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CONFIDENTIAL ESTATE PLANNING SCHEDULE

I. General Information

	Husband	Wife
Name	__________	__________
Other names/nickname, if any	__________	__________
Citizenship	__________	__________
Occupation	__________	__________
Date/Place of Birth	__________	__________
Home Address	__________	
Home Telephone Number	__________	
Cell Number	__________	__________
Business Telephone Number	__________	__________
Date/Place of Marriage	__________	
Length of Residence In Washington	__________	__________
Prior Residence During Marriage	__________	
Prior Marriages (Y/N)	__________	__________

II. Children

Names	Date of Birth
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

Special Needs (Y/N) ______________________

Adopted (Y/N) ______________________

From Prior Marriage (Y/N) ______________________

III. Parents and Siblings

1. Parents

	Husband	Wife
Names	______________	______________
	______________	______________
Health	M______ F______	M_____ F______
Age or Date of Death	M______ F ______	M_____ F _____
Estimated Size of Estate	M______ F ______	M_____ F _____

2. Brothers and Sisters

	Husband	Wife
Names	________________	________________
	________________	________________
	________________	________________

3. Are any persons other than minor children dependent on husband or wife? If so, describe relationship and degree of dependency.

____
____
____

IV. Gifts and Inheritances

(To be addressed at attorney meeting)

1. Gifts to husband or wife.

2. Prior Inheritances.

3. Anticipated Inheritances.

4. Client’s Previous Gifting.

5. Client’s Anticipated Gifting.

V. Asset Information

(To be completed at attorney meeting)

1. Real Property.

2. Investments (excluding tax deferred retirement accounts).

3. Closely held stock.

4. Accounts in Financial Institutions.

   Checking

   Savings

   Certificates of Deposit

5. Life Insurance

   Company and policy number
   Face amount
   Loans outstanding on policy
   Type (term, whole life, etc.)
   Owner of Policy
   Primary/Contingent Beneficiaries

6. Tangible Personal Property

Jewelry
Antiques
Art Objects
Automobiles
Boats
Stamps, coins, or other collections

7. Employee Benefit Plans and IRA's

Type
Current Value
Beneficiaries:
- Primary
- Contingent

8. Joint Tenant With Right of Survivorship or POD Designations.

9. Material Debts.

10. Safe Deposit Box(es).

11. Club Memberships.

VI. Advisors

Please list the names and telephone numbers of other persons who serve as advisors to husband and wife.

Other Lawyers____
Investment Advisor ____
Life Insurance Agent ____
Accountant ____

VII. Miscellaneous

1. Bring copies of the following documents in your possession:

a. Existing estate planning documents (Wills, trust agreements, powers of attorney, community property agreements, etc.)

b. Prenuptial or post-nuptial agreements.

c. Trust agreements naming you as a beneficiary.

d. Gift tax returns.

2. Do you have long term care insurance (Y/N).

3. Describe any special estate planning objectives.

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