

HICKMAN♦MENASHE
ATTORNEYS AT LAW
A PROFESSIONAL CORPORATION

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CONFIDENTIAL
ESTATE PLAN INFORMATION

Please bring this completed questionnaire and copies of any other previous estate plan documents with you to your appointment. We look forward to meeting you and serving your estate plan needs.

PERSONAL INFORMATION

	Information for Spouse #1	Information for Spouse #2
Full Name:	_____	_____
Address:	_____ _____	_____
Phone Numbers:	<i>Home</i> _____ <i>Work</i> _____ <i>Cell</i> _____	<i>Home</i> _____ <i>Work</i> _____ <i>Cell</i> _____
Email Address:	_____	_____
Birth Date:	_____	_____
Citizenship:	_____	_____

Indicate any of the following as they may apply:

Spouse Name:

- [] _____ I am a Court appointed **Guardian** of: _____
- [] _____ I am designated as **Power of Attorney** for: _____
- [] _____ I am currently serving as **Executor** of the estate of: _____
- [] _____ I am currently serving or named to serve in the future as **Trustee** of the trust of: _____
- [] _____ I have a **Power of Appointment** in the Will of: _____
- [] _____ I expect to receive an **inheritance** in the amount of: _____

CHILDREN OR BENEFICIARIES

Please attach additional sheets if necessary.

Children

1. Full Name: _____ DOB: _____

Sex: M F
Address (if different): _____ Married: Y N

Deceased: Y N
Name of Parent if Other than Spouse: _____
Name of Child's Spouse: _____

2. Full Name: _____ DOB: _____

Sex: M F
Address (if different): _____ Married: Y N

Deceased: Y N
Name of Parent if Other than Spouse: _____
Name of Child's Spouse: _____

3. Full Name: _____ DOB: _____

Sex: M F
Address (if different): _____ Married: Y N

Deceased: Y N
Name of Parent if Other than Spouse: _____
Name of Child's Spouse: _____

Beneficiaries

*If you would like to name a **beneficiary who is not your child**, please list them below.*

1. Full Name: _____ Age: _____

Address: _____

2. Full Name: _____ Age: _____

Address: _____

3. Full Name: _____ Age: _____

Address: _____

4. Full Name: _____ Age: _____

Address: _____

If you would like to leave assets to a **charity**, please provide the exact corporate name of the charity below. You should contact the charity so they can send you proper contact information in writing.

5. Charity Name: _____

Address: _____

6. Charity Name: _____

Address: _____

7. Charity Name: _____

Address: _____

Indicate any of the following as they may apply to any of your children or beneficiaries:

My child or beneficiary is **physically and/or mentally disabled**.
Please name & describe: _____

My child or beneficiary is otherwise in need of **special care**.
Please name & describe: _____

ASSETS & LIABILITIES

Please attach additional sheets if necessary.

Real Estate (Residence, Investment, Vacation)

Address	_____	
Type of Property/ Name of Owner	_____	Value: \$ _____
Address	_____	
Type of Property/ Name of Owner	_____	Value: \$ _____

Investment Accounts (Stocks, Bonds, Mutual Funds, CDs)

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Retirement Accounts (IRAs, 401Ks, Pensions, Others)

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Annuities & Life Insurance

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Cash Accounts (Checking, Savings, Money Market)

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Type of Acct. & Company Name _____
Name on Acct. _____ Value: \$ _____

Interest in Business(es) (Please indicate any business(es) in which you or your spouse has an interest)

Name of Business _____
 Spouse with an Interest _____ Value: \$ _____

Name of Business _____
 Spouse with an Interest _____ Value: \$ _____

Other Assets (Autos, RVs, Antiques, Art, Burial Plots, etc.)

Type of Asset _____ Value: \$ _____
 Type of Asset _____ Value: \$ _____
 Type of Asset _____ Value: \$ _____

Total Assets: \$ _____

Liabilities

Mortgage Total Amount: \$ _____
 Credit Card Debt Total Amount: \$ _____
 Loans, Notes and Other Obligations Total Amount: \$ _____

Total Liabilities: \$ _____

TOTAL NET WORTH (Total Assets - Total Liabilities): \$ _____

Please indicate any **gifts greater than \$10,000** that you or your spouse has made to an individual during your lifetime.

1. Full Name: _____ Date of Gift: _____
 _____ Gift Tax Return Filed? _____
 Item(s) Gifted _____
 _____ Value: \$ _____

2. Full Name: _____ Date of Gift: _____
 _____ Gift Tax Return Filed? _____
 Item(s) Gifted _____
 _____ Value: \$ _____

3. Full Name: _____ Date of Gift: _____
 _____ Gift Tax Return Filed? _____
 Item(s) Gifted _____
 _____ Value: \$ _____

ESTATE PLAN DESIGNATIONS

1. Please indicate a first and second choice to serve as the **Executor** of your estate when you pass away.

Spouse #1: _____

Spouse #2: _____

2. If you have minor children, please indicate a first and second choice to serve as **Guardian** should you pass away before the children reach the age of 18. _____

3. If you wish to establish a trust (especially for minor children), please indicate a first and second choice to serve as **Trustee**. You may want to consider naming a professional trustee, such as a bank or trust company. _____

4. If you were unable to manage your own **personal and financial affairs**, please indicate a first and second choice to serve as attorney-in-fact to make those decisions for you. Spouse #1: _____

Spouse #2: _____

5. If you were unable to make **medical and/or health decisions** for yourself, please indicate a first and second choice to serve as attorney-in-fact to make those decisions for you. Spouse #1: _____

Spouse #2: _____

6. Please consider and discuss with your loved ones your wishes on the following matters:

- ◆ If you were terminally ill or in a comatose state, would you like to have your life prolonged by life-sustaining treatments or procedures?

- ◆ If you were terminally ill or in a comatose state, would you like to be given food and/or water by artificial means?

ASSET DISTRIBUTION DESIGNATIONS

1. Please indicate your preferences for **distribution of your tangible personal property** (e.g. furniture, jewelry, clothing, automobile, etc.).

[] Spouse only, if surviving.

[] All children, as they may agree.

[] Specific child(ren): _____

[] Other individual(s): _____

2. Please indicate any **specific gifts of money** you would like to make in your will. If none, please leave blank.

\$ _____	to: _____
\$ _____	to: _____
\$ _____	to: _____
\$ _____	to: _____
\$ _____	to: _____
\$ _____	to: _____

PREVIOUS ESTATE PLAN DOCUMENTS

*Please indicate any previous estate plan documents prepared for you **and bring them with you to your appointment.***

	Spouse #1	Spouse #2
Will (and any Codicils)	[]	[]
Community Property Agreement	[]	[]
Durable General Power of Attorney (for Finances)	[]	[]
Durable Power of Attorney for Health Care	[]	[]
Health Care Directive	[]	[]
Special Needs Trust	[]	[]
Revocable Living Trust	[]	[]

ADDITIONAL INFORMATION

If there is any other information we should know in preparing your estate plan documents, or questions you would like to ask, please feel free to include them below or attach additional pages.
