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**CONFIDENTIAL**  
**ESTATE PLANNING INFORMATION**

Personal Information

Husband

Wife

Full name:		
Birth date:		
Citizenship:		
Social Security Number:		
Home address:		
Home telephone:		
Email address:		
Employer:		
Office telephone:		
Name of prior spouse (if any):		
Dependents other than children:		

Children

	<u>Name</u>	<u>Sex</u>	<u>Birthdate</u>	<u>Child only of</u>	<u>SSN</u>	<u>Married?</u>	<u>Number of Children</u>
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Husband <input type="checkbox"/> Wife		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**If you have minor children you will need to nominate a guardian and a trustee for any trust for the children.**

Life Insurance

Husband Insured

Wife Insured

Number of policies:

\_\_\_\_\_

\_\_\_\_\_

Total face amount:

\_\_\_\_\_

\_\_\_\_\_

Total present cash value:

\_\_\_\_\_

\_\_\_\_\_

Primary beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Contingent beneficiary(ies):

\_\_\_\_\_

\_\_\_\_\_

Retirement Benefits

Husband

Wife

Employer 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):

\_\_\_\_\_

\_\_\_\_\_

PRIOR ESTATE PLANNING:

Husband

Wife

Will

YES  NO

YES  NO

Power of Attorney-Financial

YES  NO

YES  NO

Power of Attorney-Health Care

YES  NO

YES  NO

Advance Health Care Directive

YES  NO

YES  NO

If YES to above, please bring a copy to your appointment.

## ASSETS AND LIABILITIES

A. <b><u>Assets</u></b>	<u>Separate Property Husband</u>	<u>Separate Property Wife</u>	<u>Community Property</u>
Cash (checking and savings accounts)	\$ _____	\$ _____	\$ _____
Short-term investments (treasury bills, certificates of deposit, etc.)	\$ _____	\$ _____	\$ _____
Publicly traded securities and bonds	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Closely held securities	\$ _____	\$ _____	\$ _____
Principal residence	\$ _____	\$ _____	\$ _____
Vacation home	\$ _____	\$ _____	\$ _____
Other real estate	\$ _____	\$ _____	\$ _____
Partnerships	\$ _____	\$ _____	\$ _____
Accounts receivable	\$ _____	\$ _____	\$ _____
Face amount of life insurance	\$ _____	\$ _____	\$ _____
Retirement benefits	\$ _____	\$ _____	\$ _____
Qualified plans	\$ _____	\$ _____	\$ _____
Non-qualified plans	\$ _____	\$ _____	\$ _____
Furnishings (including art and antiques)	\$ _____	\$ _____	\$ _____
Automobiles	\$ _____	\$ _____	\$ _____
Boats	\$ _____	\$ _____	\$ _____
Other (specify) _____	\$ _____	\$ _____	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
B. <b><u>Liabilities</u></b>	<u>Separate Property Husband</u>	<u>Separate Property Wife</u>	<u>Community Property</u>
Mortgage(s)	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Loans, notes, etc.	\$ _____	\$ _____	\$ _____
Other obligations	\$ _____	\$ _____	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>ASSETS – LIABILITIES = NET WORTH</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

## ESTATE PLAN DECISIONS

Please list your anticipated desires below regarding your choice of persons to manage your estate and your desired distribution.

### HUSBAND

**Proposed Executors / Trustees** (The executor/trustee is the person responsible for settling your estate. The executor/trustee can also be a beneficiary.):

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Proposed Distribution of Specific Items (Example: house, car, personal items):**

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**Proposed Distribution of Residue (Example: percentages of entire estate):**

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**Proposed Guardian of Minor Children:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Agents for General Durable Power of Attorney for Finances:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Agents for Durable Power of Attorney for Health Care:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Special Burial or Cremation Instructions:**

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**WIFE**

**Proposed Executors / Trustees** (The executor/trustee is the person responsible for settling your estate. The executor/trustee can also be a beneficiary.):

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Proposed Distribution of Specific Items (Example: house, car, personal items):**

---

**Proposed Distribution of Residue (Example: percentages of entire estate):**

---

**Proposed Guardian of Minor Children:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Agents for General Durable Power of Attorney for Finances:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Agents for Durable Power of Attorney for Health Care:**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Special Burial or Cremation Instructions:**

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**Miscellaneous Questions:**

Do you need or want to transfer a family business?

Yes

No

Do you wish to establish a special trust in order to control the time and conditions for distribution of your assets to your beneficiaries?  Yes  No

Do you wish to establish a special trust for a beneficiary with specific needs (e.g. someone who is disabled or receiving government benefits)?  Yes  No

After the death of one spouse, do you want to allow the survivor to make changes in the estate plan of the deceased spouse?  Yes  No

Do you want to avoid probate in your beneficiaries' estate?  Yes  No

Do you want to reduce/eliminate taxes in your beneficiaries' estate?  Yes  No

Do you want to protect your beneficiaries' inheritance from creditors and/or dissolution proceedings?  Yes  No

Do you have a Will or Trust?  Yes  No

Do you expect to receive an inheritance?  Yes  No Amount:

Do you receive public benefits?  Yes  No Amount:

Have you made any gifts in excess of \$10,000 to any one person in any one year?  Yes  No

Your Annual Income \$

Spouse's Annual Income \$

Do (either of) you expect to inherit from parents or others?  Yes  No

If yes, approximate size of inheritance. \$

Are (either of) you now the beneficiary of a trust? (Other than a revocable trust where the creator of the trust is still living)  Yes  No

If yes, please bring a copy of the trust document.

**SIGNATURE(S):** The undersigned represents to the Law Offices of Catherine S. Strong that the information contained in this intake form is accurate and complete and understands that if the information provided herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date