LAYCOE & BOGDON PC
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Estate Planning
New Matter Information Form

Name:	
Address:	
Home Phone Number	
Work Phone Number:	
Cell Phone Number:	
E-mail Address:	

How were you referred to our office?	
Have you had any prior contact with our office?	

Privacy Notice: The law firm of Laycoe & Bogdon PC is required to maintain client confidentiality pursuant to the Rules of Professional Conduct administered by the Washington State Bar Association. If you have any questions about how we maintain confidentiality, feel free to ask Juliet Laycoe or Steve Bogdon.

Representation Not Guaranteed: An initial consultation with the law firm of Laycoe & Bogdon PC does not guarantee that the law firm will accept your case or represent you in your legal matter. If the law firm agrees to represent you, the agreement will be pursuant to a written fee agreement or confirmed by an engagement letter.

Date: ______________________ ______________________________
Signature

PERSONAL INFORMATION

HUSBAND	
Name (first, middle, last):	
Date of Birth:	
Country of Citizenship:	

WIFE	
Name (first, middle, last):	
Date of Birth:	
Country of Citizenship:	

CHILDREN FROM THIS MARRIAGE		
Name	Date of Birth	City and State of Residence

CHILDREN FROM OTHER RELATIONSHIPS			
Name	Date of Birth	Child Of	City and State of Residence

ANTICIPATED INHERITANCES

1. Do you expect to receive any gifts or inheritances? ____ If yes, provide the estimated amount of any such gift or inheritance. ________________________

2. Are you a beneficiary of any trust now in existence? ____ If yes, provide us with a copy of the trust agreement.

3. Do you have the right to exercise any other trust now in existence? If yes, please provide us with a copy of the trust agreement.

PRIOR ESTATE PLANNING

1. Do you have a will? ____ If yes, please provide us with a copy.

2. Have you ever signed a Community Property Agreement with your current spouse? ____ If yes, please provide us with a copy.

3. Do you have a pre- or post-nuptial agreement? ____ If yes, please provide us with a copy.

4. Do you have a trust agreement? ____ If yes, please provide us with a copy.

5. Have you previously executed a Durable Power of Attorney or General Power of Attorney? ____ If yes, please provide us with a copy.

ASSET INFORMATION

Description	Owner*	Fair Market Value	Description	Owner*	Fair Market Value
Personal Effects (clothing, jewelry)			Household furnishings (furniture, silverware, dishes, etc.)		

- *(husband and wife jointly, husband only, wife only, other)*

VEHICLES, BOATS AND MOTOR HOMES			
	Vehicle No. 1	Vehicle No. 2	Vehicle No. 3
Outstanding loan on vehicle			
Date loan will be paid in full			
Estimated fair market value			

BANK ACCOUNTS				
	Account No. 1	Account No. 2	Account No. 3	Account No. 4
Nature (checking, savings, cd)				
Owner				
Approximate Balance				

PUBLICLY TRADED STOCKS AND BONDS						
Description (including number of shares or face value of bonds)						
Owner						
Fair Market Value						

(if securities are held in a broker account, please attach copy of your most recent broker statement and provide Information requested below.)

REAL ESTATE			
	PARCEL 1	PARCEL 2	PARCEL 3
Nature (residential, commercial, rental, farm, timber, etc.)			
Location of Property (address, county and state)			
Owner (husband and wife, husband only, or wife only, others)			
Manner in which title is held (joint tenants with right of survivorship, tenants in common, or other)			
Acquired before or after marriage			
Estimated fair market value			
Outstanding debt on property			
Date mortgage/contract should be paid in full			

(If you have additional properties, please list them on a separate attachment)

DEFERRED COMPENSATION, RETIREMENT AND PENSION PLANS

If you currently have salary earnings, are you deferring income into qualified plans or tax sheltered annuities?

Husband: ___ Yes ___ No _______ % of Salary
Wife: ___ Yes ___ No _______ % of Salary

Please list your retirement plans, pensions, IRA's and tax sheltered annuities. If you are taking distributions from any account, please indicate the amount of annual taxable distributions.

		1	2	3	4	5
Owner (husband or wife)						
Type of Retirement Plan						
Current Account Balance						
Current Amount of Annual Taxable Distributions						
Lifetime Annuities	Primary Beneficiary					
	Alternate Beneficiary					
Death Beneficiary	Primary Beneficiary					
	Alternate Beneficiary					

INTERESTS IN CLOSELY HELD BUSINESSES			
	1	2	3
Company Name			
Organizational Structure	□ Corporation □ Partnership □ Sole Proprietorship □ LLC □ S Corporation	□ Corporation □ Partnership □ Sole Proprietorship □ LLC □ S Corporation	□ Corporation □ Partnership □ Sole Proprietorship □ LLC □ S Corporation
Fair market value of the company			
Your basis in stock in the company			
Does the Company have a retirement plan?			
What type of plan?			

** Please provide us with a copy of the entity's bylaws, partnership, buy-sell or stock purchase agreements.*

LIFE INSURANCE				
		Policy 1	Policy 2	Policy 3
Name of Life Insurance Company				
Type of Policy (Term, Whole Life, Etc.)				
Insured				
Face Amount				
Beneficiaries	Primary Beneficiaries			
	Alternate Beneficiaries			
Owner of Policy				
Current Loans Against Policy (if any)				

LIABILITIES			
Creditor	Debtor	Nature of Debt	Amount