

CONFIDENTIAL ESTATE PLANNING



QUESTIONNAIRE

FOR:

Cell Phone Number _____

Employer, Business or Firm _____

Position Held _____

How long have you been in your current employment position? _____

Business Address _____

Business Phone (____) _____

Business Fax (____) _____

Brief description of Business activities: _____

Preferred Mailing Address: Home Office Other Home Office Other

Marriage Date/Place and Domicile at Marriage _____

Does client cohabit with any other partner? No Yes
If yes, please provide the name of such individual: _____

Cohabitation w/o marriage N/A Yes N/A Yes
Date commenced _____

Domestic Partnership Registration Date/Place _____

Military Service/Dates Rank, Serial No. _____

Most Recent Education completed _____
Alumni affiliations: _____

Safe Deposit Box?	<input type="checkbox"/> If yes, please complete Ex. 1	<input type="checkbox"/> If yes, please complete Ex. 1
	<input type="checkbox"/> No	<input type="checkbox"/> No

Location (Bank & Branch)	_____	_____
Names of all persons with	_____	_____
right of access to safe	_____	_____
deposit box	_____	_____
Box Number	_____	_____

II. PRIOR MARRIAGES: Not Applicable

Former Spouse	_____	_____
Marriage Date/Place	_____	_____

Terminated by	<input type="checkbox"/> Death / <input type="checkbox"/> Divorce	<input type="checkbox"/> Death / <input type="checkbox"/> Divorce
	(Date) ____/____/____	(Date) ____/____/____

Obligations to or from Former Spouse	_____	_____
	_____	_____

Child Support	_____	_____
(Include child's name and termination date)	_____	_____
	_____	_____

Spousal Maintenance	_____	_____
(and termination date)	_____	_____

Are there any remaining financial obligations to or from, or property held with, a former spouse?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (described below)
-----------------------------	--

[Attach copy of divorce decree and property settlement agreement together with amendments and specific information regarding any security to be maintained, e.g., to secure payment of child support.]

III. CHILDREN AND DECEASED CHILDREN:

	Child #1	H, W, Both	Child #2	H, W, Both
Legal Name	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Birth Date	_____	_____	_____	_____
Place of Birth	_____	_____	_____	_____
Social Security Number	_____	_____	_____	_____
Citizenship	_____	_____	_____	_____

Address	_____	_____
(If different from your own)	_____	_____
Phone	(____) _____	(____) _____
Cell Phone	(____) _____	(____) _____
E-mail at Home	_____	_____
E-mail at Work	_____	_____
Present/Past Occupation	_____	_____
Employment/School	_____	_____
Spouse's Name	_____	_____
Date of Marriage	_____	_____
Spouse's Occupation	_____	_____
Spouse's Employment	_____	_____
Children of this Child	_____	_____
(Name/DOB/SSN)	Date of Birth _____	Date of Birth _____
	SSN# _____	SSN# _____
	Date of Birth _____	Date of Birth _____
	SSN# _____	SSN# _____

Does Child cohabitate with any other partner?
 No If yes, please provide the name of such individual: _____

Does Child cohabitate with any other partner? No If yes, please provide the name of such individual:

	Child #3	H, W, Both	Child #4	H, W, Both
Legal Name	_____	_____	_____	_____
Nickname	_____	_____	_____	_____
Birth Date	_____	_____	_____	_____
Place of Birth	_____	_____	_____	_____
Social Security Number	_____	_____	_____	_____
Citizenship	_____	_____	_____	_____
Address	_____	_____	_____	_____
(If different from your own)	_____	_____	_____	_____
Phone	(____) _____	(____) _____	(____) _____	(____) _____
Cell Phone	(____) _____	(____) _____	(____) _____	(____) _____
E-mail at Home	_____	_____	_____	_____
E-mail at Work	_____	_____	_____	_____
Present/Past Occupation	_____	_____	_____	_____
Employment/School	_____	_____	_____	_____
Spouse's Name	_____	_____	_____	_____
Date of Marriage	_____	_____	_____	_____
Spouse's Occupation	_____	_____	_____	_____
Spouse's Employment	_____	_____	_____	_____
Children of this Child	_____	_____	_____	_____

(Name/DOB/SSN) Date of Birth _____
SSN# _____

Date of Birth _____
SSN# _____

Date of Birth _____
SSN# _____

Date of Birth _____
SSN# _____

Does Child cohabit with any other partner?
 No If yes, please provide the name of
such individual: _____

Does Child cohabit with any other
partner? No If yes, please
provide the name of such individual:

Attach additional sheets for additional children.

