

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
FOR NORDSTROM EXECUTIVES**

The Confidential Estate Planning Questionnaire is designed to assist you in providing us information regarding your family and assets so we may prepare a comprehensive plan for the disposition of your estate.

We ask that you be as detailed as possible in responding to the questions herein. Our ability to identify potential issues to be resolved depends largely on the accuracy and completeness of the information you provide.

Are any children adopted? _____
Are any children deceased? _____
Are any children handicapped or in poor health? _____
Do any of your children have special needs, suggesting a long-term trust may be appropriate? _____

Charities or other relatives or friends who are to be beneficiaries under your estate plan, either immediately upon your death, or ultimately if your parents, children and other descendants are deceased:

1. Name _____
Address _____
Comments _____
2. Name _____
Address _____
Comments _____
3. Name _____
Address _____
Comments _____

II. NET WORTH

Approximate Net Value of Estate (Total value of all assets including life insurance and retirement plans, minus Liabilities): _____

Approximate face value of life insurance policies: _____

Approximate value of retirement plan assets, including IRAs: _____

III. DISPOSITION OF ESTATE

The following questions are intended to determine your intent regarding the disposition of your estate when you pass away. If you are unsure of the meaning of a question or wish to discuss any point further, feel free to call or make a note to discuss such issues in conference with us.

1. Do you want to include any "specific bequests" (*i.e.*, name a particular person or charity to receive a particular monetary amount or item of property)? _____

2. Upon your death:

Do you want any of your estate to be distributed to any persons or organizations other than your children (Y/N)? If yes:

_____ % to _____

_____ % to _____

_____ % to _____

3. After the bequests above (if any):

Is the remainder to be distributed to your children in equal shares? Yes _____ No _____

If no, then to whom will your estate be distributed? _____

If yes, distribution should be: Outright _____ Held in trust _____

4. If distribution is to be in trust then will the typical trust provisions summarized below be appropriate? _____

All assets will be held in one trust until the youngest child reaches the age of 21. During such time, the trustee will distribute so much of the principal and income of the trust as the Trustee feels is appropriate to provide for the health, education and support of the beneficiaries. When the youngest beneficiary reaches the age of twenty-one (21), the trust will be divided into separate shares for each beneficiary, each share to be distributed to its beneficiary in one-third increments, at ages 25, 30 and 35.

5. If the provisions summarized above are not appropriate, how should they be modified? _____

6. If one of your children predeceases you, should his or her share of your estate be distributed to his or her surviving children? _____ If no, then to whom (for example, the surviving spouse of your deceased child)? _____

7. If the share of a deceased child is to be distributed to his or her children, should this distribution be in trust? _____ If yes, then are the typical trust provisions described in question 5 appropriate? _____ If no, how should they be modified? _____

8. If your children (or other chosen beneficiaries) all predecease or die with you, to whom should your estate be distributed?

_____ % to _____
_____ % to _____
_____ % to _____

IV. MISCELLANEOUS WILL PROVISIONS

Personal Representative (Executor). A personal representative is the person appointed by you to carry out the terms of your Will. If you do not name one, the court will appoint an administrator, who may or may not be the one you would have chosen.

Name _____ Relationship _____
Address _____

Alternate Personal Representative(s):

1. Name _____ Relationship _____
Address _____

2. Name _____ Relationship _____
Address _____

Should your Personal Representative be required to post bond? Yes _____ No _____

Guardian for Minor Children. If you have minor children, your Will should name a guardian who will have charge of your children until they are of age. If you name a husband and wife as co-guardians, please indicate whether one should serve if the other is deceased, or what should happen if the co-guardians separate or divorce.

Name _____ Relationship _____
Address _____

Alternate Guardian:

Name _____ Relationship _____
Address _____

Trustee for Children's/Grandchildren's Trusts. If your estate is to be distributed to your children in trust, then you must appoint a trustee to manage the trust(s) for your children's benefit. You may select the same individual as will serve as guardian of your children. You may also decide to appoint someone other than the guardian to ensure there is distance between the guardian and your children's trust funds.

Name _____ Relationship _____
Address _____

Alternate Trustee:

1. Name _____ Relationship _____
Address _____

2. Name _____ Relationship _____
Address _____

Should your Trustee be required to post bond? Yes _____ No _____

Special Burial Instructions, if any:

Any Additional Comments or Information:

V. ACCOMPANYING ESTATE PLANNING DOCUMENTS

Durable power of attorney: A Durable Power of Attorney gives another person the ability to legally act on your behalf as “attorney-in-fact” for medical and financial matters. We recommend designation of an attorney-in-fact as a precaution against unforeseen events (sudden accident, illness, or disability). Do you wish us to prepare a Durable Power of Attorney? _____.

If yes, please provide name(s) of the person(s) you wish to name as your attorney-in-fact:

Name _____ Relationship _____

Address _____

Alternate Attorney in Fact:

1. Name _____ Relationship _____
Address _____

2. Name _____ Relationship _____
Address _____

A Durable Power of Attorney can be made effective immediately or upon the disability of the Principal (person executing the Durable Power of Attorney). If the document is effective immediately, opportunity exists for your attorney-in-fact to abuse his or her authority by using the power of attorney to transact your affairs without your knowledge. The advantage of an immediately-effective power of attorney is that no determination of your incapacity is necessary for your attorney-in-fact to assist you. It sometimes can be difficult and time-consuming to obtain such a determination, leaving you for a period of time without a legal representative

Please make my Power of Attorney effective:

Immediately

Upon Disability

Other (specify): _____

Health Care Directive: A Health Care Directive gives instructions on decisions to be made concerning life support in the event you are diagnosed with a terminal condition or irreversible coma and are unable to participate in making the decision. Generally speaking, it directs that no procedure be performed that would only prolong the process of dying.

Do you wish us to prepare a Health Care Directive? _____

VI. OTHER ESTATE PLANNING CONSIDERATIONS

Have you ever established a trust for yourself or any other person? Yes ___ No ___

Are you a trustee or beneficiary of any trust? Yes ___ No ___

Have you ever made any large gifts to your relatives or others (*i.e.*, gifts in any one year that are greater than the federal gift tax annual exclusion, which currently is \$11,000 per year per donor per donee)? Yes ___ No ___

Thank you for taking the time to fill out our Estate Planning Questionnaire.
Please let us know if you would like to have assistance in the areas described below:

Additional Leadership Benefit Services Available:

Yes___ No___ I am interested in being contacted by Moss Adams LLP for tax planning services.

Yes___ No___ I am interested in being contacted by Financial Security Group for financial planning services.

If you checked yes to either of the above, please continue:

If you would like to avoid filling out any more questionnaires, please consider the following:

Yes*___ No___ I request Ryan, Swanson & Cleveland, PLLC to provide a copy of my completed estate planning questionnaire to Moss Adams LLP for the purpose of obtaining tax planning services.

Yes*___ No___ I request Ryan, Swanson & Cleveland, PLLC to provide a copy of my completed estate planning questionnaire to Financial Security Group for the purpose of obtaining financial planning services.

*I understand Ryan, Swanson & Cleveland, PLLC will not release information about me without my permission. By marking "Yes" to either of the above questions, I give my permission to provide my completed copy of this questionnaire to the provider named. My permission to provide this information may result in waiving any attorney client privilege regarding it.

Signed this ___ day of _____, 200__

Printed
Name: _____