



**CONFIDENTIAL ESTATE PLANNING  
DATA FORM**

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

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## FAMILY INFORMATION

	FIRST PARTNER	SECOND PARTNER
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		
Estimated Size of Potential Inheritance ( <i>i.e. what you expect to receive from others</i> )		
Who referred you to us?		

*(Use your mouse to proceed to next table)*

## YOUR CHILDREN

Full Legal Names	Birth date	Child Only of Partner 1 (1) or Partner 2 (2)	Married (Y/N)	Number of children



## OTHER QUESTIONS TO ANSWER BEFORE FIRST MEETING

1.	How much is your net estate worth ( <i>include face value of life insurance policies, amounts within retirement plans and IRA's, etc.</i> )?	\$		
			First Choice	Second Choice
2.	Who should administer your estate ( <i>as the "Executor" or "Personal Representative"</i> )?			
3.	Who should be the trustee of the trust or trusts ( <i>for surviving partner, children, etc.</i> ) created under your wills?			
4.	If both parents die, with whom should your minor children live ( <i>as "Guardian"</i> )?			
5.	Who should manage your financial affairs if you become incapacitated ( <i>as "financial attorney-in-fact"</i> )?	Partner 1		
		Partner 2		
6.	Who should make health care decisions on your behalf if you become incapacitated ( <i>as "health care attorney-in-fact"</i> )?	Partner 1		
		Partner 2		
7.	At what age (or ages) should your children receive their inheritance outright?			
8.	Who are listed as the beneficiary of your life insurance policies and retirement plan assets?			

## NAMES OF CHARITABLE ORGANIZATIONS

*Please list names of charitable organizations that you may be interested in including in your estate planning, if any.*