Other Dependent Persons – Names, addresses, relationships:

Have you ever had your parental rights terminated for any child? (Adopted out any children)
 Yes No

If so, please describe: _____

Do any Dependents have Special Educational, Medical or Financial Needs?
 Yes No

If Yes, please explain:

IV. GUARDIAN: (A Guardian is a person or entity lawfully vested with the power and charged with the duty of taking personal care of the person and/or managing the property (estate) and/or rights of another person, who for defect of age, understanding, incapacity or self-control, is considered incapable of administering his or her own affairs. For example, the Guardian for one’s child is the one who legally has the responsibility to care for and manage the person, or the estate, or both, of your child during his or her minority. A Guardian is also sometimes referred to as a “Conservator.”)

	Primary	Alternate
Name	_____	_____
Relationship?	_____	_____
Address	_____	_____
Phone	(____) _____	(____) _____

V. **PERSONAL REPRESENTATIVE:** (Personal Representative (PR) refers to a person or entity appointed to administer the estate of a deceased person and includes both Executor/trix and Administrator/trix appointees. The PR typically serves for only the limited period of time necessary to administer and distribute the estate.)

	Primary	Alternate
Name	_____	_____
Relationship?	_____	_____
Address	_____ _____	_____ _____
Phone	(____)_____	(____)_____

VI. **TRUSTEE:** (Person or company designated to hold and manage any trust property for the benefit or use of another. The Trustee position is typically a long-term position over a term of years, e.g., for the duration of the trust you have established.) Please indicate whether any trustee is not a U.S. citizen.

	Primary	Alternate
Name	_____	_____
Relationship?	_____	_____
Address	_____ _____	_____ _____
Phone	(____)_____	(____)_____
Citizenship?	_____	_____

VII. BENEFICIARIES OF YOUR ESTATE: (A Beneficiary refers to the individual for whom a trust is established who will benefit from the Trust or who will receive a distribution from one's estate. For lifetime gifting purposes, the Beneficiary is typically the person who is receiving the gift (Donee) or inheritance and the person who is making the gift is referred to as the Donor.)

Primary Beneficiaries:

Contingent Beneficiaries if Primary Beneficiary named to the left is then deceased:

1. Name _____

Relationship and % _____

Address _____

Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

1. _____

(____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

2. Name _____

Relationship and % _____

Address _____

Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

2. _____

(____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

Primary Beneficiaries:

**Contingent Beneficiaries if
Primary Beneficiary named to the
left is then deceased:**

3. Name _____
Relationship and % _____
Address _____
Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

3. _____

Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

4. Name _____
Relationship and % _____
Address _____
Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

4. _____

Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

5. Name _____
Relationship and % _____
Address _____
Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

5. _____

Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

Primary Beneficiaries:

**Contingent Beneficiaries if
Primary Beneficiary named to the
left is then deceased:**

6. Name _____
Relationship and % _____
Address _____
Phone (____) _____

6. _____

Phone (____) _____

If deceased, then to:
 Lineal descendants
 Gift lapses

If deceased, then to:
 Lineal descendants
 Gift lapses

VIII. OTHER RELATIVES:

Husband/Client #1's			<u>Age/Date</u>
<u>Parents</u>	<u>Address/Phone</u>	<u>Health</u>	<u>of Death</u>

Approximate Size of Estate \$ _____

Client's percentage share of Estate _____ %

Husband/Client #1's			<u>Age/Date</u>
<u>Siblings</u>	<u>Address/Phone</u>	<u>Health</u>	<u>of Death</u>

<u>Wife/Client #2's</u> <u>Parents</u>	<u>Address/Phone</u>	<u>Health</u>	<u>Age/Date</u> <u>of Death</u>

Approximate Size of Estate \$_____

Client's percentage share of Estate _____%

<u>Wife/Client #2's</u> <u>Siblings</u>	<u>Address/Phone</u>	<u>Health</u>	<u>Age/Date</u> <u>of Death</u>

DEPENDENTS:

Are any persons (other than minor children) partially or wholly dependent upon husband or wife for support now or possibly in the future? Yes No

