

# **ESTATE PLANNING FACTFINDER**

FOR:

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## **WORTH LAW GROUP**

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6963 Littlerock Road SW  
Tumwater, WA 98512  
Phone: (360) 753-0948  
Fax: (360)705-3021

**GENERAL INFORMATION FOR YOU AND YOUR SPOUSE:**

**FOR YOURSELF:**

Full Legal Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**FOR SPOUSE:**

Full Legal Name: \_\_\_\_\_

Nicknames: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

**CONTACT INFORMATION:**

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**MARRIAGE:**

Date of Marriage: \_\_\_\_\_ City & State: \_\_\_\_\_

All States of Residency During Marriage: \_\_\_\_\_

Previous Marriage(s) for Self: \_\_\_ Yes \_\_\_ No, If Yes, please provide name and length of marriage:

\_\_\_\_\_

Previous Marriage(s) for Spouse: \_\_\_ Yes \_\_\_ No, If Yes, please provide name and length of marriage: \_\_\_\_\_

**FAMILY TREE:**

**FOR YOURSELF:**

Father's Legal Name: \_\_\_\_\_

Mother's Legal Name (Include maiden): \_\_\_\_\_

Are your parents living?      Mother: \_\_\_\_ Yes \_\_\_\_ No      Father: \_\_\_\_ Yes \_\_\_\_ No

**Please provide the following information for all siblings (use additional paper, if necessary):**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR SPOUSE:**

Father's Legal Name: \_\_\_\_\_

Mother's Legal Name (Maiden included): \_\_\_\_\_

Are your parents living?      Mother: \_\_\_\_ Yes \_\_\_\_ No      Father: \_\_\_\_ Yes \_\_\_\_ No

**Please provide the following information for all siblings (use additional paper, if necessary):**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

**CHILDREN:**

**Please provide the following information for all children and step-children (use additional paper, if necessary):**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Is this a step-child?: \_\_\_\_ Yes \_\_\_\_ No      Is this child adopted?: \_\_\_\_ Yes \_\_\_\_ No

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Is this a step-child?: \_\_\_\_ Yes \_\_\_\_ No      Is this child adopted?: \_\_\_\_ Yes \_\_\_\_ No

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Is this a step-child?: \_\_\_\_ Yes \_\_\_\_ No      Is this child adopted?: \_\_\_\_ Yes \_\_\_\_ No

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Is this a step-child?: \_\_\_\_ Yes \_\_\_\_ No      Is this child adopted?: \_\_\_\_ Yes \_\_\_\_ No

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

**GRANDCHILDREN:**

**Please provide the following information for all grandchildren (use additional paper, if necessary):**

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name(s) and birth date(s) of any great-grandchildren: \_\_\_\_\_

\_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name(s) and birth date(s) of any great-grandchildren: \_\_\_\_\_

\_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name(s) and birth date(s) of any great-grandchildren: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Full Legal Name(s) and birth date(s) of any great-grandchildren: \_\_\_\_\_

**ASSETS:**

**In the following section, you will be asked to provide detailed information regarding your assets. This is a very important part of creating an estate plan designed to meet your specific needs. As you gather the necessary information, please refer to the checklist for the documentation we require to help us determine how your assets are currently titled.**

**CHECKLIST OF DOCUMENTS TO BRING TO APPOINTMENT:**

**Please bring the following documents, if applicable, to your estate planning appointment. This will not only help us to provide you with the best estate plan to meet your needs, but will also save time and expenses in the preparation. It is very important to the process.**

- Decree of Dissolution
- Property Settlements
- Custody Agreements
- Community Property Agreements
- Status of Property Agreements
- Pre-nuptial or Post-nuptial Agreements
- Separate Property Agreements
- Trust Documents
- Gift Tax Returns
- Current Will
- Durable Powers of Attorney
- Deed to Real Estate
- Tax Statements for Real Estate
- Current Statements for all Investment & Bank Accounts
- Life Insurance & Annuity Policies
- Current Statements & Beneficiary Designations for Employee Benefit Plans & IRA's
- Buy-Sell Agreements for Closely Held Businesses
- Organizational Documents for Business
- Appraisals of Personal Property
- Titles to all Vehicles
- Long-Term Care Insurance Policies

**REAL ESTATE:**

**Please provide the following information for each parcel of real property you own (use additional paper, if necessary):**

Location of Property: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ Tax Assessed Value: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_ Determined by: \_\_\_\_\_

Is there a mortgage? \_\_\_\_ Yes \_\_\_\_ No Do you have mortgage insurance? \_\_\_\_ Yes \_\_\_\_ No

Date of Purchase: \_\_\_\_\_ Cost Basis of Property: \_\_\_\_\_

How is the Property Titled?: \_\_\_\_\_

**BANK ACCOUNTS:**

**Please provide the following information for all bank accounts, CD's, safe deposit boxes and money market accounts you own (use additional paper, if necessary):**

