

# CONFIDENTIAL ESTATE PLANNING



## QUESTIONNAIRE

FOR:

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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 cohabitate with any other partner? f1 No f1 Yes  
If yes, please provide the name of such individual: \_\_\_\_\_

Cohabitation w/o marriage Date commenced f1 N/A f1 Yes f1 N/A f1 Yes  
\_\_\_\_\_

Domestic Partnership Registration Date/Place

Military Service/Dates Rank, Serial No.

Most Recent Education completed Alumni affiliations:



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:  
 \_\_\_\_\_

	<b>Child #3</b>	<b>H, W, Both</b>	<b>Child #4</b>	<b>H, W, Both</b>
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	_____			



**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.)

	<b>Primary</b>	<b>Alternate</b>
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.

	<b>Primary</b>	<b>Alternate</b>
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	. N	a m e	1	.
	Relationship and %			
	Address	_____	_____	
		_____	_____	
	Phone	(____)	(____)	
		If deceased, then to:	If deceased, then to:	
		<input type="checkbox"/> Lineal descendants	<input type="checkbox"/> Lineal descendants	
		<input type="checkbox"/> Gift lapses	<input type="checkbox"/> Gift lapses	
2	.	N	2.	
	Relationship and %	_____		
	Address	_____	_____	
		_____	_____	
	Phone	(____)	(____)	
		If deceased, then to:	If deceased, then to:	
		<input type="checkbox"/> Lineal descendants	<input type="checkbox"/> Lineal descendants	
		<input type="checkbox"/> Gift lapses	<input type="checkbox"/> Gift lapses	

**Primary Beneficiaries:**

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

3. Name \_\_\_\_\_

3.

Relationship and %

Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone

(\_\_\_\_)

(\_\_\_\_)

If deceased, then to:  
 Lineal descendants  
 Gift lapses

If deceased, then to:  
 Lineal descendants  
 Gift lapses

4. Name \_\_\_\_\_

4.

Relationship and %

Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone

(\_\_\_\_)

(\_\_\_\_)

If deceased, then to:  
 Lineal descendants  
 Gift lapses

If deceased, then to:  
 Lineal descendants  
 Gift lapses

5. Name \_\_\_\_\_

5.

Relationship and %

Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone

(\_\_\_\_)

(\_\_\_\_)

If deceased, then to:  
 Lineal descendants  
 Gift lapses

If deceased, then to:  
 Lineal descendants  
 Gift lapses

**Primary Beneficiaries:**

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

6. Name \_\_\_\_\_

6.

Relationship and %

Address

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone

(\_\_\_\_)

(\_\_\_\_)

If deceased, then to:

- Lineal descendants
- Gift lapses

If deceased, then to:

- Lineal descendants
- Gift lapses

**VIII. OTHER RELATIVES:**

**Husband/Client #1's**

Parents

Address/Phone

Health

Age/Date  
of Death

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate Size of Estate \$

Client's percentage share of Estate \_\_\_\_\_ %

**Husband/Client #1's**

Siblings

Address/Phone

Health

Age/Date  
of Death

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Approximate Size of Estate \$

Client's percentage share of Estate \_\_\_\_\_ %

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

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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:

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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:

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**XII. ESTATE PLANNING OBJECTIVES, PRIORITIES AND PERSONAL MATTERS:**

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

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What are your short and long term financial goals:

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

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Any unusual medical problems or concerns?

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

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

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

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**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)

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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)

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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: \_\_\_\_\_

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**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? \_\_\_\_\_

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**D. OTHER NOTES PAYABLE TO YOU AND RECEIVABLES**

	<b>Debtor's Name/Address/Phone</b>	<b>Gross Amount</b>	<b>Interest Payable</b>	<b>Secured By</b>	<b>Due Date</b>	<b>Payment Frequency</b>	<b>Approximate Balance Due</b>
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.

	<b>Institution Name, Address and Phone Number</b>	<b>Account No.</b>	<b>Type, e.g., Checking/Savings, UTMA, 529</b>	<b>Approximate Value</b>	<b>Form of Ownership and With Whom</b>
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  Limited Liability Company  
 Family Limited Partnership  Limited Liability Partnership  
 General Partnership  C Corporation  
 S Corporation

Original Cost: \_\_\_\_\_ \$  
 Percentage Owned: \_\_\_\_\_ \$  
 Date Acquired: \_\_\_\_\_ \$  
 Estimated value: \_\_\_\_\_ \$

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

Name	Address	Relationship	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

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

**J. LIFE INSURANCE**

None

	<b>Insured and Owner</b>	<b>Company Name, Address, Phone and Agent</b>	<b>Type of Insurance (whole, term, group, 2<sup>nd</sup> to die)</b>	<b>Primary and Contingent Beneficiaries</b>	<b>Face Amount of Policy Payable After Death</b>	<b>Loans?</b>
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)).

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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: \_\_\_\_\_

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**K. DISABILITY INSURANCE**

None

	<b>Insured and Owner</b>	<b>Company Name, Address, Phone and Agent</b>	<b>Employer (group) or Individual Policy?</b>	<b>Wage Replacement Amount</b>
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? \_\_\_\_\_

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**L. LONG TERM CARE INSURANCE**

None

	<b>Insured and Owner</b>	<b>Company Name, Address and Phone</b>	<b>Coverage Amount</b>
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**

	<b>Insured and Owner</b>	<b>Company Name, Address, Phone, and Agent</b>	<b>Type of Insurance (basic or umbrella)</b>	<b>Policy Limits</b>
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**

Creditor Name and Address	Account #	Security Provided	Interest Rate	Payoff Date	Current Balance
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**

ASSETS	COMMUNITY*	SEPARATE**	
		Husband Client #1	Wife Client #2
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**

\_\_\_\_\_

TOTAL LIABILITIES

Other than those reflected  
in real estate section

\_\_\_\_\_

**NET WORTH**

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- \* “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  
 ANTIPOLLO & PAUL LAW FIRM  
 2825 Colby Avenue, #203  
 Everett, WA 98201  
 (425) 303-9100, ext. 111  
 (425) 258-9685 (FAX)  
[virginia@aplawfirm.com](mailto:virginia@aplawfirm.com)

**Attorney:**

Tracie D. Paul  
 ANTIPOLLO & PAUL LAW FIRM  
 2825 Colby Avenue, #203  
 Everett, WA 98201  
 (425) 303-9100, ext. 112  
 (425) 258-9685 (FAX)  
[tracie@aplawfirm.com](mailto: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:** \_\_\_\_\_

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

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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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_