

805 Broadway Street Suite 1000 PO Box 1086 Vancouver, WA 98666

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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

PERSONAL INFORMATION

Date:			
Name (list name as you want on your documents)	lome Telephone		
Home Address (street, city, state and zip code)			
Birth Date B	usiness Telephone		
Social Security Number A	Nobile/Cell Telephone		
Years lived in state of residence	Email Address		
OTHER INFORMATION			
	ſ	Yes	No
A. Are you a United States citizen? If not, what country:			
B. Have you made any large gifts? (exceeding \$3,000 prior to 19 during or after 1982)	982 and \$10,000		
C. Have you received an inheritance? If yes, indicate amount an	d year:		
D. Do you expect to receive any gifts or inheritances in the futu	re?		
E. Are you a beneficiary of a trust?			
F. Do you own any real estate outside your state of residence? state and county and include the property address on the attached net worth stateme			
G. Do you own a business which has made an "s" election for in purposes?	come tax		
H. Do you have any dependents with special needs?			
I. Have any of your children received (or are likely to receive) a assistance, such as SSI? If so who:	ny government		
J. Has anyone in your family been adopted? Please attach explanation	1		\Box
K. Do you have any deceased children?			

L. Do you have any of the following estate planning documents?	
Will	
Power of Attorney	
Revocable Living Trust	
Other Trust	
Health Care Durable Power of Attorney/Directive	
Oregon Advance Directive	
Physician Orders for Life Sustaining Treatment (POLST)	
M. Do you own a long-term care insurance policy?	

If yes, please provide copies of relevant documents

ADVISOR INFORMATION

Accountant/Tax Preparer:		
Accountant rax rreparer.	Name	Telephone
	Address	
Investment Counselor:		
investment Counselor.	Name	Telephone
Casualty and	Address	
Homeowners Insurance Agent:	Name	Telephone
	Address	

CHILDREN

(list name as you want it on your documents)

	First Child	Second Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
	Third Child	Fourth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		

	Fifth Child	Sixth Child	
Name			
Date of Birth			
Address			
Name of Child's			
Spouse			

RETIREMENT PLAN INFORMATION

Please indicate current account balance or monthly retirement benefit: \$

Please describe the retirement benefit Plan I: plan which your employer maintains for

Plan 2:

its employees:

LIFE INSURANCE INFORMATION

	Policy No. I	Policy No. 2	
Company		,	
Face Amount			
Type (variable, whole life, term)			
Loans on Policy			
Owner of Policy			
Beneficiary(ies)			
	Policy No. 3	Policy No. 4	
Company	Policy No. 3	Policy No. 4	
Company Face Amount	Policy No. 3	Policy No. 4	
	Policy No. 3	Policy No. 4	
Face Amount Type (variable, whole life,	Policy No. 3	Policy No. 4	
Face Amount Type (variable, whole life, term) Loans on Policy Owner of Policy	Policy No. 3	Policy No. 4	
Face Amount Type (variable, whole life, term) Loans on Policy	Policy No. 3	Policy No. 4	
Face Amount Type (variable, whole life, term) Loans on Policy Owner of Policy	Policy No. 3	Policy No. 4	
Face Amount Type (variable, whole life, term) Loans on Policy Owner of Policy	Policy No. 3	Policy No. 4	

FIDUCIARY CHOICES

Executor/Personal Representative

Your personal representative is responsible for settling the financial affairs of your estate, including the investment of your assets, paying any final bills and distributing your assets in accordance with your Last Will.

First Choice	
Address	
Telephone	
Second Choice	
Address	
Telephone	
Third Choice	
Address	
Telephone	
Comments:	

Trustee

Your trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including situations involving divorce). Trusts can last for many years. Please consider this when selecting your trustee.

First Choice	
Address	
Telephone	
Second Choice	
Address	
Telephone	
Third Choice	
Address	
Telephone	
Comments:	

Guardian for Children

After your death, your guardian will be responsible for the care and upbringing of your children (or other dependents in your care) so long as they are minors or otherwise incapacitated.

First Choice	
Address	
Telephone	
Second Choice	
Address	
Telephone	
Third Choice	
Address	
Telephone	
Comments:	

Durable Power of Attorney

A Durable Power of Attorney is a document appointing another person (called the "attorney-in-fact") to make financial and health care decisions for you if you become incapacitated or disabled.

A. <u>Attorney-in-Fact (Financial)</u>. Powers include the purchase and sale of property; access to financial records and accounts; investment of assets; continuation of business interests; and tax and estate planning.

First Choice	
Address	
Telephone	
Second Choice	
Address	
Telephone	
Third Choice	
Address	
Telephone	
Comments:	

	alth Care). Powers include giving directions to health care providers
	nent and life-sustaining procedures; access to medical records; and
addressing your long-term	n care needs.
First Choice	
Address	
Telephone	
Second Choice	
Address	
Addiess	
Telephone	
Топорионо	
Third Choice	
Address	
Telephone	
Comments:	
Describe etata havvvavv	rish to have your over out distributed on an your death.
Describe state now you v	wish to have your property distributed upon your death:
-	

Attach additional pages as necessary.

NET WORTH STATEMENT

LIABILITIES

Real Estate		Mortgages/Contracts Owing		
Home	\$	Home \$		
Vacation Home	\$	•		
Business	\$	Vacation Home \$ Business \$		
Other	\$	Other \$		
Personal Property		Loans		
	¢.			
Home Furnishings	\$	Vehicles \$		
Vehicles	\$	Personal \$		
Jewelry, Collections, etc.	\$	Personal \$ Life Insurance \$		
Other	\$	Other \$		
Life Insurance		TOTAL LIABILITIES	r	
Total of all policies	\$	TOTAL LIABILITIES	Þ	
Cook in Donle				
Cash in Bank		TOTAL ASSETS	\$	
Checking Account	\$	Minus total liabilities	\$	
Savings Account		NET WORTH	\$	
Other Accounts	\$ \$		•	
Other Accounts	Ф			
Retirement Plans				
IRA	¢	Please list the address	ss to any real estate	
401(K)	\$ \$	your state of residence:	county) owned outside	
701(IX)	Φ	your state of residence.		
Other Investments				
Stocks	\$			
Bonds	\$			
Mutual Funds	\$			
Annuities	\$ \$			
, amaided	•			
Other				
Trust Assets	\$			
Foreign Assets	\$			
Miscellaneous	\$			
-	•			

TOTAL ASSETS \$

ASSETS