

THE GILROY LAW FIRM
Tracy Hunsaker Gilroy Attorney at Law
STANWOOD WA
(360) 926-8586

ESTATE PLANNING QUESTIONNAIRE

NAME: _____ DATE: _____

I. Family Information:

1. Name (Yours) _____ Date of Birth _____
State/County of Residency (where you VOTE) _____
Home Address: _____
Work Address: _____
Main Phone: _____ Alternative Phone: _____
Email(s): _____
Social Security No: _____
Occupation/Position: _____
HOW LONG IN WA? _____ OTHER STATES of LIVING? _____

2. Name (Spouse or S.O.) _____ Date of Birth _____
State/County of Residency (where you VOTE) _____
Home Address: _____
Work Address: _____
Main Phone: _____ Alternative Phone: _____
Email(s): _____
Social Security No: _____
Occupation/Position: _____
HOW LONG IN WA? _____ OTHER STATES of LIVING? _____

3. **MARRIAGES:**

Names, Dates, States:

Agreements (Pre & Post Nuptial or Community Property Agreement (Recorded?))
PROVIDE Documentation of Divorce Decree or Separation Agreement

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II. YOUR ADVISORS

	<u>Name</u>	<u>Address, Phone & Email</u>
Accountant	_____	Email: _____ _____ _____ () _____

HAVE YOU USED YOUR TAX CREDITS for GIFTS in LIFE?
IF YES? Provide Documents for Review Or Will Your CPA Provide?

Investment or Financial Advisor	_____	Email: _____ _____ _____ () _____
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Life Insurance Agent(s)	_____	Email: _____ _____ _____ () _____
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Lawyer	_____	Email: _____ _____ _____ () _____
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DO YOU HAVE A PREVIOUS ESTATE PLAN?
IF YES? Provide the Documents for Review? YES/NO
Want to Revoke? YES/NO

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III. LOCATION of YOUR IMPORTANT DOCUMENTS (Wills, Deeds, etc.):

1. **Safe Deposit Box:** YES/NO
Location: _____
Access Key Location Known by Another: YES/NO
Other Location? _____

2. **DIGITAL Information:** YES/NO
User Name/Passwords Written Down: YES/NO
Locations: _____

3. **Inventory of Assets/Accounts:** YES/NO
(Use Lists Herein if None Drafted)

4. **Agent/Trustee:** (Are you an Agent/Trustee) YES/NO
(for your own trust or anyone else, e.g. a minor child/a sibling's child?)
If so: Explain: _____

IV. AGENTS of YOUR ESTATE: These terms are for the People "In Charge"

A Will – person in charge is "Executor" or "Personal Representative"

A Trust – person in charge is "Trustee"

Power of Attorney – person in charge is "Attorney-In-Fact" (Care for Finance)

- **If Court Appointed "Guardians" (Care for Person)**

- **If Court Appointed "Conservators" (Care for Estate)**

(Note: 2021 Uniform Guardian, Conservatorship & Other Protect Arrange Act)

ON THE NEXT PAGES:

LIST Responsible Persons to serve in these types of Positions.
LIST more than one Person, if possible, including Professionals.
LIST in Preferential Order
CONSIDER whether Persons serve individually or with another

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A. WILL – Manager: Personal Representatives (“P.R.” or “Executor”)

Please indicate below your choices of Individuals/Companies to serve as “P.R.”

	Your Will	S.O.’s Will
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____
4 th Choice	Professionals? _____	

B. TRUST – Manager: Trustee

There are many types of Trusts. Two common trusts are:

- (a) **Testamentary Trust** activates at your death; the Trust’s terms are in your Will.
- (b) **Living Trust (revocable or irrevocable)** activates upon Funding, either during your Life or in your Will. These Trusts can dispose of assets without a Court or Probate Ct. Irrevocable Living Trusts protect assets from personal creditors and allow for benefits to be enjoyed by the Grantor. Caution if Estate Tax is a concern.

Please indicate Individuals or the Trust Company to serve as Trustee(s) below:

	Your Trust	S.O.’s Trust
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____
4 th Choice	Professionals? _____	

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C. HEALTH CARE DIRECTIVE – Manager: “Attorney in Fact”

Please indicate below the persons you wish to serve in this position:

	Your Health Care	S.O.’s Health Care
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____
4 th Choice	Professionals? _____	

D. FINANCIAL MATTERS: Manager: “Attorney in Fact”

Please indicate below the persons you wish to serve in this position:

	Your Financial Matters	S.O.’s Financial Matters
1 st Choice	_____	_____
2 nd Choice	_____	_____
3 rd Choice	_____	_____
4 th Choice	Professionals? _____	

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IV. SCHEDULE OF ASSETS

**BE CERTAIN OF OWNERSHIP – check Titles and Deeds and Bills of Sale.
 BE CERTAIN TO USE “Pay On Death” or “Transfer On Death” if available.**

