

STACEY L. ROMBERG
ATTORNEY AT LAW
10115 Greenwood Avenue N., PMB #275
Seattle, WA 98133
T – 206.784.5305
F – 206.789.8103
E-mail – info@staceyromberg.com
Web Site – www.staceyromberg.com

CONFIDENTIAL
Estate Planning Information

I. PERSONAL

- A. Name: _____
- B. Spouse's Name: _____
- C. Home Address: _____
- D. Mailing Address (if different): _____

- E. Home Telephone: _____
- F. Work Telephone: _____
- G. Mobile Telephone: _____
- H. E-mail Address: _____
- I. Date of Birth: _____
- J. Social Security Number: _____
- K. Marriage Place and Date: _____
- L. Citizenship: _____
- M. Do you have a domestic partner? Yes ____ No ____ If so, has the relationship been registered through the Washington Secretary of State's office? Yes _____ No _____

II. PRIOR MARRIAGES

- A. Name of Former Spouse: _____
- B. Date of Marriage: _____
- C. Specify if the marriage terminated by death or divorce: _____
If terminated by divorce, please attach dissolution decree if available.
- D. Date of Termination of Marriage: _____
- E. List any relevant information regarding any obligations, child support or maintenance that is not contained in any dissolution decrees you have attached to this form: _____

Please note: If you have been previously married more than once, please provide all requested information for any additional spouses on a separate sheet.

III. CHILDREN

Please note: Please list any adopted children under the applicable categories and indicate that they are adopted. Also, please indicate if any children are deceased.

A. List all children from your current marriage, providing their names, dates of birth and addresses if different from your own:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

B. List all children from any previous marriage or relationship, providing their names, names of the other parent, dates of birth and addresses if different from your own:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

C. List all children of your spouse from any previous marriage or relationship, providing their names, names of the other parent, dates of birth and addresses if different from your own:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

D. Have you, or are you planning to, become a parent of a child through the use of artificial reproductive technology or surrogacy? Yes ____No ____ If yes, please provide a brief explanation below:

IV. DEPENDENTS

Are there any persons, other than minor children, who are partially or wholly dependent upon either you or your spouse for support now or possibly in the future? If so, please list their name and address and describe the nature of the relationship:

V. OTHER FAMILY MEMBERS

A. List the names, dates of birth, parentage and current addresses of any grandchildren of you or your spouse:

1. _____
2. _____
3. _____
4. _____
5. _____

B. List the names, addresses and birth dates of your parents, if still living:

Mother: _____
Father: _____

C. List of the names, addresses and birth dates of any living siblings:

1. _____
2. _____
3. _____
4. _____
5. _____

VI. TRUSTS

A. Do you currently receive income from a trust? Yes _____ No _____
If so, please attach a copy of the trust document.

B. Does any family member expect to be named a beneficiary or remainderman to a trust? If so, please describe: _____

VII. INSURANCE

A. Are there any life insurance policies in existence for either spouse? _____

B. If so, please indicate the name of the policy holder and provide information regarding:

1. Name of Company(ies) _____
2. Type of Insurance _____
3. Amount and Cash Surrender Value _____
4. Designated Beneficiary(ies) _____

VIII. ASSETS IN JOINT TENANCY

Do you own any real or personal property as joint tenants with your spouse or third parties?

If so, please explain: _____

IX. RETIREMENT BENEFITS

A. Are you enrolled in a retirement plan? Yes _____ No _____

B. If so, please provide information regarding the type of plan, current value and beneficiary designation: _____

X. GIFTS OR INHERITANCES

A. Are either you or your spouse likely to receive any gifts or inheritances? If so, please describe: _____

B. Do either you or your spouse make, or intend to make, regular gifts to any person? If so, please describe: _____

XI. ASSET AND LIABILITY SCHEDULE

Please estimate your assets and liabilities:

<u>Assets</u>	<u>Approximate Value</u>
1. Real Property	\$ _____
2. Stocks and Bonds	_____
3. Checking/Savings/Other Monetary Accounts	_____
4. Cash Value of Life Insurance Policy	_____
5. Retirement Benefits	_____
6. Miscellaneous Property (including furniture, antiques, automobiles, boats, collections, etc.)	_____
Total Assets:	\$ _____

Liabilities

- 1. Mortgage or Deed of Trust or other amounts owed on real property \$ _____
 - 2. Other Loans from Financial Institutions (consolidated loan, home equity loan, etc.) _____
 - 3. Student Loan _____
 - 4. Amounts owed on credit cards _____
 - 5. Other liabilities _____

- Total Liabilities: \$ _____
- Net Worth ((Assets (-) Liabilities)) = \$ _____

Please provide beneficiary designation information for all assets which list beneficiaries (provide copies of forms if available):

Would you like a referral to a financial planner? Yes _____ No _____

XII. REAL PROPERTY

Please attach a copy of the deed for each parcel of real property that you own, if available.

