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PERKINSCOIE

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

Name/Address	**Client(s)** A.	B. (relationship to A ________)
Full name		
Other names used		
Present address		
(include city and county)		
Home phone, fax and email	Phone	Phone
	Fax	Fax
	Email	Email
Cellular phone		
U.S. address (if different		
from above)		
Other phone, fax and email	Phone	Phone
	Fax	Fax
	Email	Email

Business	**A.**	**B.**
Occupation		
Employer or firm		
Business address		
Business phone, fax and email	Phone	Phone
	Fax	Fax
	Email	Email
Preferred mailing address	Home ☐ Office ☐	Home ☐ Office ☐

Personal Data	**A.**	**B.**
Date of birth		
Place of birth		
Citizenship		
Social Security No.		
Marriage date/place		
Safe deposit box location		
Persons with right of access		
Person with knowledge of computer user names and passwords		

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

	5.	6.
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

	Client(s)	
Parents	**A.**	**B.**
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.

	A.	B.
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?	☐ Yes ☐ No	☐ Yes ☐ No
Has either client ever executed a property agreement with someone other than his or her spouse?	☐ Yes ☐ No	☐ Yes ☐ 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 $15,000 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 $15,000 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): __________________

____

____

Pets

Provisions to be made:____

____

Miscellaneous Documents	**Client(s)** A.	B.
"Living Will" or "Health Care Directive" to avoid futile treatment in case of terminal illness	❒ Already have ❒ Wish to discuss	❒ Already have ❒ Wish to discuss
Durable Power of Attorney	❒ Already have ❒ Wish to discuss	❒ Already have ❒ Wish to discuss
Funeral preferences	❒ Burial Place ______________ __________________ ❒ Cremation Place ______________ __________________	❒ Burial Place ______________ __________________ ❒ 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

		Company	**Face Value**	**Cash Value****
On life of Client A		______________________	$________	$____________
On life of Client B		______________________	$________	$____________
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

$____________

<u>Miscellaneous Property</u>	**<u>Approximate Value</u>**
Furniture and furnishings	$______________
Automobiles	$______________
Boats	$______________
Others	$______________

<u>Retirement Programs or IRAs</u>

$______________

<u>Pension and Profit Sharing Plans</u>

$______________

<u>LIABILITIES AND NET WORTH</u>

<u>Indebtedness Owing</u>

$______________

Net Worth - Approximate **$______________**