If yes, please describe: _____

IX. INTERSPOUSAL AGREEMENTS:

Have you ever executed a **Community Property Agreement**? Yes No

Have you ever executed a **Prenuptial/Antenuptial Agreement**? Yes No

Have you ever executed a Cohabitation Agreement? Yes No

Have you ever executed **any other agreement** between spouses **regarding your property**? Yes No

Have you ever executed a **durable power of attorney**? Yes No

Have you ever executed a **directive to physicians**, also known as a Living Will or advance directive? Yes No

Have you ever executed any other "estate planning" agreements, documents or similar items (and describe it)? Yes No

If you answered **YES** to **any** of the above, **PLEASE FURNISH A COPY OF EACH DOCUMENT.**

TRUSTS:

Does any member of your family receive or expect to receive income from any trust? Yes No

If **YES**, who created the trust? _____

Has either husband or wife ever created a trust except as part of a will? Yes No

If applicable, please furnish copies of all instruments relating to the trusts mentioned above as well as a **current list of assets, a statement of trust income, a copy of all asset transfer documents that funded such trust and any federal Form 1041 income tax returns in regard to those trusts.**

XI. GIFTS, INHERITANCES:

Are there any gifts or inheritances likely to be received by husband, wife or children? Yes No

If **YES**, by whom, from whom and what is the likely time of receipt: _____

Have you ever filed a gift tax return? Yes No

If **YES**, please provide a copy of all gift tax returns filed to date.

Do either husband or wife make, or intend to make, regular or substantial gifts to any person or to establish a trust for any person or other beneficiary? Yes No

If **YES**, please describe and identify the purpose for such trust: _____

Have either husband or wife made gifts in excess of the maximum gift tax annual exclusion amount under I.R.C. § 2503 (\$14,000 as of 2016) to any person in any one year? Yes No

Does any member of the family expect to receive a gift of more than the above-described gift tax annual exclusion amount from a third person? Yes No

If **YES**, please describe: _____

Do you want to make any specific priority gifts of cash, real property, stocks and bonds, or other property to any person or entity? Any charitable gifts? If so, please describe and indicate to whom: _____

XII. ESTATE PLANNING OBJECTIVES, PRIORITIES AND PERSONAL MATTERS:

Describe other estate planning objectives, special circumstances, and priorities that are particularly significant to you: _____

What are your short and long term financial goals: _____

Is there any other information that you wish to provide that you believe is relevant to your circumstances? _____

Any unusual medical problems or concerns? _____

Are there any charitable gifts that you would like to make now or at a future date? _____

What primary values or message would you like to communicate to your beneficiaries through your estate plan? _____

Are there any family members who you do not wish to include as a beneficiary of your estate? If yes, who and why?

XIII. ASSET SCHEDULE AND INSURANCE: Indicate whether community (C), separate property of husband (H) or separate property of wife (W). (If unknown, please indicate [U].) Please note that any foreign situs assets should be listed under the designated "Foreign Assets" section below.

A. REAL PROPERTY

1. Local Address and Description [C, H, W, U] _____

Improved or Unimproved Property:
(and number of acres) _____

Owner(s) of Record and % Ownership _____

Yearly Net Income, if any:
(provide copy of any lease) _____

Fair Market Value _____

Original Cost: _____

Approximate Outstanding Debt: _____

Debt owed to (name, address and account number) _____

Net Equity (after debts): _____

Assessor's Tax Identification Number _____

Assessed Value of Property _____

Insured by: _____

2. Local Address and Description [C, H, W, U]

Improved or Unimproved Property:	_____
(and number of acres)	_____
Owner(s) of Record and % Ownership	_____
Yearly Net Income, if any:	\$ _____
(provide copy of any lease)	
Fair Market Value	\$ _____
Original Cost:	\$ _____
Approximate Outstanding Debt:	\$ _____
Debt owed to (name, address and account number)	_____

Net Equity (after debts):	\$ _____
Assessor's Tax Identification Number	_____
Assessed Value of Property	\$ _____
Insured by:	_____

3. Local Address and Description [C, H, W, U]

Improved or Unimproved Property:	_____
(and number of acres)	_____
Owner(s) of Record and % Ownership	_____
Yearly Net Income, if any:	\$ _____
(provide copy of any lease)	
Fair Market Value	\$ _____
Original Cost:	\$ _____
Approximate Outstanding Debt:	\$ _____
Debt owed to (name, address and account number)	_____

Net Equity (after debts):	\$ _____
Assessor's Tax Identification Number	_____
Assessed Value of Property	\$ _____
Insured by:	_____

[Please attach additional pages if necessary.]

