

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:

Pre-Nuptial OR Post-Nuptial? YES/NO

Community Property Agreement ("CPA")? YES/NO CPA Recorded? YES/NO

Property Status Agreement? YES/NOBoth CPA and PSA in RCW 26.16.120

Documentation: (*please provide – if applicable*)

Divorce: YES/NO; Separation: YES/NO; Death Certificate: YES/NO

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4. CHILDREN/OFFSPRING: (use other spreadsheet if desired)

LIST: Children (full or half blood, adopted or deceased) in age and birthdate order.

LIST: Children's Spouses & their children. (Use "GC" to denote Your Grandchild)

NOTE: Children from previous marriages should also have noted the biological parent(s).

<u>FULL Name</u>	<u>Birthdate</u>	<u>Blood ½ or full/ Or Adopted</u>	<u>Spouse? Name (list all)</u>	<u>Children? Name & AGE</u>
Example: Mary Scott Lane ADDRESS PHONE EMAIL	10-30-1980	"Adopted"	Yes in 1999 Divorced in 2000 Remarried in 2005 Bruce Lane	Charolette (GC) (20) (adopted in 1 st marry) Robert (GGC) (1 yr) (adopted in 2 nd marry)
IF MORE ROOM IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER				

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5. SIBLINGS (Note if full, half-blood, or step sibling.)

List your siblings in age and birthdate order and note whether full, 1/2 blood or adopted.

List their children and grandchildren if desired. (Use “N” for Niece & “NP” for Nephew)

<u>Name</u>	<u>Date of Birth</u>	<u>Blood 1/2 or full/ Or Adopted</u>	<u>Spouse?</u>	<u>Niece/Nephew Name & Age</u>
Example: Scott Mott Address Phone Email	10-30-1980	“Adopted”	Yes in 1999 Then divorced in 2000 Remarried in 2005 (List all spouses)	
IF MORE ROOM IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER				

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II. YOUR ADVISORS

Accountant _____

Email: _____

Address: _____

Phone: _____

Investment or

Financial Advisor _____

Email: _____

Address: _____

Phone: _____

Life Insurance

Agent(s) _____

Email: _____

Address: _____

Phone: _____

Lawyer _____

Email: _____

Address: _____

Phone: _____

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

Safe Deposit Box or OTHER Safe Location

YES/NO

Location: _____

Access Key Location Known by Another:

YES/NO

“DIGITAL” Information:

YES/NO See RCW 11.120

User Name/Passwords Saved:

YES/NO

Locations: _____

Inventory of Assets/Accounts:

YES/NO

(Use Lists Herein if None Drafted)

Agent/Trustee: (Are you an Agent/Trustee?)

YES/NO

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IV. ESTATE PLAN, in GENERAL

DO YOU HAVE A PREVIOUS ESTATE PLAN? YES/NO

IF YES? Provide the Documents for Firm's Review? YES/NO

DO YOU WANT TO REVOKE Current Estate Plan? YES/NO/Uncertain

FIRM to DISCUSS and COMPARE INTESTATE SUCCESSION: YES/NO

WHAT IS YOUR PRESENT PLAN & OBJECTIVE for YOUR ESTATE PLAN:

Simplicity: Rate 1-10 with 10 most important: _____

Family Harmony: Rate 1-10 with 10 most important: _____

Avoid Taxes: Rate 1-10 with 10 most important: _____

Protect Wealth: Rate 1-10 with 10 most important: _____

Philanthropy: Rate 1-10 with 10 most important: _____

General Plan of Asset Distribution:

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V. **AGENTS of YOUR ESTATE:** Persons “In Charge” of Your Estate have the following Titles:

Your Will: Person in charge is titled: “Executor” or “Personal Representative”

Your Living Trust: Person in charge is titled: “Trustee”

Your Testamentary Trust: Person in charge is titled: “Trustee”

Your Durable Power of Attorney: Person granted Power is titled: “Agent”

**NOTE: If Agent is Court Appointed to Care for Person: “Guardian”
If Agent is Court Appointed to Care for Estate: “Conservator”
(SEE, RCW 11.130 - Uniform Guardian, Conservatorship & Other
Protective Arrangement Act a/k/a “UGA”).**

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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1. WILL:

General Description: Your Will is a written document that contains, at the very least, your wishes for the distribution of your assets upon your death.

Per RCW 11.12.020, you must sign your Will (or direct someone – in your presence - to sign on your behalf.) Your Will must be signed voluntarily, i.e. without undue influence, and while you are of sound mind.

Your signature needs to be executed in front of 2 Witnesses who must be disinterested and competent (over 18 years of age). The Witnesses also must sign the Will.

Notarizing all signatures is recommended but not required. If the signature of the Testator and Witnesses are notarized, then the Will is deemed “self-proving,” and when shown to the Probate Court, the Will shall be found to be legally valid.

Person In Charge of WILL: Personal Representatives (“P.R.” or “Executor”)

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

	Your Will	Spouse’s Will
1st Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
2nd Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
3rd Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
4th Choice	Professionals? _____	

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2. **TRUST:**

General Description: There are ONLY TWO CATEGORIES of TRUSTS:

Testamentary Trust:

TERMS of TRUST are INSIDE of your WILL.

