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Confidential Estate and Long Term Care Planning Information

*Please fill this out as completely as possible, and use additional pages as needed.
 If you have questions, feel free to e-mail me or bring them up at our meeting. You can return this to me in advance of our meeting, or bring it with you.
 At the end of this questionnaire I have also included a list of documents that you should bring with you to our meeting.*

<u>PERSONAL DATA</u>	<u>Client 1</u>	<u>Client 2</u>
<i>Full name</i>		
<i>Name as it should appear in legal documents</i>		
<i>Other name(s) used</i>		
<i>Mailing address</i>		
<i>Residence address (if different)</i>		
<i>County of residence</i>		
<i>E-mail address</i>		
<i>Home phone</i>		
<i>Mobile phone</i>		
<i>Work phone</i>		
<i>Employer/Occupation</i>		
<i>Citizenship</i>		
<i>Date of Birth</i>		
<i>Dates of military service, rank, serial number</i>		
<i>Date and place of current marriage, if applicable</i>		
<i>Prior marriages? To whom, dates of marriage and termination, and any continuing obligations</i>		
<i>Civil unions, Registered domestic partnerships? To whom, dates, Jurisdictions</i>		
<i>Referred to this office by:</i>		

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FAMILY DATA <i>Please include adopted children and deceased children, and indicate as appropriate.</i>	Client 1	Client 2
Child 1—Name		
<i>Address</i>		
<i>Date of birth</i>		
<i>Spouse's name</i>		
<i>Children (your grandchildren)—Name and date of birth</i>		
Child 2—Name		
<i>Address</i>		
<i>Date of birth</i>		
<i>Spouse's name</i>		
<i>Children (your grandchildren)—Name and date of birth</i>		
Child 3—Name		
<i>Address</i>		
<i>Date of birth</i>		
<i>Spouse's name</i>		
<i>Children (your grandchildren)—Name and date of birth</i>		
Child 4—Name		
<i>Address</i>		
<i>Date of birth</i>		
<i>Spouse's name</i>		
<i>Children (your grandchildren)—Name and date of birth</i>		

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	<u>Client 1 Name</u>	<u>Client 1 Age or date of death</u>	<u>Client 2 Name</u>	<u>Client 2 Age or date of death</u>
<i>Mother</i>				
<i>Father</i>				
<i>Brothers and sisters</i>				
	<u>Name</u>	<u>Address/Phone</u>	<u>Name</u>	<u>Address/Phone</u>
<i>Primary physician</i>				
<i>Other physicians</i>				
<i>Accountant</i>				
<i>Insurance advisor</i>				
<i>Financial Planner</i>				
<i>Stockbroker</i>				
<i>Other Advisors</i>				

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<u>ASSET DATA</u>	<u>Name of Institution</u>	<u>Type of Account</u>	<u>Name(s) on account</u>	<u>Approximate balance</u>	<u>Electronic Login?</u>
<i>1. Bank Accounts</i>					
<i>2. Brokerage Accounts</i>					
<i>3. Real Estate</i>	<u>Address</u>	<u>Name(s) on title</u>	<u>Approximate Fair Market Value</u>	<u>Mortgage balance</u>	
<i>4. Retirement Accounts, IRAs, 401K etc</i>	<u>Financial Institution or Custodian</u>	<u>Name of Participant</u>	<u>Name of Survivor beneficiary, if any</u>	<u>Approximate value</u>	

<i>5. Pension Plans</i>	<u>Sponsoring Company</u>	<u>Name of Participant</u>	<u>Name of beneficiary after death, if any</u>	<u>Approximate present value</u>

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6. Partnership or Business Interests	<u>Name of Entity</u>	<u>Type of Entity</u>	<u>Name(s) on title</u>	<u>Percent of Interest and Value</u>
7. Promissory Notes or Contracts owed to you	<u>Payor</u>	<u>Date of instrument</u>	<u>Collateral, if any</u>	<u>Current balance</u>
8. Tangible Personal Property	<u>Location</u>	<u>Name(s) on title, if any</u>	<u>Intended beneficiary</u>	<u>Approximate value</u>
<i>Furniture</i>				
<i>Automobile(s)</i>				
<i>Boat</i>				
<i>Collectibles</i>				
<i>Other</i>				

9. Life Insurance	<u>Insurance Company; Policy Number</u>	<u>Owner of Policy; Named Insured</u>	<u>Beneficiary(ies)</u>	<u>Face value; Cash surrender value</u>
10. Annuities	<u>Issuing Company; Policy Number</u>	<u>Name of Annuitant</u>	<u>Beneficiary after Annuitant's death</u>	<u>Present Surrender Value</u>
11. Other Insurance	<u>Company</u>	<u>Insured</u>	<u>Policy Number</u>	
<i>Health</i>				
<i>Long Term Care</i>				
<i>Other</i>				

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DOCUMENT PROVISIONS

(Please provide copies of previously signed documents, if any)