Please supply a copy of the original recorded deed conveying title into your name, copies of all subsequent deeds impacting such property, and your most current tax statement for each parcel of real property identified above. If available, please also provide a copy of the title insurance policy obtained when the property was initially acquired.

Do you own any real property, or interest in any real property or timeshares, that is located outside the State of Washington (the state of your primary residence)? Yes No

If **YES**, please provide the same information about such real property as requested above.

If any real property is leased, please provide a copy of the current lease.

Do you own any cemetery plots? Yes No

If **YES**, please provide the location and a copy of any arrangements and/or agreements concerning the terms of any prearrangements, ownership and the number of plots owned. Please also identify any family plots reserved for other family members: _____

B. INDIVIDUALLY ISSUED PUBLICLY TRADED STOCKS (not held in a brokerage or retirement account)

	Company	Owner(s)	No. of Shares	Date Acquired	Orig. Cost Per Share	Current Value
1						
2						
3						
4						
5						
6						

Please supply a copy of all stock certificates, if possible.

C. INDIVIDUALLY ISSUED PUBLICLY TRADED BONDS AND TREASURY NOTES (not held in a brokerage or retirement account)

	Company	Owner(s)	No. of Shares	Date Acquired	Orig. Cost Per Share	Current Value
1						
2						
3						
4						
5						
6						

Please supply a copy of all bond certificates, if possible.

Would you be amenable to consolidating your security investments? _____

D. OTHER NOTES PAYABLE TO YOU AND RECEIVABLES

	Debtor's Name/Address/Phone	Gross Amount	Interest Payable	Secured By	Due Date	Payment Frequency	Approximate Balance Due
1							
2							
3							
4							

For all receivables, please provide a copy of all notes, amendments to any notes, agreements, recorded deeds of trust or mortgages, security interests, UCC-1 financing statements, personal guarantees and related documents that evidence the same.

E. BANK, SAVINGS AND LOAN, BROKERAGE AND MUTUAL FUND ACCOUNTS (non-retirement)

JTWROS: joint tenants with rights of survivorship.

W/O ROS: without rights of survivorship, tenancy in common or single name.

	Institution Name, Address and Phone Number	Account No.	Type, e.g., Checking/Savings, UTMA, 529	Approximate Value	Form of Ownership and With Whom
1					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____
2					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____
3					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____

4					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____
5					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____
6					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____
7					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____
8					<input type="checkbox"/> JTWROS <input type="checkbox"/> W/O ROS Names: _____

Please indicate above if you have set aside educational funds in connection with I.R.C. § 529 (qualified tuition fund) and/or an I.R.C. § educational IRA/Coverdell IRA fund.

Please check this box if you wish to consider “super-will” provisions.

F. MISCELLANEOUS PROPERTY

<u>Property:</u>	<u>Approximate Value</u>
Furniture and Furnishings	\$ _____
Antiques / Artwork	\$ _____
Jewelry	\$ _____
Automobiles, RV’s and Boats	\$ _____
Auto #1: Type _____ License #: _____ Year: _____	
Auto #2: Type _____ License #: _____ Year: _____	
Auto #3: Type _____ License #: _____ Year: _____	
Snowmobile, Boats, Private Aircraft and Other Vehicles	\$ _____
Silver, China, Collectibles, and Furs	\$ _____
Other (please specify): _____	\$ _____
_____	\$ _____
Intellectual Property (royalties, patents, stock options, etc.): _____	

G. BUSINESS AND PARTNERSHIP INTERESTS (Securities That Are Not Publicly Traded)

Name of Business: _____

What form?: _____

- Type of Business: Sole Proprietorship
 Family Limited Partnership
 General Partnership
 S Corporation

- Limited Liability Company
 Limited Liability Partnership
 C Corporation

Original Cost: \$ _____

Percentage Owned: \$ _____

Date Acquired: \$ _____

Estimated value: \$ _____

List related owners, their addresses, and percentage owned by each:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>% Owned</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you interested in obtaining additional information about transfer methods to sell or transfer/transition this business? Yes No

Description of primary assets of business: _____

What is the approximate value of the business? \$ _____

Do you have a current buy-sell or redemption agreements? Yes No

If **YES**, how is a buy-out funded?

If you have additional closely held business interests, please list them on a separate piece of paper.

H. RETIREMENT AND EMPLOYEE BENEFITS

List any interest in a pension, profit sharing, stock bonus, stock options, self-employed retirement plan, IRA, Roth IRA, deferred compensation, 457, 403(b) tax sheltered annuity, non-qualified deferred compensation or any other employee benefit:

	Employer Sponsor	Type of Plan	Value	Primary Beneficiary	Contingent Beneficiary
1.					
2.					
3.					
4.					
5.					
6.					

Please furnish a copy of all summary plan descriptions, beneficiary designations and any Qualified Domestic Relations Order (“QDRO”) in regard to any benefit or retirement plan in which you have an interest.

I. TRUSTS OR ESTATES IN WHICH YOU HAVE BENEFICIAL INTEREST

Description:

Please provide a copy of any trust in which you have an interest.

J. LIFE INSURANCE

None

	Insured and Owner	Company Name, Address, Phone and Agent	Type of Insurance (whole, term, group, 2nd to die)	Primary and Contingent Beneficiaries	Face Amount of Policy Payable After Death	Loans?
1	Insured: Owner:			P: _____ C: _____ _____		
2	Insured: Owner:			P: _____ C: _____ _____		
3	Insured: Owner:			P: _____ C: _____ _____		
4	Insured: Owner:			P: _____ C: _____ _____		

For each of the above-referenced policies, please provide a copy of current beneficiary designation form and policy information or declarations page that identifies the owner/insured and amounts of coverage.

Please provide information on any gifts of life insurance within the last three (3) years. (Section 2035(a)).

Please identify any irrevocable life insurance trusts that you or any third party may have created for you and/or any member of your family: _____

K. DISABILITY INSURANCE

None

	Insured and Owner	Company Name, Address, Phone and Agent	Employer (group) or Individual Policy?	Wage Replacement Amount
1	Insured: Owner:			
2	Insured: Owner:			

Please provide a copy of current disability coverage summary and policy information that identifies owner/insured and amounts of coverage.

Does the disability policy provide short term or long term coverage and is such coverage for your “same occupation” or for “any” occupation? What is the amount of the disability benefit provided, the elimination period, and duration of coverage? _____

L. LONG TERM CARE INSURANCE

None

	Insured and Owner	Company Name, Address and Phone	Coverage Amount
1	Insured: Owner:		
2	Insured: Owner:		

Please provide a copy of current policy information that identifies the owner/insured and amounts of coverage.

Describe all benefits offered: _____

M. PROPERTY PREMISES LIABILITY/UMBRELLA INSURANCE

	Insured and Owner	Company Name, Address, Phone, and Agent	Type of Insurance (basic or umbrella)	Policy Limits
1	Insured: Owner:			
2	Insured: Owner:			
3	Insured: Owner:			

4	Insured: Owner:			
5	Insured: Owner:			

Please provide a copy of current policy information that identifies owner/insured and amounts of coverage, e.g., the declarations page.

Describe any additional insurance riders that you have in place and/or wish to maintain. _____

Do you own a snowmobile, boat, motorcycle, or private aircraft? _____ If so, please identify: _____ and confirm insurance coverage exists for the same.

Does your umbrella coverage apply to uninsured motorist claims? _____

Does your umbrella policy contain exclusions from coverage and, if so, please list: _____

Do you maintain earthquake insurance? If so, what are the basic coverage parameters and deductibles? _____

When was the last time you reviewed your insurance coverage limits? _____

N. FOREIGN ASSETS:

Do you own any assets or accounts outside of the United States?

- Yes No

Do you expect to inherit any assets or accounts outside of the United States?

- Yes No

If yes, please describe (in detail) and provide copies of relevant documents:

XIV. GROSS TAXABLE INCOME LAST YEAR: \$ _____

XV. SIGNIFICANT PERSONAL/PERSONALLY GUARANTEED LIABILITIES (Other Than Against Real Estate)

Are debts timely paid as they are due? Yes No If no, please explain.

Have you ever filed for bankruptcy and, if so, list date(s): _____

A. Commercial or Business Debts

	<u>Creditor Name and Address</u>	<u>Account #</u>	<u>Security Provided</u>	<u>Interest Rate</u>	<u>Payoff Date</u>	<u>Current Balance</u>
1.	_____	_____	_____	_____ %	___/___/___	\$ _____

2.	_____	_____	_____	_____ %	___/___/___	\$ _____

3.	_____	_____	_____	_____ %	___/___/___	\$ _____

B. Residential, Credit Card, Consumer, or Personal Debts

1. _____ % __/__/__ \$ _____

2. _____ % __/__/__ \$ _____

3. _____ % __/__/__ \$ _____

C. Guarantees of Debts of Others

1. _____ % __/__/__ \$ _____

2. _____ % __/__/__ \$ _____

3. _____ % __/__/__ \$ _____

XVI. NET WORTH SUMMARY

<u>ASSETS</u>	<u>COMMUNITY*</u>	<u>SEPARATE**</u>	
		<u>Husband</u>	<u>Wife</u>
		<u>Client #1</u>	<u>Client #2</u>
A. Real Estate (net value)	_____	_____	_____
B. Stocks	_____	_____	_____
C. Bonds & Treasury Notes	_____	_____	_____
D. Receivables	_____	_____	_____
E. Bank Accounts & Cash	_____	_____	_____
F. Miscellaneous	_____	_____	_____
G. Business Interests	_____	_____	_____
H. Retirement Benefits	_____	_____	_____
I. Trust Interests	_____	_____	_____
J. Life Insurance	_____	_____	_____

TOTALS	_____	_____	_____
<u>TOTAL LIABILITIES</u>			
Other than those reflected in real estate section	_____	_____	_____
NET WORTH	=====	=====	=====

* “Community property” generally refers to all earnings and accumulations during a marriage. Community property also includes all separate property that may have become commingled with separate property, converted into community property or separate property that is retitled into the joint names of the marital community.

** “Separate Property” generally refers to earnings as well as gifts or inheritances received before or after marriage; provided, however, if separate property is commingled with community property then the separate property is often converted into community property.

Please ask your attorney for a more detailed analysis of your separate and community property interests if desired.

ADVISORS (Include Address and Phone Number)

Attorney:

 Virginia C. Antipolo-Utt
 ANTIPOLO & PAUL LAW FIRM
 2825 Colby Avenue, #301
 Everett, WA 98201
 (425) 303-9100, ext. 111
 (425) 258-9685 (FAX)
virginia@aplawfirm.com

Attorney:

 Tracie D. Paul
 ANTIPOLO & PAUL LAW FIRM
 2825 Colby Avenue, #301
 Everett, WA 98201
 (425) 303-9100, ext. 112
 (425) 258-9685 (FAX)
tracie@aplawfirm.com

Attorney:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Attorney:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Banker:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Financial Advisor:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance - Home:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance - Automobile:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance – Umbrella Liability:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance - Malpractice:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance - Disability:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance - Life:

 (____) _____
 (____) _____ (FAX)
 E-mail: _____

Insurance - Other:

(____)_____

(____)_____ (FAX)

E-mail:_____

Accountant:

(____)_____

(____)_____ (FAX)

E-mail:_____

Financial and Investment Advisors:

(____)_____

(____)_____ (FAX)

E-mail:_____

Real Estate Advisors/brokers:

(____)_____

(____)_____ (FAX)

E-mail:_____

Trustees:

(____)_____

(____)_____ (FAX)

E-mail:_____

Physician – Client #1:

(____)_____

(____)_____ (FAX)

E-mail:_____

Physician – Client #2:

(____)_____

(____)_____ (FAX)

E-mail:_____

Animal Provider/Veterinarians:

(____)_____

(____)_____ (FAX)

E-mail:_____

Other:

(____) _____
(____) _____ (FAX)

E-mail: _____

Other:

(____) _____
(____) _____ (FAX)

E-mail: _____

Other:

(____) _____
(____) _____ (FAX)

E-mail: _____

Other:

(____) _____
(____) _____ (FAX)

E-mail: _____

XVII. QUESTIONS FOR ESTATE PLANNING CONFERENCE:

Estate Planning Questions?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Any other significant financial or other information you would like to share or provide?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

**EXHIBIT 1 TO
CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE**

Inventory Sheet for Safe Deposit Box Contents

Safe Deposit Box Number: _____

Location (Bank & Branch): _____

Owners of Safe Deposit Box: _____

Names of Persons with Access: _____

	Contents of Safe Deposit Box	Approximate Value of Item
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Page 1 of ____ pages

List any items in the above-described safe deposit box that you do not own and identify the owner of any such item here: _____

