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ESTATE PLANNING CONFIDENTIAL QUESTIONNAIRE

Appointment: _____

FAMILY INFORMATION

Client 1's Full Name _____ Birthdate _____
Client 2's Full Name _____ Birthdate _____
Address _____ Home Phone _____
_____ Work Phone _____
County _____ E-Mail _____
Place of Marriage/Commitment _____ Date _____
Residents of (State) _____ Since _____
Citizenship (Client1) _____ (Client2) _____
Occupation (Client1) _____ (Client2) _____
Social Security No. (Client1) _____ (Client2) _____

Children

Full Name	Birthdate	Current Residence
_____	_____	_____
_____	_____	_____
_____	_____	_____

Grandchildren	Grandchild's parents
_____	_____
_____	_____
_____	_____

Please name the person or persons you wish to serve in the following capacities in your will.

Guardian: _____ Alternate Guardian: _____
Trustee for Children: _____ Alternate Trustee for Children: _____
Executor: _____ Alternate Executor: _____

Do you have a Will? Yes/No Dated _____ Residence at Execution _____

Do you have a Trust? Yes/No Dated _____ Residence at Execution _____

Do you have a community property agreement? Yes/No If so, was it recorded? Yes/No

Do you have powers of attorney for financial management and/or health care? Yes/No

Do you have a living will, physician's directive or health care directive? Yes/No

Has anyone created a trust for your benefit? If so, please supply a copy.

Has anyone given you a power of appointment in a will or trust or power of attorney and has anyone named you as their attorney-in-fact? If so, please supply a copy.

PLEASE BRING COPIES OF THE ABOVE DOCUMENTS TO YOUR APPOINTMENT

Previous Marriages (Client1)

Name of Previous Spouse _____ Date of Death _____ Divorce _____

(Client2)

Name of Previous Spouse _____ Date of Death _____ Divorce _____

Present Advisors:

Accountant Attorney Insurance Agent Stock Broker Other

ASSETS

	Address/Description	How Title Held	Market Value
Real Property a.	_____		
	b. _____		
	c. _____		
Secured Notes	a. _____		
	b. _____		
	c. _____		

PLEASE BRING COPIES OF ALL DEEDS (and the most recent property tax for each property) AND COPIES OF ANY SECURED NOTES AND DEEDS OF TRUSTS LISTED TO YOUR APPOINTMENT.

	Description	How Title Held	Market Value
Limited Partnerships	_____		
Securities (stocks, bonds, certificates of deposit, unsecured notes)	_____		
Separately list IRA, 401(K)s, etc.	_____		
Cash Accounts (cash, savings,	_____		

checking accts.) _____
 Name of Business _____
 How Owned? Partnership _____ Corporation _____ Sole Proprietorship _____
 Retirement Plan Client1 Beneficiary _____ \$ _____
 Client2 Beneficiary _____ \$ _____
 Life Insurance
 Company Owner Beneficiary Whole life or term Death Benefit
 _____ \$ _____
 _____ \$ _____
 Other Personal Property _____ \$ _____
 (Jewelry, furnishings, motor vehicles, boats, etc.) _____ \$ _____
 Other Assets: (attach schedule) _____ \$ _____
GROSS ESTATE (TOTAL OF ALL VALUES) \$ _____

LIABILITIES

	Descriptions	Whose Liability (Husband/Wife/Both)	
Notes	_____	_____	\$ _____
Mortgages	_____	_____	\$ _____
Judgments	_____	_____	\$ _____
		TOTAL DEBTS	\$ _____
		NET TAXABLE ESTATE	\$ _____

ANTICIPATED INHERITANCES
 Client1: From Whom _____ \$ _____
 Client2: From Whom _____ \$ _____

ANTICIPATED GIFTS
 Client1: From Whom _____ \$ _____
 Client2: From Whom _____ \$ _____

Are you planning to make gifts to others or have you made gifts in the past? Yes/No
 Are you planning to make charitable gifts? Yes/No
 Do you have an umbrella liability policy? _____
 What are your home insurance policy limits? _____
 What are your Bodily Injury and underinsured motorists coverage?
 Per person \$ _____; Per collision \$ _____; or Single Limit? \$ _____

Your cooperation in completing this form is critical. It will enable me to ascertain your particular estate planning needs in the time allotted for your appointment. If you have any questions or problems in completing this form, please telephone our office before your appointment.