Checking Account(s):

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Typical Account Balance: \_\_\_\_\_

Owner of Account: \_\_\_\_\_

Savings Account(s):

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Typical Account Balance: \_\_\_\_\_

Owner of Account: \_\_\_\_\_

Safe Deposit Box:

Bank Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Who is Authorized to Enter?: \_\_\_\_\_

Typical Contents: \_\_\_\_\_

Money Market Account(s):

Account Holder: \_\_\_\_\_ Account Number: \_\_\_\_\_

Branch Address: \_\_\_\_\_



Title of Account: \_\_\_\_\_ Typical Balance: \_\_\_\_\_

**INVESTMENTS:**

**Please provide the following information for each publicly traded stocks or bonds you own (use additional paper, if necessary):**

Location of Investment (i.e. Smith Barney): \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Owner of Account: \_\_\_\_\_

Tax Basis (purchase price): \_\_\_\_\_ Approximate Value: \_\_\_\_\_

Location of Investment: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Title of Account: \_\_\_\_\_

Tax Basis (purchase price): \_\_\_\_\_ Approximate Value: \_\_\_\_\_

**Please provide the following information for each life insurance policy or annuity you own (use additional paper, if necessary):**

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Type of Policy: \_\_\_\_\_

Owner of Policy: \_\_\_\_\_

Face Amount: \_\_\_\_\_ Annual Amount: \_\_\_\_\_

Insured: \_\_\_\_\_

Loans Outstanding on Policy?: \_\_\_\_ Yes \_\_\_\_ No If Yes, Amount: \_\_\_\_\_

Dividend Option Selected: \_\_\_\_\_

Disability Waiver: \_\_\_\_ Yes \_\_\_\_ No Death Benefit: \_\_\_\_ Yes \_\_\_\_ No

Beneficiaries Under Policy: \_\_\_\_\_

**Please provide the following information for each employee benefit plan, retirement plan, or IRA you or your spouse own (use additional paper, if necessary):**

Owner of Account: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Approximate Market Value: \_\_\_\_\_

Type of Plan: \_\_\_ Qualified \_\_\_ Non-Qualified Have Distributions Begun?: \_\_\_ Yes \_\_\_ No

Beneficiaries (include % allocated): \_\_\_\_\_

Owner of Account: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Approximate Market Value: \_\_\_\_\_

Type of Plan: \_\_\_ Qualified \_\_\_ Non-Qualified Have Distributions Begun?: \_\_\_ Yes \_\_\_ No

Beneficiaries (include % allocated): \_\_\_\_\_

**TRANSFERABLE CLUB MEMBERSHIPS:**

Type of Membership: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Fair Market Value: \_\_\_\_\_

**PERSONAL PROPERTY:**

**Please provide a list and approximate value for the following (use additional paper, if necessary):**

Vehicles:

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Boats/RVs:

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Jewelry:

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Antiques:

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Art Objects:

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Collections (Coin, gun, etc.):

Description: \_\_\_\_\_ Value: \_\_\_\_\_

Description: \_\_\_\_\_ Value: \_\_\_\_\_

**MONEY OWED TO YOU:**

**Please provide the following information relating to any outstanding debts owed to you, including those owed by family members, for which you believe we should be aware of (use additional paper, if necessary):**

Name of Debtor: \_\_\_\_\_

Address: \_\_\_\_\_

Balance Owed: \_\_\_\_\_ Expected Payoff: \_\_\_\_\_ Is debtor current? \_\_\_ Yes \_\_\_ No

Do you still expect the debtor to pay back the loan after you are deceased?: \_\_\_ Yes \_\_\_ No

**ESTATE PLAN STRATEGY:**

**Please answer the following questions to the best of your ability, so that we may create an estate plan that best fits your needs and desires:**

**HEALTH CONCERNS:**

Do you or your spouse have any current or potential health concerns? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain: \_\_\_\_\_

When was your last physical exam for any type of insurance? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Results: \_\_\_\_\_

When was your spouse's last physical exam for any type of insurance? \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Results: \_\_\_\_\_

Are you or your spouse organ or tissue donors?: Self: \_\_\_ Yes \_\_\_ No Spouse: \_\_\_ Yes \_\_\_ No

Have you made arrangements for your body after you pass away? If so, what are they?

\_\_\_\_\_

Has your spouse? If so, what are they?

