

# LANDERHOLM, MEMOVICH, LANSVERK & WHITESIDES, P.S.

ATTORNEYS AT LAW

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## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

### PERSONAL INFORMATION

Date: \_\_\_\_\_

#### Client 1

#### Client 2

\_\_\_\_\_  
*Name (list name as you want on your documents)*

\_\_\_\_\_  
*Name (list name as you want on your documents)*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Home Telephone*

\_\_\_\_\_  
*Business Telephone*

\_\_\_\_\_  
*Business Telephone*

\_\_\_\_\_  
*Mobile/Cell Telephone*

\_\_\_\_\_  
*Mobile/Cell Telephone*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Email Address*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Years lived in State of Residence*

\_\_\_\_\_  
*Years lived in State of Residence*

\_\_\_\_\_  
*Date of Marriage*

*Prior Marriages?*

Yes  No

*Prior Marriages?*

Yes  No

## OTHER INFORMATION

	Yes	No
A. Client 1: Are you a U.S. citizen? If no, what country?	<input type="checkbox"/>	<input type="checkbox"/>
B. Client 2: Are you a U.S. citizen? If no, what country?	<input type="checkbox"/>	<input type="checkbox"/>
C. Did either of you own a substantial amount of property prior to this marriage?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have either of you made any large gifts? (exceeding \$3,000 prior to 1981 and \$10,000 during or after 1982)	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you received an inheritance? If yes, indicate amount and year:	<input type="checkbox"/>	<input type="checkbox"/>
F. Are either of you the beneficiary of a trust?	<input type="checkbox"/>	<input type="checkbox"/>
G. Do either of you expect to receive any gifts or inheritances in the future?	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you own any real estate outside your state of residence? <i>If so, indicate state and county and include the property address on the attached net worth statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
I. Do you own a business which has made an "s" election for income tax purposes?	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you have any dependents with special needs?	<input type="checkbox"/>	<input type="checkbox"/>
K. Have any of your children received (or are likely to receive) any government assistance, such as SSI? If so, who:	<input type="checkbox"/>	<input type="checkbox"/>
L. Has anyone in your family been adopted? <i>Please attach explanation</i>	<input type="checkbox"/>	<input type="checkbox"/>
M. Do you have any deceased children?	<input type="checkbox"/>	<input type="checkbox"/>
N. Do you have any of the following estate planning documents?		
Will	<input type="checkbox"/>	<input type="checkbox"/>
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>
Other Trust	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Durable Power of Attorney/Directive	<input type="checkbox"/>	<input type="checkbox"/>
Oregon Advance Directive	<input type="checkbox"/>	<input type="checkbox"/>
O. Do either of you own a long-term care insurance policy?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, please provide copies of relevant documents*

## ADVISOR INFORMATION

Accountant/Tax Preparer:

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address

Investment Counselor:

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address

Casualty and Homeowners  
Insurance Agent:

\_\_\_\_\_  
Name Telephone

\_\_\_\_\_  
Address

CHILDREN

(list name as you want it on your documents)

	First Child	Second Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		
	Third Child	Fourth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		
	Fifth Child	Sixth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		
	Seventh Child	Eighth Child
Name		
Date of Birth		
Address		
Name of Child's Spouse		
Parent (if from prior marriage)		

RETIREMENT PLAN INFORMATION

Client 1	Client 2
Please indicate current account balance or monthly retirement benefit (not including SSI benefits): \$	Please indicate current account balance or monthly retirement benefit (not including SSI benefits): \$
Please describe the retirement benefit plan which your employer maintains for its employees: Plan 1: Plan 2:	Please describe the retirement benefit plan which your employer maintains for its employees: Plan 1: Plan 2:

LIFE INSURANCE INFORMATION

	Policy No. 1	Policy No. 2
Company		
Face Amount		
Type (variable, whole life, term)		
Loans on Policy		
Owner of Policy		
Beneficiary(ies)		
	Policy No. 3	Policy No. 4
Company		
Face Amount		
Type (variable, whole life, term)		
Loans on Policy		
Owner of Policy		
Beneficiary(ies)		

## FIDUCIARY CHOICES

### Executor/Personal Representative

*Your personal representative is responsible for settling the financial affairs of your estate, including the investment of your assets, paying any final bills and distributing your assets in accordance with your Last Will.*

	Client 1	Client 2
First Choice		
Address		
Phone		
Alternate		
Address		
Phone		
Second Alternate		
Address		
Phone		
Comments:		

### Trustee

*Your trustee manages your assets for the benefit of your beneficiaries after your death. Trusts are often used to protect beneficiaries, such as young children, from making ill-advised investments and spending decisions or to protect assets from the beneficiary's creditors (including situations involving divorce). Trusts can last for many years. Please consider this when selecting your trustee.*

	Client 1	Client 2
First Choice		
Address		
Phone		
Alternate		
Address		
Phone		
Second Alternate		
Address		
Phone		
Comments:		

**Guardian for Children**

*After your death, your guardian will be responsible for the care and upbringing of your children (or other dependents in your care) so long as they are minors or otherwise incapacitated.*

	<b>Client 1</b>	<b>Client 2</b>
First Choice		
Address		
Phone		
Alternate		
Address		
Phone		
Second Alternate		
Address		
Phone		
Comments:		

**Durable Power of Attorney**

*A Durable Power of Attorney is a document appointing another person (called the "attorney-in-fact") to make financial and health care decisions for you if you become incapacitated or disabled.*

- A. Attorney-in-Fact (Financial). Powers include the purchase and sale of property; access to financial records and accounts; investment of assets; continuation of business interests; and tax and estate planning.

	<b>Client 1</b>	<b>Client 2</b>
First Choice		
Address		
Phone		
Alternate		
Address		
Phone		
Second Alternate		
Address		
Phone		
Comments:		

B. Attorney-in-Fact (Health Care). Powers include giving directions to health care providers regarding medical treatment and life-sustaining procedures; access to medical records; and addressing your long-term care needs.

	<b>Client 1</b>	<b>Client 2</b>
First Choice		
Address		
Phone		
Alternate		
Address		
Phone		
Second Alternate		
Address		
Phone		
Comments:		

Briefly state how you prefer to have your property distributed upon your death:

## NET WORTH STATEMENT

### ASSETS

Real Estate

Home	\$ _____
Vacation Home	\$ _____
Business	\$ _____
Other:	\$ _____

Personal Property

Home Furnishings	\$ _____
Autos/Vehicles	\$ _____
Jewelry, etc.	\$ _____
Other:	\$ _____

Life Insurance

Client 1 Total	
Death Benefit	\$ _____
Client 2 Total	
Death Benefit	\$ _____

Cash in Bank

Checking Account	\$ _____
Savings Account	\$ _____
Other Accounts	\$ _____

Retirement Plans

Client 1 IRA	\$ _____
Client 2 IRA	\$ _____
Client 1 401(k)	\$ _____
Client 2 401(k)	\$ _____

Other Investments

Stocks	\$ _____
Bonds	\$ _____
Mutual Funds	\$ _____
Annuities	\$ _____

Other:	\$ _____
Trust Assets	\$ _____
Miscellaneous	\$ _____

TOTAL ASSETS \$ \_\_\_\_\_

### LIABILITIES

Mortgages/Contracts Owing

Home	\$ _____
Vacation Home	\$ _____
Business	\$ _____
Other:	\$ _____

Loans

Autos/Vehicles	\$ _____
Personal	\$ _____
Life Insurance	\$ _____
Other:	\$ _____

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

*Less total liabilities* \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

Please list the address to any real estate **(including state and county)** owned outside your state of residence: