

ISENHOUR BLECK, P.L.L.C.

1200 Fifth Avenue, Suite 2020
Seattle, Washington 98101
(206) 340-2200

**CONFIDENTIAL
ESTATE PLANNING INFORMATION**

Personal Information

Partner 1

Partner 2

Full name: _____

Birth date: _____

Citizenship: _____

Home address: _____

Home telephone: _____

Email address: _____

Employer: _____

Office telephone: _____

Name of prior spouse or life partner (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"/> Partner 1 <input type="checkbox"/> Partner 2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6.	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2	_____	<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.

Relationship Information

Yes

No

Have you registered as Domestic Partners in Washington State?

Have you registered as Domestic Partners, entered a Civil Union or married outside of Washington State?

Has the relationship been terminated by divorce or other legal proceeding?

Have you signed a Co-habitation agreement, Domestic Partnership Agreement, Community Property Agreement, Separate Property Agreement or other similar agreement?

Life Insurance

Partner 1 Insured

Partner 2 Insured

Number of policies:

Total face amount:

Total present cash value:

Primary beneficiary(ies):

Contingent beneficiary(ies):

Retirement Benefits

Partner 1

Partner 2

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):

ASSETS AND LIABILITIES

A. <u>Assets</u>	Separate Property <u>Partner 1</u>	Separate Property <u>Partner 2</u>	Joint <u>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) _____	\$ _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____	\$ _____
B. <u>Liabilities</u>	Separate Property <u>Partner 1</u>	Separate Property <u>Partner 2</u>	Community <u>Property</u>
Mortgage(s)	\$ _____	\$ _____	\$ _____
Credit Card Debt	\$ _____	\$ _____	\$ _____
Loans, notes, etc.	\$ _____	\$ _____	\$ _____
Other obligations	\$ _____	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____	\$ _____
ASSETS – LIABILITIES = NET WORTH	\$ _____	\$ _____	\$ _____