\_\_\_\_\_

**FINANCIAL COMMITMENTS:**

Do either you or your spouse have any continued financial commitments with your spouse(s) of any previous marriages under the terms of your decree? If so, please explain:

\_\_\_\_\_

**DEPENDENCY:**

Do you or your spouse expect any further financial dependency from any family members (parents, siblings), excluding your minor children? If so, please explain:

\_\_\_\_\_

Do you or your spouse currently have, or anticipate in the future, any additional not previously disclosed dependents, such as children of friends or relatives? If so, please provide name, relationship & degree of dependency:

\_\_\_\_\_

**PRIOR AGREEMENTS WITH SPOUSE:**

Have you and your spouse ever had any of the following agreements:

Pre-nuptial: \_\_\_ Yes \_\_\_ No                      Post-nuptial: \_\_\_ Yes \_\_\_ No

Community Property: \_\_\_ Yes \_\_\_ No      Status of Property: \_\_\_ Yes \_\_\_ No

Do you or your spouse have any separate property? If so, please attach a list. \_\_\_ Yes \_\_\_ No

Do you and your spouse consider all of your assets to be equally owned? \_\_\_ Yes \_\_\_ No

**CHILDREN’S ISSUES:**

Do you have any children with special needs? \_\_\_ Yes \_\_\_ No If so, please explain:

\_\_\_\_\_

Do you believe any of your children or their spouse’s occupations puts them at risk for being sued? \_\_\_ Yes \_\_\_ No If so, please explain:

\_\_\_\_\_

Do you have any concerns regarding any of your children’s marriages? If so, please explain:

\_\_\_\_\_

Are you or your spouse nominated as the guardian, or are either of you God Parent to any children?  
Self: \_\_\_ Yes \_\_\_ No Spouse: \_\_\_ Yes \_\_\_ No If so, please detail:

\_\_\_\_\_

**INHERITANCE:**

Have you or do you expect you or your spouse will inherit from your parents? \_\_\_ Yes \_\_\_ No

If so, please explain: \_\_\_\_\_

Are you or your spouse a beneficiary of any trusts? Self: \_\_\_ Yes \_\_\_ No Spouse: \_\_\_ Yes \_\_\_ No

**GIFTING:**

*(For the purpose of this section, “gifts” are defined as those which were \$3,000 or more if made prior to 1982 or \$10,000 or more if made after 1981.)*

Have you or your spouse ever made “gifts” of property (including cash)? \_\_\_ Yes \_\_\_ No

Please list all such gifts, and the date the gift was made: \_\_\_\_\_

\_\_\_\_\_

Have you ever filed a gift tax return? If so, when? \_\_\_\_\_

Do you have any plans to make gifts of property in the future? If so, please explain:

\_\_\_\_\_

Do you have any interest in making charitable gifts during your lifetime or as part of your Will?

\_\_\_\_\_

Are you opposed to gifting? \_\_\_\_ Yes \_\_\_\_ No

Have you or your spouse received any gifts? \_\_\_\_ Yes \_\_\_\_ No

If so, please provide the amount and who the gifts were from: \_\_\_\_\_

\_\_\_\_\_

**CURRENT ESTATE PLAN:**

Do you and your spouse currently have a Will? Self: \_\_\_\_ Yes \_\_\_\_ No Spouse: \_\_\_\_ Yes \_\_\_\_ No

If so, where do you store your Will? \_\_\_\_\_

Does your family know the contents of your Will? \_\_\_\_ Yes \_\_\_\_ No

How do you feel about the arrangement of your current Will and/or estate plan?: \_\_\_\_\_

\_\_\_\_\_

Have you or your spouse ever been the personal representative or executor for any estate?

Self: \_\_\_\_ Yes \_\_\_\_ No Spouse: \_\_\_\_ Yes \_\_\_\_ No If so, who and when? \_\_\_\_\_

\_\_\_\_\_

Are you or your spouse named in anyone's Will as the personal representative in the future?

Self: \_\_\_\_ Yes \_\_\_\_ No Spouse: \_\_\_\_ Yes \_\_\_\_ No

Do you currently have a Durable Power of Attorney? \_\_\_\_ Yes \_\_\_\_ No

Does your spouse currently have a Durable Power of Attorney? \_\_\_\_ Yes \_\_\_\_ No

Do you plan to treat your heirs fairly or equally? \_\_\_\_\_

How important is it for you to leave an estate for your heirs? \_\_\_\_\_

Are you concerned about estate taxes? \_\_\_\_ Yes \_\_\_\_ No

Do you plan to pass away with assets or do you plan to spend what you have? \_\_\_\_\_

\_\_\_\_\_

Do you and your spouse have long term care insurance? \_\_\_\_ Yes \_\_\_\_ No

**ADVISOR CONTACT INFORMATION:**

**This page is designed to keep all of your important contact information together in case of an emergency. If you would like, we would be happy to make a copy for your records.**

**Lawyer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CPA:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Financial Planner:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Investment Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Life Insurance Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Real Estate Advisor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Doctor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Religious Counselor:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Other Emergency Contact:** \_\_\_\_\_

Phone Number: \_\_\_\_\_