Like Terms of Your Will, Terms of your Testamentary Trust are changeable until Death. Upon Your Death, the Testamentary Trust is available to be funded with Estate Assets.

Living Trust (Revocable or Irrevocable):

TERMS of TRUST effective in LIFE & can continue after DEATH

Living Trusts are available to be funded with Assets during Life.

Living Trusts may also be funded with Assets distributed per your Will (“Pour Over Will”).

A Revocable Trust is changeable during Life BUT only provides one goal: Avoids Probate for Assets that are funded into the Revocable Trust. Trustees may be Beneficiaries.

An Irrevocable Trust is not easily changed during Life BUT provides Protection of Wealth For all Assets funded into the Irrevocable Trust. Trustees may not be Beneficiaries.

NOTE:

1. Revocable Trusts

- a. **DO NOT protect your Assets from Creditors.**
- b. **DO NOT protect your Assets from Estate Taxes.**
- c. **DO NOT protect your Assets from being “Countable Resources”
(Medicaid Eligibility Term)**
- d. **DO AVOID Probate – ONLY for Assets funded into Trust.**

2. Irrevocable Trusts

- a. **DO protect your Assets from Creditors.**
- b. **DO protect your Assets from Estate Taxes.**
- c. **DO protect your Assets from being Countable Resources in Medicaid
Eligibility**
- d. **DO AVOID Probate – ONLY for Assets funded into Trust.**

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Person in Charge of Trusts (Testamentary Trust and/or Living Trust):

	<u>Your Trust</u>	<u>Spouse's Trust</u>
1st Choice	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone #:	<hr/>	<hr/>
	<hr/>	<hr/>
2nd Choice	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone #:	<hr/>	<hr/>
	<hr/>	<hr/>
3rd Choice	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
Phone #:	<hr/>	<hr/>
	<hr/>	<hr/>
4th Choice	Professionals? <hr/>	

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3. HEALTH CARE DIRECTIVE – Manager: “Attorney in Fact” - AGENT

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

	<u>Your Health Care</u>	<u>S.O’s Health Care</u>
1st Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
	_____	_____
2nd Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
	_____	_____
3rd Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
	_____	_____

4. FINANCIAL MATTERS: Manager: “Attorney in Fact” - AGENT

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

	<u>Your Financial Matters</u>	<u>S.O’s Financial Matters</u>
1st Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
	_____	_____
2nd Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
	_____	_____
3rd Choice	_____	_____
Address:	_____	_____
	_____	_____
Phone #:	_____	_____
	_____	_____
4th Choice	Professionals?	_____

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V. SCHEDULE OF ASSETS

Bring Documentation of Accounts and Designated Beneficiaries

<u>ASSET</u>	<u>LOCATION & OWNER</u>	<u>ALREADY DESIGNATED BENEFICIARY ?</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 (Any Transfer on Death)			
Inheritance FROM Other			
Gifts FROM Other			
Gifts/Loans TO Others			
Lawsuit Damages			

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VI. 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</u>
Pets			
Boats/Vehicles			
Antique Furniture			
Art			
Jewelry			
Tools			
Guns			
Sporting Equipment			

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VII. 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: _____

Anticipated Creditors: AMT: \$ _____ Creditor: _____

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VIII. DISPOSITION OF YOUR ASSETS - IN Death & IN Life (TRUSTS)

A. HEIRS & BENEFICIARIES:

1. **Spouse:** YES/NO
COMMUNITY PROPERTY AGREEMENT
PARTIAL INHERITANCE OF: _____
TRUSTS: Disclaimer, Credit Shelter; Marital
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 HEIR (vs. Beneficiary) WILL CONTESTS: YES/NO

C. ANTICIPATED NEED FOR TRUSTS?

1. SPECIAL NEEDS: YES/NO
2. NEED for ASSET PROTECTION? YES/NO
3. AVOID PROBATE: YES/NO

D. TRUST TERMS

1. TRUSTEES – Named Above?
2. ASSETS for the TRUST: _____
3. DISTRIBUTION TERMS: _____
-

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IX. 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 JUST listing all your Digital Assets below.

NOTE: Complete this List PRIVATELY to keep 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: _____

CONTINUE ON SEPARATE SHEET OF PAPER if necessary.

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X. OTHER ASSETS: Use this Space to identify other assets, distribution desires and any concerns you may have about these assets.

Prepaid Funeral: Location & Value: _____

XI. OTHER ITEMS FOR DISCUSSION

A. Natural Death Act – Chapter 70.122 RCW

B. Estate Bank Account – In Life and In Death...PayOnDeath to PR

C. Organ Donation

D. Burial, Cremation or other Wishes for disposing of Body

E. Storage of Estate Plan by The Firm (digital only.)

NOTE: ORIGINAL WILL IS REQUIRED IN COURT!

XII. YOUR QUESTIONS:

SCHEDULE YOUR WORKING MEETING TO DISCUSS THIS DOCUMENT

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XIII. *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: _____
