



701 Pike Street, Suite 1510
Seattle, Washington 98101
Tel (206) 340-2200
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CONFIDENTIAL
ESTATE PLANNING INFORMATION

Personal Information:

Full name: _____

Citizenship: U.S. Citizen _____

Birth date: _____

Home address: _____

Home telephone: _____

Email address: _____

Employer: _____

Office telephone: _____

Name of prior spouse (if any): _____

Dependents other than children: _____

Marital Status: single married registered domestic partners
 widowed divorced separated
 Other: _____

Children:

	Child's Name	Gender	Birth date	Married?	Number of their kids
1.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Life Insurance & Retirement Plans:

Life Insurance

Number of policies: _____

Benefit value: _____

Primary beneficiary(ies): _____

Contingent beneficiary(ies): _____

Annuity(ies)

Number of policies: _____

Benefit Value: _____

Primary beneficiary(ies): _____

Contingent beneficiary(ies): _____

Employer Retirement Plans:

Type (pension, profit sharing, ESOP, 401(k), etc.) _____

Approximate balance(s): _____

Primary beneficiary(ies): _____

Contingent beneficiary(ies): _____

IRA:

Approximate balances(s): _____

Primary beneficiary(ies): _____

Contingent beneficiary(ies): _____

Additional Information:

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Assets:

Financial & Investment Accounts	
Cash (checking, savings, or money market accounts)	\$ _____
	\$ _____
Investments (CD, Bond, Mutual Funds, Brokerage / Stocks)	\$ _____
	\$ _____
Partnerships and Business Assets	\$ _____
Real Property:	
Principal residence	
<input type="checkbox"/> Out of state?	\$ _____
Vacation home	
<input type="checkbox"/> Out of state?	\$ _____
Other real estate and/or mineral rights	
<input type="checkbox"/> Out of state?	\$ _____
Personal Property:	
Furnishings (including art and antiques)	\$ _____
Automobiles	\$ _____
Boats	\$ _____
Other (specify)	\$ _____
TOTAL ASSETS	\$ _____

Liabilities:

Liabilities	
Mortgage(s)	\$ _____
Credit Card Debt	\$ _____
Loans, notes, etc.	\$ _____
Other obligations	\$ _____
TOTAL LIABILITIES	\$ _____

Please note that our firm also offers tailored guidance for individuals and families who wish to include planning for a disabled family member, planning for anticipated long-term care needs in the future, and understanding benefits to pay for expensive care. If that is something you wish to discuss with the attorney, please let us know so that we can plan for your consultation

Additional Information: