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**CONFIDENTIAL
 ESTATE PLANNING INFORMATION**

Personal Information:

	Spouse 1	Spouse 2
Full name:	_____	_____
Citizenship:	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> 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:	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> registered domestic partners <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated <input type="checkbox"/> Other: _____	

Children:

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

Other Assets:

Financial & Investment Accounts	Spouse 1	Spouse 2	Joint Property
Cash (checking, savings, or money market accounts)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Investments (CD, Bond, Mutual Funds, Brokerage / Stocks)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Partnerships and Business Assets	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
Real Property:	Spouse 1	Spouse 2	Joint 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:	Spouse 1	Spouse 2	Joint Property
Furnishings (including art and antiques)	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
TOTAL ASSETS IN THIS SECTION	\$ _____	\$ _____	\$ _____

Liabilities:

Liabilities	Spouse 1	Spouse 2	Joint Property
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: