

FRED SCHOEN FIDUCIARY SERVICES INCORPORATED

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FINANCIAL PLANNING QUESTIONNAIRE

CLIENT

DATE

DOCUMENTS TO BE ATTACHED

- | | Attached or N/A |
|--|-----------------|
| 1. EXISTING WILLS OF BOTH SPOUSES | _____ |
| 2. LATEST INCOME AND GIFT TAX RETURNS FILED BY EITHER SPOUSE | _____ |
| 3. LIFE INSURANCE POLICIES | _____ |
| 4. PENSION, PROFIT-SHARING, DEFERRED COMPENSATION OR OTHER | _____ |
| 5. RETIREMENT BENEFIT PLANS | _____ |
| 6. BUY/SELL OR STOCK REDEMPTION AGREEMENTS | _____ |
| 7. TRUST INSTRUMENTS | _____ |
| 8. PRE-NUPTIAL AGREEMENT | _____ |

FAMILY STATISTICS

1. ADDRESS _____ PHONE _____
_____ BIRTH DATE _____
2. NAME OF SPOUSE _____
BIRTH DATE _____
3. DATE AND PLACE OF MARRIAGE _____
4. YOUR CHILDREN:
- | | <u>NAME AND ADDRESS</u> | <u>BIRTH DATE</u> |
|----|-------------------------|-------------------|
| A. | _____ | _____ |
| B. | _____ | _____ |
| C. | _____ | _____ |

5. PARTICULARS REGARDING YOUR GRAND CHILDREN:

THEIR PARENTS **NAMES OF GRANDCHILDREN** **BIRTH DATE**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. PARENTS:

FATHER: _____ BIRTH DATE _____

ADDRESS: _____

MOTHER: _____ BIRTH DATE _____

ADDRESS: _____

ADVISERS

1. ATTORNEY _____

2. ACCOUNTANT _____

3. LIFE INSURANCE ADVISOR _____

4. BANK AND TRUST OFFICER _____

5. STOCKBROKERS _____

6. PERSONAL REPRESENTATIVE _____

7. TRUSTEE _____

8. DESIGNATED GUARDIAN FOR CHILDREN

9. INVESTMENT ADVISOR _____

10. PHYSICIAN _____

11. CLERGYMAN _____

ASSETS

COMMUNITY PROPERTY

1. HAVE YOU LIVED IN A STATE OTHER THAN WASHINGTON? IF SO, WHERE AND FOR HOW LONG? _____

2. DID YOU OR YOUR SPOUSE OWN ANY SUBSTANTIAL SEPARATE PROPERTY BEFORE MARRIAGE? _____
3. HAVE ANY GIFTS OR INHERITANCES BEEN RECEIVED BY EITHER YOU OR YOUR SPOUSE SEPARATELY? _____
4. WHAT ASSETS DO YOU THINK ARE SEPARATE PROPERTY? WHOSE SEPARATE PROPERTY? _____
5. HAVE YOU OR YOUR SPOUSE EVER RESIDED IN A FOREIGN COUNTRY? IF SO, WHAT COUNTRIES AND FOR HOW LONG? _____
6. ARE YOU OR YOUR SPOUSE A FOREIGN NATIONAL? _____
IF YES FROM WHICH COUNTRY? _____

DISTRIBUTION OBJECTIVES

1. UPON YOUR DEATH HOW AND TO WHOM DO YOU WISH YOUR ASSETS DISTRIBUTED? _____

2. IF YOU AND YOUR SPOUSE SHOULD BOTH DIE PREMATURELY, SHOULD YOUR CHILDREN RECEIVE PROPERTY AT 21 OR SHOULD IT BE HELD TO A MORE MATURE AGE? _____

3. DO ANY OF YOUR CHILDREN HAVE SPECIAL EDUCATIONAL, MEDICAL OR, FINANCIAL NEEDS? _____

4. DO YOU WANT A SURVIVOR TO MANAGE YOUR ESTATE FROM AN INVESTMENT STANDPOINT? _____
5. TO WHOM WOULD SURVIVOR LOOK FOR MANAGEMENT HELP? _____

6. IS AVOIDING UNNECESSARY ESTATE TAXATION OF GREAT IMPORTANCE TO YOU? _____

7. DO YOU CONTEMPLATE MAKING FUTURE GIFTS? _____

8. DO YOU WISH TO MAKE BEQUESTS TO YOUR CHURCH OR SYNAGOGUE OR TO ANY OTHER CHARITABLE ORGANIZATION? _____

9. IF NONE OF YOUR CHILDREN ARE LIVING AT THE TIME OF YOUR SPOUSE'S DEATH, DO YOU WANT YOUR ESTATE TO GO TO: YOUR FAMILY? _____ SPOUSES FAMILY? _____ ELSEWHERE? _____
10. Do YOU ANTICIPATE ANY GIFTS OR INHERITENCE FROM FRIENDS OR FAMILY? _____

Retirement:

401K, 403B, IRA's, Qualified Plans, SEP/IRA

Type:	Description	Owner:	Asset Value
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	

Insurance:

Term Policy, Whole Life Policy, Universal Life, Variable Life

Type	Description	Owner:	Asset Value
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	
		Co-Owner Husband Wife	

Annual Expenditures:

Standard of Living:

Food \$ _____

Mortgage payment or rent \$ _____

Real Estate Taxes \$ _____

Entertainment \$ _____

Miscellaneous (clothing, utilities, etc.) \$ _____

Other:

Income Taxes \$ _____

Savings & Investments \$ _____

Other Loan Payments \$ _____

Education \$ _____

Life Insurance \$ _____

Other \$ _____

TOTAL Annual Expenditures \$ _____