XIII. WILL PROVISIONS

A. Personal Representative. A Personal Representative administers your estate in accordance with the instructions contained in your Will. Please list a first choice and an alternate, in case the person who is your first choice predeceases you or is unable to serve:

First Choice:

Name: _____

Address: _____

Relationship: _____

Alternate:

Name: _____

Address: _____

Relationship: _____

B. Distribution.

1. Please indicate to whom you wish to leave your estate, providing instruction as to what monetary amounts or percentage shall be received by each beneficiary:¹

2. If any of your designated beneficiaries should predecease you, do you want to distribute the gift among surviving beneficiaries? Or pass the gift to the children of deceased beneficiary? _____

3. Are you interested in making charitable distributions as part of your estate planning process? _____ Yes _____ No
More information: _____

C. Guardianship. If you die before your children reach the age of eighteen, who do you wish to serve as their guardian?

Name: _____
Address: _____
Relationship: _____

Alternate:

Name: _____
Address: _____
Relationship: _____

D. Testamentary Trust.

If you wish, you can create a testamentary trust in your Will to become effective upon your death. The classic reason to establish such a trust is to ensure the well-being of your minor children, finance their education, etc. However, a testamentary trust can be created to accomplish a wide variety of goals. If you are interested in creating a testamentary trust, or have questions, please indicate your wishes and questions below.

¹ Please do not list specific items of personal property, such as a lamp, car, etc. We can discuss the distribution of these type of items during your initial meeting.

XIV. COMMUNITY PROPERTY AGREEMENTS

Please note: In Washington, all property acquired during a marriage is presumed to be community property jointly owned by both spouses. However, Washington has statutorily permitted married persons to enter into an agreement governing the disposition of community property upon the death of either spouse and which allows spouses, by agreement, to alter the status of their assets. Community property agreements are used by married couples, in certain circumstances, to transfer their ownership in any assets to a surviving spouse in lieu of probate.

A. Have you previously entered into a community property agreement? Yes ____ No ____
If so, please attach a copy.

B. If you would like me to prepare a community property agreement for you, or if you would like me to revoke an agreement presently in effect, please provide as detailed of instructions as possible regarding your wishes. Also, please list any questions you may have regarding this issue below:

XV. GENERAL DURABLE POWER OF ATTORNEY

The General Durable Power of Attorney becomes effective upon the proven incompetency of an individual to handle his or her own affairs. In this document, you would name a person who would take charge of your affairs (known as your “attorney-in-fact”). The value of this document is that it eliminates the need to establish a guardianship in the event of incompetency. An attorney-in-fact has the power to take any legal action that you would otherwise undertake yourself, including the transfer of funds or purchase or sale of real property, on your behalf.

A. Do you want me to prepare a General Durable Power of Attorney on your behalf? Yes ___ No ___

B. Who do you wish to nominate as your attorney-in-fact?

Name: _____

Address: _____

Relationship: _____

Alternate:

Name: _____

Address: _____

Relationship: _____

C. Would you like to include language in your General Durable Power of Attorney regarding the care of minors? Yes _____ No _____

D. Washington law allows people, in certain circumstances, to question the decisions made by your attorney-in-fact by filing a court petition. Washington law also allows you to name specific persons in your General Durable Power of Attorney who have no authority to file such a petition. Would you like to name a specific person or persons in your document? Yes____
No _____ If yes, please provide name and relationship of such person or persons:
_____.

E. Do you have questions? If so, please list: _____

XVI. DURABLE POWER OF ATTORNEY FOR HEALTH CARE

The Durable Power of Attorney for Health Care authorizes the designated attorney-in-fact to authorize or withhold medical care if you are unable to do so yourself. The person so designated should be a person with whom you have discussed issues such as use of medical means to prolong your life artificially. Your attorney-in-fact should be a person in whose judgment you trust.

A. Please indicate whether you would like me to prepare this document. Yes_____ No_____

B. Who do you wish to nominate as your attorney-in-fact?

Name: _____
Address: _____
Relationship: _____
All Telephone Numbers: _____

Alternate:
Name: _____
Address: _____
Relationship: _____
All Telephone Numbers: _____

C. Do you have questions? If so, please list:

XVII. HEALTH CARE DIRECTIVE (LIVING WILL)

The Health Care Directive clarifies a person's wish not to have his or her life "artificially prolonged" in the case of any injury, disease or terminal condition rendering such person unable to communicate.

A. Please indicate whether you would like me to prepare this document. Yes _____ No _____

B. Do you have questions? If so, please list:

XVIII. PETS

Do you have pets? Yes _____ No _____

Please indicate whether you are interested in find out more about a trust to make sure that your pet is taken care of in the event of your death. Yes ___ No ___

Please indicate whether you would like to mention your pets in your Will to ensure they will be taken care of upon your death. Yes _____ No _____

Other concerns about your pets: _____

IX. MENTAL HEALTH ADVANCE DIRECTIVE

Are you interested in finding out more information about executing a Mental Health Advance Directive, which would address issues regarding future mental health treatment you may receive? Yes ___ No ___

XX. MEMORIAL INSTRUCTIONS

Are you interested in finding out more information about executing Memorial Instructions in order to legally authorize your desired disposition of your remains? Yes _____ No _____

XXI. OTHER

Is there any other information that you think may be important in planning your estate that I have not addressed? Please specify: _____
