after both spouses die, or if gift should be made right away even if spouse is surviving. Also, think about any alternates for the gift, such as if you want to include descendants of an heir or if the gift is specific to the individual only. (all are optional)

You may distribute personal property by writing a Personal Property List, separate from the Will, either now or later.

SPECIFIC GIFTS

- None at this time.
- Intend to use Personal Property List
- Include Specific Gifts in Will:

Attach extra sheets as necessary

The "residue" means everything left after the debts, taxes, and expenses are paid, and after any specific or personal property gifts. If you acquire new assets after this will is effective, they will be distributed according to this provision. Think about if you want to include the descendants of an heir or if the gift is specific to the individual only, before moving on the next alternate. For example: (1) 100% to spouse, (2) 100% equally between children or their descendants, (3) __% equally between your siblings or their descendants, (4) __% to friend but not descendants, (5) __% to charity.

RESIDUE

Attach extra sheets as necessary

The "disinheritance" means that you prefer a specific individual, usually a family member, NOT to receive any of your estate, even though they may otherwise be entitled to if you didn't have a will. For example, an individual might be an intestate heir, but you do not wish for them to receive a share of your estate, such as an estranged parent or sibling.

DISINHERITANCE

- No Yes, Please Explain:

Attach extra sheets as necessary

WILL: TRUST FOR MINORS / _____

The primary purpose of the trust(s) for children / minors is to act as a postponing mechanism, until they reach an age when they are old enough to be responsible with their inheritance.

Do you wish to have trust prepared or discuss further? Yes No Unsure at this time

BENEFICIARY(IES)

Beneficiary(ies) & Age/Condition & Distributions Portion/Amount

Attach extra sheets as necessary

TRUST PURPOSE / DISTRIBUTIONS

Describe the main purpose of the trust? (required)
(e.g. health, education, support, & maintenance needs; all money saved as college fund only; other)

Attach extra sheets as necessary

How should the trust fund principal be managed? (required)

- Divided into equal and completely separate shares for each child (ensure each child receives same total),
- Divided into equal separate sub-shares for each but held as single fund to maximize investment potential, or
- Used as one big pot (benefits all children, allows for unequal distributions to ensure a child with extraordinary needs has access to necessary funds, but children may receive different total amounts)?

Can funds be expended any beneficiary because of extraordinary need? (optional)

- No Yes, For Medical Needs Yes, Other "Need":

List any desired partial distributions or memorial gifts during period of trust (optional)
(e.g. \$_____/_____% at graduation from high school, graduation from college, first marriage, etc)

Attach extra sheets as necessary

Describe the age of responsibility and/or condition for making full and final distribution of the trust? (required)
(e.g. later of 25/30/35 years old and/or graduation from college)

Attach extra sheets as necessary

WILL: TRUST FOR MINORS / _____ (CONTINUED)

How should excess annual income earned (not needed for child's support) be handled? (required)

- Added to principal for growth
- Distribute portion \$_____/_____% as a bonus allowance
- All distributed as a bonus allowance

If any beneficiary dies before final distribution of his/her trust share, what alternate distribution should be made?

- Given to the Beneficiary's Descendants
- Divided equally among remaining Surviving Beneficiaries
- Other:

Attach extra sheets as necessary

NOMINATION OF TRUSTEE

The Trustee is the person appointed to manages the minor's inheritance according to terms you have specify, until the minor reach a responsible age; e.g. invests funds and manages trust assets, files tax returns, evaluates the children's needs and distributes the allowances as you have directed, makes final distribution to children.

NOMINATIONS

1. _____

Convicted of a felony? No Yes

2. _____

Convicted of a felony? No Yes

3. _____

Convicted of a felony? No Yes

OTHER CONSIDERATIONS / DIRECTIONS:

Attach extra sheets as necessary

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

Appointed to make health care decisions during your lifetime, if you can't communicate with your health care provider.

Have you ever executed a health care or medical power of attorney? No Yes, explain / provide a copy

Do you wish to have such a document prepared? Yes No Unsure at this time

NOMINATIONS

1.

Convicted of a felony? No Yes

2.

Convicted of a felony? No Yes

3.

Convicted of a felony? No Yes

HEALTH CARE DIRECTIVE

A Health Care Directive memorializes your preferences concerning life sustaining treatment in the event you are in a terminal condition or permanent unconscious condition, defined by the Washington Natural Death Act (RCW 70.122). In basic terms, it records your desires regarding life support treatment and gives direction to your health care providers about administering or withdrawing life support treatment when you are unable to communicate your desires directly.

Note: If you have been diagnosed with any disease, illness, injury, or other medical condition that could currently be affected by a health care directive, then you should discuss this document with your treating physician.

Have you ever executed a health care directive or living will? No Yes, explain / provide a copy

Do you wish to have such a document prepared? Yes No Unsure at this time

If you are in a terminal condition or permanently unconscious, the you direct your health care providers to:

- Withhold or Withdraw any and all life support treatment
- Withhold or Withdraw only Artificial Nutrition and Artificial Hydration
- Withhold or Withdraw only specific treatments (describe below)
- Continue to Administer / Receive any and all medical care and life support treatments
- Other (describe in your own words below)
- Unsure at this time

OTHER CONSIDERATIONS / DIRECTIONS:

Attach extra sheets as necessary

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