

CONFIDENTIAL ESTATE PLANNING DATA FORM

The information on this form will be treated as confidential, subject to the attorney-client privilege.

FAHLMAN OLSON & LITTLE, PLLC

3023 80th Ave SE, Suite 300 • Mercer Island, WA 98040 Telephone: 206-583-0155 Facsimile: 206-343-5759

www.faolaw.com

FAMILY INFORMATION

	HUSBAND	WIFE
Full Legal Name		
Citizenship		
Home Address (Street)		
City, State and Zip		
Home Phone Number		
Cell Phone Number		
Email Address		
Fax Number		
Employer		
Business Address (Street)		
City, State and Zip		
Business Phone Number		
Birth date		
Date of Marriage		
Estimated Size of Potential Inheritance (i.e. what you expect to receive from others)		
Who referred you to us?		
	(1)	se your mouse to proceed to pert table)

YOUR CHILDREN

Full Legal Names	Birth Date	Child of Only Husband (H) or Wife (W)	Married (Y/N)	Number of Children

BACKGROUND QUESTIONS

			Yes/No
1.	Is all your property community property (i.e., marital property owned.	50/50)?	
2.	Are any of your more valuable assets titled as "JTWRS", or joint tenant of survivorship?	ts with right	
		Husband	Wife
3.	Are you a beneficiary or trustee of any trust?		
4.	Have you ever made gifts over \$10,000.00?		
5.	Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices?		
6.	Do you want to leave your estate to your spouse with no strings attached?		
7.	Do you want to leave items of personal property to specific people?		
8.	Do you want to leave anything to charity?		
9.	Do either of you, or do any of your children suffer from any serious illness or incapacity? If yes, please include information below.		
10.	Do you want life support procedures terminated in the event of a terminal condition?		
11.	Following your death, do you want your organs to be available for: Transplant? Research? Both? Neither?		
12.	Would you like to make special provisions for the education of your children and/or grandchildren?		
13.	Do you own real estate or mineral interests outside of Washington State? If so, please provide information on balance sheet.		

YOUR SPECIAL OBJECTIVES (IF ANY):

OTHER QUESTIONS TO ANSWER BEFORE FIRST MEETING

How much is your net estate worth (include face value of life insurance

1.

	policies, amounts within ret	irement plan	s and IRA's, etc.)?			
			First Choice	Second Choice	Third Choice	
2.	Who should administer you (as the "Executor" or "Per Representative")?					
3.	Who should be the trustee of the trust or trusts (for surviving spouse, children, etc.) created under your wills?					
4.	If both parents die, with whom should your minor children live (as "Guardian")?					
5.	financial affairs if you	Husband				
	become incapacitated (as "financial attorney-infact")?	Wife				
6.		Husband				
		Wife				
7.	At what age (or ages) should	d your childr	ren receive their inhe	ritance outright?		
8.	Who are listed as the beneficiary of your life insurance policies and retirement plan assets?					
	NAMES (Please list names of cha	ritable orga	RITABLE ORGA nizations that you m state planning, if an	ay be interested in in	cluding	

DOCUMENTS TO DELIVER TO US BEFORE YOUR FIRST APPOINTMENT

(Please deliver these approximately one week prior to your appointment)

- □ A recent balance sheet listing all assets and liabilities, including amounts of life insurance and retirement plan benefits. (The balance sheet does not need to be prepared by an accountant, a simple handwritten statement of assets and liabilities will do).
- □ This questionnaire.
- □ Existing Wills, Trusts, and Powers of Attorney.
- □ Any Community Property Agreements or Prenuptial Agreements you have signed.
- □ Any Divorce Decrees or Agreements (including Property Settlement Agreements) you have been a party to.
- □ Any "Buy-Sell" Agreements you have signed (Shareholders Agreements, Partnership Agreements, Operating Agreements, etc.).

NAMES AND CONTACT INFORMATION

Please provide us with any name(s) and contact information for financial advisors (such as financial planners, life insurance professionals, accountants, stock brokers, etc.) with whom you would like us to confer on your behalf, if necessary.

Name	Company	Street Address	City, State, Zip	Phone number