

THE LAW OFFICES OF
RESICK HANSEN & FOLLIS

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ESTATE PLANNING
CLIENT INFORMATION

Client 1

Client 2

| | | |
|------------------------|-------|-------|
| Full Name | _____ | _____ |
| Citizenship | _____ | _____ |
| Birthdate: | _____ | _____ |
| Home Address: | _____ | _____ |
| City, State, Zip Code: | _____ | _____ |
| Home Phone Number: | _____ | _____ |

FAMILY HISTORY

| | | |
|--|-------|-------|
| Fathers Name (if living): | _____ | _____ |
| City, State: | _____ | _____ |
| Mothers Name (if living): | _____ | _____ |
| City, State: | _____ | _____ |
| Estimated size of any Potential Inheritance | _____ | _____ |

EMPLOYMENT

| | | |
|-----------------------|-------|-------|
| Employer: | _____ | _____ |
| Employers Address: | _____ | _____ |
| City, State, Zip Code | _____ | _____ |
| Office Phone Number: | _____ | _____ |

MARRIAGE INFORMATION

| | | |
|----------------------------|-------|-------|
| Date of This Marriage | _____ | _____ |
| Date of Previous Marriage: | _____ | _____ |
| Name of Previous Spouse: | _____ | _____ |

CHILDREN

Children of this Marriage:

| Name of Child | Birthdate | Married Y/N | Number of Children | City, State |
|---------------|-----------|----------------|-----------------------|----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Children from Previous Marriage

| Name of Child | Birthdate | Whose Child | Married Y/N | Number of Children |
|---------------|-----------|----------------|----------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Special Needs of Children, if any: _____

Dependents Other than Children:

| Name of Dependent | Birthdate | Whose | Married Y/N | Number of Children |
|-------------------|-----------|-------|----------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Summary Information from below:

| | Client 1 | Client 2 | Community | Total |
|--------------------------------|------------|------------|------------|------------|
| Life Insurance | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Retirement | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Real Estate | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Bank Accounts | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Stock or Brokerage Accounts | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Other Assets | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Debts and Liabilities | (\$ _____) | (\$ _____) | (\$ _____) | (\$ _____) |
| Total | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Life Insurance:

| Company | Owner of Policy | Primary Beneficiary | Contingent Beneficiary | Loan Against Policy | Present Cash Value | Face Amount |
|-----------------|-----------------|---------------------|------------------------|---------------------|--------------------|-------------|
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| Total Insurance | | | | \$ _____ | \$ _____ | \$ _____ |

Retirement Benefits:

| Type of Plan (Pension, Profit Sharing, ESOP, IRA, TIAA-CREF, 401k) | Named Owner | Primary Beneficiary | Contingent Beneficiary | Balance |
|--|-------------|---------------------|------------------------|----------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| Total Retirement Benefits | | | | \$ _____ |

Real Estate:

| Description | Date Acquired | Listed Owner | Separate/ Community Property | Fair Market Value | Loan | Net Value |
|-------------------|---------------|--------------|------------------------------------|-------------------|-------|-----------|
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| Total Real Estate | | | | | | \$ _____ |

Business Interests:

| Name of Business | Type of Business | Value (Stocks/Units) |
|------------------|------------------|----------------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Business | | \$ _____ |

Bank Accounts:

| Bank or Branch | Name on Account | Type of Account | Separate/ Community | Approximate Value |
|---------------------|-----------------|-----------------|------------------------|-------------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| Total Bank Accounts | | | | \$ _____ |

Stock and Brokerage Accounts:

| Brokerage Co. or Branch | Name on Account | Named Beneficiary | Separate/ Community | Approximate Value |
|----------------------------|--------------------|----------------------|------------------------|----------------------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| | | | Total Bank Accounts | \$ _____ |

Other Assets (Loans to Children, Real Estate Contracts, Receivables from Others, Investment Partnerships, Autos, Boats, Furnishings, Jewelry, farm Equipment and Livestock):

| Description of Asset | Approximate Value | |
|----------------------|-------------------|----------|
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| _____ | \$ _____ | |
| Total Other Assets | | \$ _____ |

Debts and Liabilities (Excluding Real Estate Debts Previously Described):

| Creditor | Brief Description | Total Owed |
|-----------------------------|-------------------|------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| Total Debts and Liabilities | | \$ _____ |

Legal Documents (Currently in Existence):

| | <u>Document</u> | <u>Yes/No</u> | <u>Location</u> | <u>Dated</u> |
|-----|--|---------------|-----------------|--------------|
| 1. | Will | _____ | _____ | _____ |
| 2. | Community Property Agreement | _____ | _____ | _____ |
| 3. | Power of Attorney | _____ | _____ | _____ |
| 4. | Separation Agreement | _____ | _____ | _____ |
| 5. | Prenuptial Agreement | _____ | _____ | _____ |
| 6. | Divorce Decree | _____ | _____ | _____ |
| 7. | Trusts | _____ | _____ | _____ |
| 8. | Living Will (Directive to Physicians) | _____ | _____ | _____ |
| 9. | Health Care Power of Attorney | _____ | _____ | _____ |
| 10. | Other (Describe) | _____ | _____ | _____ |

Advisors:

1. Attorney: _____
2. Accountant: _____
3. Insurance Advisor: _____
4. Financial Advisor: _____
5. Trust Officer: _____

Documents to Bring with you:

1. Existing Wills or Trusts
2. Any Community Property Agreements
3. Any divorce decree referred to in the following question #6.
4. Any buy-sell agreement referred to in the following question #7.

Background Information:

Yes/No

- | | |
|---|-------|
| 1. Are you a beneficiary or trustee of any trust? | _____ |
| 2. Have you ever made gifts over \$10,000.00? | _____ |
| 3. Have you ever filed any gift tax return? | _____ |
| 4. Do either of you suffer from any serious illness or incapacity? | _____ |
| 5. Do any of your children suffer from any serious illness or incapacity? | _____ |
| 6. Are either of you subject to any divorce or other court decree or agreement limiting your estate planning choices? | _____ |
| 7. Are you a party to any buy-sell agreement? | _____ |
| 8. Do you have a Safe Deposit Box? | _____ |

If yes, Box Number: _____ Location: _____ Signers: _____

Tentative Will Provisions:

Personal Representative

(Administers will during probate)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Guardian of Minors

(Raises children under the age of 18)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Trustee
(Administers and cares for the trust funds)

1. Name: _____
Address: _____

2. Name: _____
Address: _____

Successor Trustee
(Administers and cares for the trust funds, if trustee is unable or unwilling to do so.)

1. Name: _____
Address: _____

2. Name: _____
Address: _____
