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CLIENT ESTATE PLANNING INFORMATION WORKSHEET

A. PERSONAL

Spouse/Partner

Spouse/Partner

- | | | | |
|----|-------------|-------|-------|
| 1. | Full Name | _____ | _____ |
| 2. | Addresses | | |
| | a. Home | _____ | _____ |
| | b. Mailing | _____ | _____ |
| 3. | Telephone | | |
| | a. Home | _____ | |
| | b. Cell | _____ | _____ |
| | c. Work | _____ | _____ |
| 4. | Email | _____ | _____ |
| 5. | Birthdate | _____ | _____ |
| 6. | Citizenship | _____ | _____ |

B. PRIOR MARRIAGES (If applicable)

- | | | | |
|----|-----------------------------------|-------|-------|
| 1. | Former Spouse | _____ | _____ |
| 2. | Terminated by
Death/Divorce on | _____ | _____ |
| 3. | Obligations to or | | |
| 4. | from former spouse | _____ | _____ |
| 5. | Child Support | _____ | _____ |
| 6. | Separate Maintenance | _____ | _____ |

C. CHILDREN

1. Living Children (if only one of you is the parent of a child, please name the parent below)

- | | |
|-------------------|----------------------|
| a. Name _____ | Date of Birth: _____ |
| Street _____ | Telephone No. _____ |
| City St Zip _____ | Parent: _____ |
| b. Name _____ | Date of Birth: _____ |
| Street _____ | Telephone No. _____ |
| City St Zip _____ | Parent: _____ |
| c. Name _____ | Date of Birth: _____ |
| Street _____ | Telephone No. _____ |
| City St Zip _____ | Parent: _____ |
| d. Name _____ | Date of Birth: _____ |
| Street _____ | Telephone No. _____ |
| City St Zip _____ | Parent: _____ |

*****If you have more children, please attach a separate page to this worksheet*****

2. Deceased Children who have surviving children

- a. _____
- b. _____

D. CURRENT ESTATE PLANNING DOCUMENTS

Do you have any estate planning documents, such as a will, revocable trust, durable powers of attorney, or health care directives, not prepared by our office? _____

If yes, please provide copies either when we meet or when you return this worksheet

E. TRUSTS

1. Does any member of your family receive income from any trust? _____
If yes, who created the trust? _____
2. Have you ever created a trust, except as part of a Will? _____
If yes, give details. _____
3. Do you expect to be named a beneficiary or remainder beneficiary of a trust? _____
If yes, please describe: _____

Please provide copies of all trust documents, if available.

F. JOINT TENANCY ASSETS

Do you own any real or personal property as joint tenants with any third parties?

If so, please describe: _____

G. REAL ESTATE

1. Do you own any real estate in Washington?

If so, please describe: _____

2. Do you own any real estate outside of Washington, including timeshare condominiums?

If so, please describe: _____

H. GIFTS AND/OR INHERITANCES

1. Are your children likely to receive any gifts or inheritances? _____

2. Do you intend to make regular gifts to any person?

If yes, please describe. _____

I. ASSET SCHEDULE

Please provide the approximate current value of each asset:

- | | | |
|----|---|---------|
| 1. | Real Property | \$_____ |
| 2. | Stocks and Bonds | \$_____ |
| 3. | Checking/Savings | \$_____ |
| 4. | Life Insurance Death Benefits | \$_____ |
| 5. | Miscellaneous Property
(including furniture,
furnishings, antiques,
Automobiles, boats,
Collectibles, etc.) | \$_____ |
| 6. | Retirement Programs | \$_____ |

=====

Subtotal \$_____

Less Liabilities \$_____

Net Worth (Approximate) \$_____

J. WILL AND TRUST PROVISION INFORMATION

1. Personal Representative(s) (Administers will during probate)

1st Choice: _____

2nd Choice: _____

2. Trustee(s) (Manages a revocable trust or any trusts created under your will)

1st Choice: _____

2nd Choice: _____

3. Guardian(s) of Minor(s) (Raises children who are not yet age 18)

1st Choice: _____

2nd Choice: _____

4. Distribution of Trust Assets to Children (if applicable)

Age for Distribution

a. First Portion _____

b. Second Portion _____

c. Third Portion _____

5. Specific Bequests

a. _____

b. _____

c. _____

6. Other Specific provisions or information to be included in Will, such as operation or provision for family business, etc.

a. _____

b. _____

c. _____

d. _____