<u>ASSET</u>	<u>LOCATION & OWNER</u>	<u>BENEFICIARY or Pay on Death ?</u>	<u>VALUE / DEBT</u>
Savings Acct			
Checking Acct			
Health Savings Acct			
Investments: Stocks etc			
IRA/Retirement Acct			
Annuities			
Business/Partnership Buy-Sell Agreement?			
Employer Benefits			
Disability Insurance			
Long Term Care Insur.			
Life Insurance (own)			
Real Estate			
Inheritance FROM Other			
Gifts FROM Other			
Loans TO Others			
Lawsuit Damages			

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V. TANGIBLE PERSONAL PROPERTY

Listing your tangible personal property is helpful to the Estate Administration Process. This Tangible Personal Property List, once attached to a valid Will, informs your “Beneficiaries” that you would like to leave these specific assets to them.

<u>ITEM</u>	<u>OWNER</u>	<u>BENEFICIARY</u>	<u>VALUE/APPRAISED?</u>
Automobiles			
Boats/Vehicles			
Furniture			
Art			
Jewelry			
Tools			
Guns			
Sporting Equipment			

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V. LIABILITIES and DEBTS

Real Estate: Any Mortgage or Deed of Trust or HELOC Loan? YES/NO
IF SO, please document: _____

Real Estate: Any Land Use or Structural Issues? YES/NO
IF SO, please document: _____

Autos: Any Loans? YES/NO
IF SO, please document: _____

Loans on other Tangible Personal Property YES/NO
IF SO, please document: _____

Other Debt:

Unsecured Loans: AMT: \$_____ Creditor: _____

Credit Card Debts: AMT: \$_____ Creditor: _____

Credit Card Debts: AMT: \$_____ Creditor: _____

Credit Card Debts: AMT: \$_____ Creditor: _____

Judgments & Liens: AMT: \$_____ Creditor: _____

Alimony or Support : AMT: \$_____ Creditor: _____

Anticipated Creditors: AMT: \$_____ Creditor: _____

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VI. DISPOSITION OF YOUR ASSETS - IN Death & IN Life (Power of Attorney)

A. HEIRS & BENEFICIARIES:

- 1. **Spouse:** YES/NO
PARTIAL INHERITANCE
DISCLAIMER
COMMUNITY PROPERTY AGREEMENT
- 2. **Children:** YES/NO
Per Stirpes? (Down to the grands or not?)
PERCENTAGE or AMOUNT Of INHERITANCE
- 3. **Brother/Sister:** YES/NO
Per Stirpes? (Down their children or to siblings)
PERCENTAGE or AMOUNT Of INHERITANCE
- 4. **Parents:** YES/NO
- 5. **Other Relatives:** YES/NO
- 6. **Friends:** YES/NO
- 7. **Charity:** YES/NO WHICH? _____

B. ANTICIPATED NEED FOR TRUSTS? YES/NO

- 1. SPECIAL NEEDS: _____

- 2. NEED for ASSET PROTECTION?

- 3. AVOID PROBATE: _____

C. TRUST TERMS

- 1. TRUSTEES
- 2. ASSETS
- 3. DISTRIBUTION TERMS: _____

4. ANTICIPATED HEIR (vs. Beneficiary) WILL CONTESTS: YES/NO

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5. DIGITAL PROPERTY LIST with PASSWORD AUTHORITY

We recommend that you keep all digital assets and passwords on a Paper List with your Will and other important papers. Be sure to keep the Paper List updated. Alternatively, keep your passwords with a Password Service (not recommended).

Begin by Listing all your Digital Assets below. Then complete the List in private so that your Username and password are confidential.

DIGITAL ASSETS & ONLINE PROFILES:

Account Name: _____
Web Address/URL: _____
Username: _____
Password: _____
Other Information: _____

Account Name: _____
Web Address/URL: _____
Username: _____
Password: _____
Other Information: _____

Account Name: _____
Web Address/URL: _____
Username: _____
Password: _____
Other Information: _____

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VII. OPTIONAL INFORMATION TO BE DISCUSSED IN ESTATE PLANNING

A. LIFE'S FAVORITE MEMORABLE MOMENTS:

B. LIFE ACHIEVEMENTS:

C. ACTIVITIES, HOBBIES AND MEMBERSHIPS:

D. FAVORITES:

Poems: _____

Flowers: _____

Music: _____

Scripts or Passages: _____

Foods: _____

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6. OTHER ITEMS FOR DISCUSSION

- A. Organ Donation**
- B. Burial, Cremation or other Wishes for disposing of Body**
- C. Storage of Estate Plan by The Firm (digital and signed, but not original)**
- D. Natural Death Act – Chapter 70.122 RCW**

VIII. YOUR QUESTIONS

SCHEDULE YOUR WORKING MEETING TO DISCUSS THIS DOCUMENT

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