<u>WILL</u>	<u>Client 1</u>	<u>Client 2</u>
<p align="center"><i>Nomination of Executor / Personal Representative</i> <i>Who do you want to manage your estate after your death?</i></p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p align="center"><i>Guardian of Person and alternates</i> <i>Who do you want to be responsible for minors or incapacitated beneficiaries?</i></p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p align="center"><i>Trustee and alternates</i> <i>Who do you want to manage assets that will be held in trusts for minors, surviving spouse, incapacitated persons, other beneficiaries?</i></p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>1.</p> <p>2.</p> <p>3.</p>
<p align="center"><i>Trust terms</i> <i>Age(s) for distribution</i> <i>Purpose of distributions</i> <i>Separate shares or one "pot"</i></p>		
<p align="center"><i>Charitable and Specific Bequests</i> <i>Specific dollar amounts or things to be given to individuals or charities—</i> <i>Provide names and addresses of intended beneficiaries; If charities, tax exempt status?</i></p>		
<p align="center"><i>Special provisions for businesses or specific assets?</i></p>		
<p><i>Do you have any bank accounts or assets held in Joint Tenancy that you want to have pass under your Will instead?</i></p>		
<p align="center"><u>COMMUNITY PROPERTY, SEPARATE PROPERTY, PRE/POST-NUPTIAL, COHABITATION or other property agreement</u></p>		

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<u>DURABLE POWER OF ATTORNEY</u>	<u>Client 1</u>	<u>Client 2</u>
<p><i>Financial Agent and alternates</i> <i>Who do you want to have authority to make financial decisions if you are incapacitated?</i> <i>(Names and addresses)</i></p>	<p>1. 2. 3.</p>	<p>1. 2. 3.</p>
<p><i>Health Care Agent and alternates</i> <i>Who do you want to have authority to make health care decisions if you are incapacitated?</i> <i>(Names and addresses)</i></p>	<p>1. 2. 3.</p>	<p>1. 2. 3.</p>
<ul style="list-style-type: none"> <i>Should your agent have authority to make gifts or transfers 1) to save estate tax or 2) to qualify you for Medicaid?</i> 		
<ul style="list-style-type: none"> <i>Should your agent have power immediately, or only if a doctor declares that you are incapacitated?</i> 		
<ul style="list-style-type: none"> <i>Is there anyone you want to exclude from getting information about you or your estate?</i> 		
<ul style="list-style-type: none"> <i>Is there anyone who you think may not respect your wishes?</i> 		
<p align="center"><u>HEALTH CARE DIRECTIVE</u> <i>Instructions regarding artificial life support if you are in a terminal or permanent unconscious condition</i></p>		
<p><i>If you are in a terminal or permanent unconscious condition, do you want:</i></p>		
<i>Artificial hydration (water by IV or tube)?</i>		
<i>Artificial nutrition (food by IV or tube)?</i>		
<i>Antibiotics for secondary infections?</i>		
<i>Cardio-Pulmonary Resuscitation?</i>		
<i>Ventilator or Respirator?</i>		
<i>Blood transfusions?</i>		
<i>Dialysis?</i>		
<p><i>You may include other specific instructions</i></p>		

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<u>ORGAN DONATION</u>	<u>Client 1</u>	<u>Client 2</u>
<i>Have you made arrangements?</i>		
<i>Do you want information?</i>		
<u>DISPOSITION OF REMAINS</u>		
<i>Cremation</i>		
<i>Interment/burial</i>		
<i>Prepaid plan?</i>		
<i>Burial plot(s) owned</i>		
<i>Memorial service—religious, other instructions</i>		
<i>Who receives remains?</i>		
<i>How dispose of remains? (cemetery, scatter, etc.)</i>		

MISCELLANEOUS PROVISIONS--PLEASE EXPLAIN "YES" ANSWERS AND PROVIDE COPIES OF DOCUMENTS:

1. Do you have any adopted children, or do you have children who were adopted by others?
2. Are there or will there be persons (other than minor children) dependent upon you now or possibly in the future?
3. Describe any trust or estate of which you are or are likely to be a beneficiary.
4. Have you ever made a gift over \$10,000 to any person in one year?
Have you ever filed gift tax returns?
5. Do you have any dependents other than minor children or who have special needs?
6. Do you have pets for whom you wish to designate a caregiver and/or amount for care?
7. Describe any other estate planning goals you wish to address.

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SUPPLEMENTAL INFORMATION FOR LONG-TERM CARE PLANNING

Name of person admitted to facility:

Date admitted:

Facility Name and address:

Facility Phone and contact person:

Facility Private pay rate:

Facility Medicaid rate:

Does client have disabled child(ren)—Name(s) and date(s) of birth:

Is a child living with client? Name and date of residency:

Is a sibling living with client? Name and date of residency:

Have you made any gifts to any person in the past 5 years? Please explain.

INCOME DATA

	Institutionalized person (IP)	Community Spouse (spouse of institutionalized person) (CS)	Joint Income
<i>Social Security</i>			
<i>Pension—source and amount</i>			
<i>Dividends, Interest—source and amount</i>			
<i>Other—source and amount</i>			

SHELTER COSTS

	Primary residence	Other property
<i>Mortgage or Rent</i>		
<i>Assessments</i>		
<i>Property Tax</i>		
<i>Insurance</i>		
<i>Utilities—electricity, gas, water, garbage, sewer</i>		

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If you have any of the following documents, please bring copies to our first meeting:

- Previous Estate Planning documents, including Wills, Trusts, Powers of Attorney, Community Property Agreements, Prenuptial Agreements, Health Care Directives
- Any other Agreements between spouse/partner or business
- Most recent account statements showing name(s) on account
- Retirement plan Beneficiary designations
- Life insurance policies—Declarations page and Beneficiary designations
- Real Estate deeds
- Property insurance—Declarations page
- Property mortgage statement
- Location of usernames/passwords for accounts that you access electronically
- Military discharge
- Gift tax returns filed