



CONFIDENTIAL

**Personal Planning Data
of**

Date: _____

Confidential information subject to attorney-client privilege; not to be disclosed to unauthorized persons. This list is intended to identify various types of information and many provisions will be inapplicable to some individuals. Please provide only the applicable information.

Date _____

**CONFIDENTIAL
PERSONAL PLANNING DATA**

Client(s)

Name/Address

A.

B.

(relationship to A _____)

Full name	<hr/>	<hr/>
Other names used	<hr/>	<hr/>
Present address (include city and county)	<hr/>	<hr/>
Home phone, fax and email	Phone	Phone
	Fax	Fax
	Email	Email
Cellular phone	<hr/>	<hr/>
U.S. address (if different from above)	<hr/>	<hr/>
Other phone, fax and email	Phone	Phone
	Fax	Fax
	Email	Email

Business

A.

B.

Occupation	<hr/>	<hr/>
Employer or firm	<hr/>	<hr/>
Business address	<hr/>	<hr/>
Business phone, fax and email	Phone	Phone
	Fax	Fax
	Email	Email
Preferred mailing address	Home <input type="checkbox"/> Office <input type="checkbox"/>	Home <input type="checkbox"/> Office <input type="checkbox"/>

Personal Data

A.

B.

Date of birth	<hr/>	<hr/>
Place of birth	<hr/>	<hr/>
Citizenship	<hr/>	<hr/>
Social Security No.	<hr/>	<hr/>
Marriage date/place	<hr/>	<hr/>
Safe deposit box location	<hr/>	<hr/>
Persons with right of access	<hr/>	<hr/>
Person with knowledge of computer user names and passwords	<hr/>	<hr/>

Prior Marriages

A.

B.

Former spouse

Prior marriage date/place

Date

Date

Place

Place

Terminated by

Divorce on _____

Divorce on _____

If applicable, please attach copy of divorce decree and property settlement agreement.

Terminated by

Death on _____

Death on _____

Estate of predeceased spouse filed a Form 706 federal estate return *and* claimed such spouse's Deceased Spousal Unused Exclusion ("DSUE") amount.

Estate of predeceased spouse filed a Form 706 federal estate return *and* claimed such spouse's Deceased Spousal Unused Exclusion ("DSUE") amount.

Obligations (please specify to or from):

Former spouse

Child support

Alimony

Life insurance

Other

Children and Deceased Children (If Applicable)
***Indicate if child only of Client A (A) or Client B (B)**

Will any children be born to or adopted by clients in the future? _____

1.

2.

Name

_____ ()*

_____ ()*

Nickname

Date of birth (age)

_____ ()

_____ ()

Citizenship

Address if other than client's

Social Security No.

Spouse's name

Children of this child:

Name

Date of birth

Date of birth

Name

Date of birth

Date of birth

Name

Date of birth

Date of birth

Name

Date of birth

Date of birth

	3.	4.
Name	()*	()*
Nickname		
Date of birth (age)	()	()
Citizenship		
Address if other than client's		
Social Security No.		
Spouse's name		
Children of this child:		
Name		
	Date of birth	Date of birth
Name		
	Date of birth	Date of birth
Name		
	Date of birth	Date of birth
Name		
	Date of birth	Date of birth

	<u>Client(s)</u>	
	A.	B.
Parents		
Mother		
Address		
Age or date of death		
Approximate size of estate		
Father		
Address		
Age or date of death		
Approximate size of estate		

Brothers and Sisters	A.	B.
Name	_____	_____
Address	_____ _____	_____ _____
Age or date of death	_____	_____
Name	_____	_____
Address	_____ _____	_____ _____
Age or date of death	_____	_____
Name	_____	_____
Address	_____ _____	_____ _____
Age or date of death	_____	_____
Name	_____	_____
Address	_____ _____	_____ _____
Age or date of death	_____	_____

Dependents	A.	B.
Persons other than minor children partially or wholly dependent for support now or possibly in the future.		
Name	_____	_____
Name	_____	_____
Name	_____	_____
Name	_____	_____

Property Agreements	A.	B.
Has either client ever executed any agreement with a spouse or partner regarding property such as a community property agreement, prenuptial agreement, postnuptial agreement or living together agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has either client ever executed a property agreement with someone other than his or her spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please furnish copies of all instruments relating to the property agreements described above.

