

**Mano, McKerricher & Paroutaud Inc., P.C.**  
**ATTORNEYS AT LAW**

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**www.chehalislaw.com**

**ESTATE PLANNING QUESTIONNAIRE**

DATE PREPARED: \_\_\_\_\_

**I. Family Data**

A. Name in full: \_\_\_\_\_

B. Date of Birth: \_\_\_\_\_

C. Maiden name, if applicable: \_\_\_\_\_

D. Spouse's name: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_ Date of birth: \_\_\_\_\_

E. Social Security Numbers: Yours: \_\_\_\_\_ Spouse: \_\_\_\_\_

F. Principal residence: \_\_\_\_\_

G. Telephone number: \_\_\_\_\_

H. Citizenship: Yours: \_\_\_\_\_ Spouse: \_\_\_\_\_

I. Family and Intended Beneficiaries:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

SSN: \_\_\_\_\_

## II. Will preparation information

A. Described generally to whom you want your property to pass upon your \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Name and address of a person trusted by you to be Personal Representative of your estate. Name an alternate if desired. Your Personal Representative can be male or female, and it is preferable it be a Washington resident and usually a member of your family or a best friend.

\_\_\_\_\_  
\_\_\_\_\_

C. Do you want a Community Property Agreement drawn? \_\_\_\_\_

D. Do you have any special instructions for funeral arrangements? \_\_\_\_\_  
\_\_\_\_\_

E. Give the name, address, and relationship of a person trusted by you to be the guardian of the person of your children, if needed, upon the death of you and your spouse.

\_\_\_\_\_  
\_\_\_\_\_

- F. Give the name, address, and relationship of a person trusted by you to be guardian of the estate of your children, if needed upon the death of you and your spouse.

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### III. Powers of Attorney

- A. Do you want a Power of Attorney for Health Care Decision Making? If so, give the name and relationship of the person you would like to designate as your primary attorney-in-fact and alternate attorney-in-fact. \_\_\_\_\_

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- B. Do you want a Power of Attorney for Asset Management? If so, give the name and relationship of the person you would like to designate as your primary attorney-in-fact and alternate attorney-in-fact. \_\_\_\_\_

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### IV. Preparatory steps

An estate planning conference appointment will be set for you. Please bring this completed questionnaire and the following documents:

- A. Copies of all Wills and/or Trusts
- B. Copy of Community Property Agreement and/or Joint Tenancy Agreement
- C. Copies of any Gift Tax Returns
- D. Rough inventory of all assets
- E. Statement describing known retirement plans, including amount vested, estimated benefits, and method of distribution (whether lump sum or periodic payment)