Trusts

A.

B.

Does any member of either client's family receive income from a trust?

Yes No

Yes No

Has either client ever created a trust except as part of a will?

Yes No

Yes No

Does any member of either client's family expect to be named a trust beneficiary? If yes, describe. _____

Yes No

Yes No

Please furnish copies of all instruments relating to the trusts described above as well as a current list of assets and a statement of trust income.

Gifts and Inheritances

A.

B.

Are any gifts or inheritances likely to be received by either client or any child? If yes, from whom? _____

Yes No

Yes No

Has either client made gifts to any person in excess of \$12,000 in any year after 1981? If yes, furnish copy of gift tax returns.

Yes No

Yes No

Does either client expect to receive a gift of over \$12,000 from a third person? If yes, describe. _____

Yes No

Yes No

Planning Objectives and Priorities

Any especially important or unusual estate planning objectives or problems: _____

Do any beneficiaries have (or may develop) special needs or disabilities for which special provisions should be made: _____

Are any beneficiaries currently receiving, or likely to receive public or private assistance benefits: _____

Ages at which children/grandchildren should receive assets in addition to distributions to provide reasonable care, support and education: _____

Alternate beneficiaries if assets do not pass to lineal descendants: _____

Charitable interests: _____

Guardian of Minor Children

Person(s) to be guardian(s) of minor children if neither parent is living (include address): _____

Miscellaneous Documents

	A.	Client(s)	B.
"Living Will" or "Health Care Directive" to avoid futile treatment in case of terminal illness	<input type="checkbox"/> Already have <input type="checkbox"/> Wish to discuss		<input type="checkbox"/> Already have <input type="checkbox"/> Wish to discuss
Durable Power of Attorney	<input type="checkbox"/> Already have <input type="checkbox"/> Wish to discuss		<input type="checkbox"/> Already have <input type="checkbox"/> Wish to discuss
Funeral preferences	<input type="checkbox"/> Burial Place _____		<input type="checkbox"/> Burial Place _____
	<input type="checkbox"/> Cremation Place _____		<input type="checkbox"/> Cremation Place _____

Advisors

Other Attorneys _____

Banking/Investment _____

Insurance – Life _____

CPA/Accountant _____

Physicians _____

Other Advisors _____

Referred to Perkins Coie by: _____

ASSET SCHEDULE

In lieu of completing this schedule, you may submit a personal financial statement.

**Indicate whether separate property of Client A (A), separate property of Client B (B),
community property (C), or jointly owned (J).*

Real Property*

Approximate Value

A B C J Home (brief description)

Balance due \$ _____

\$ _____

A B C J Recreational Property

Balance due \$ _____

\$ _____

A B C J Other Real Property (brief description and location)

Balance due \$ _____

\$ _____

Stocks or Brokerage Accounts* (Excluding IRA or Retirement Accounts)

A B C J Approximate total value

\$ _____

A B C J S corporation

\$ _____

Bonds*

Approximate Value

A B C J U.S. Government

\$ _____

A B C J Corporate

\$ _____

A B C J Municipal

\$ _____

Financial Institution Accounts

Checking Account

Bank _____
Branch _____ \$ _____

Savings Account

Bank _____
Branch _____ \$ _____

Certificates of Deposit

Bank _____
Branch _____ \$ _____

Yes No Do you have any signing authority for any foreign bank accounts?

Life Insurance

	<u>Company</u>	<u>Face Value</u>	<u>Cash Value**</u>
On life of "A"	_____	\$ _____	\$ _____

On life of "B"	_____	\$ _____	\$ _____
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On others:

Name

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Indicate if a loan is outstanding on any policy.

**Generally term policy has no cash value.

Limited Partnerships, Other Investments

Approximate Value

\$ _____

Business Interests

\$ _____

Miscellaneous Property

Approximate Value

Furniture and furnishings

\$ _____

Automobiles

\$ _____

Boats

\$ _____

Others

\$ _____

Retirement Programs or IRAs

\$ _____

Pension and Profit Sharing Plans

\$ _____

LIABILITIES AND NET WORTH

Indebtedness Owning

\$ _____

Net Worth - Approximate

\$ _____