IN THE SUPERIOR COURT OF WASHINGTON FOR THE COUNTY OF KING

In Re the Guardianship/Trust/Settlement of:) No.
)
) FIDUCIARY'S
) INVESTMENT PLAN
______________________________________)
____)

I. General Information

1. Name of Fiduciary: _________________________________ Prof. License # ____________
2. Effective date of this Investment Plan: ____
3. Date this Plan will next be reviewed by the Fiduciary: ________________________________
4. Date this Plan was reviewed with Beneficiary, if appropriate: ___________________________
5. Date last Investment Plan approved by Fiduciary: ____________________________________
6. Name of Lifetime Beneficiary: ____________________________________ Age: __________

II. Investment Plan

1. Purpose of estate or trust: ____
2. Primary factors affecting plan: ____
   ____
3. Estate planning and tax impact of plan: ____
   ____
4. Investment goal and objectives: ____
   ____
5. Investment strategies to be employed to attain objectives: ____________________________
   ____
6. Target annual rate of return on equities: __________ % ; on income assets: __________%

7. Timetable for implementation of plan: ____

   ____

8. Changes from last investment plan: ____

9. Estimated life of account with current rate of expenditures: ________________________

III. Annual Income and Expense: Annual Amounts

1. Annual income expected from investments during period of Inv. Plan: $_______________

   Fixed income expected from other sources (Soc. Sec., Annuity, etc.):$_______________

   Receipts from additional/other sources of funds: $_______________

   Total annual income for period of Investment Plan:

   $_______________

2. Annual ongoing budgeted expenses for Investment Plan period:

   $_______________

   Total annual one-time/extraordinary expenses for Plan period: $_______________

   Total annual expenses for period of Investment Plan: $_______________

3. **Difference** (net cash flow):

   $_______________

IV. Current Asset and Liabilities Information and Portfolio Profile:

	Net Value or Current Amount	Current	Proposed
Cash / Cash Equivalents			
1. Checking/ Savings Accounts	$_________	_________ %	_________ %
2. Money Market Accounts	$_________	_________ %	_________ %
3. Treasury Bills	$_________	_________ %	_________ %
4. Certificates of Deposit	$_________	_________ %	_________ %
5. Other	$_________	_________ %	_________ %
TOTAL CASH/ CASH EQUIVALENTS	$_________	_________ %	_________ %
Bonds			
1. Treasury & Government Bonds	$_________	_________ %	_________ %
2. Corporate Bonds rated A or higher	$_________	_________ %	_________ %
3. Bonds rated lower than A (any service)	$_________	_________ %	_________ %
TOTAL BONDS	$_________	_________ %	_________ %

Stocks & Other Securities

1. Stock in public-traded corps. & funds	$_________	________ %	________ %
2. Portion in closely held corps. & business	$_________	________ %	________ %
3. Portion in other securities.	$_________	________ %	________ %
TOTAL STOCKS	$_________	________ %	________ %
Real Estate and Other Investments			
1. Commercial property	$_________	________ %	________ %
2. Rental residential property	$_________	________ %	________ %
3. REI or LLC trust	$_________	________ %	________ %
4. Real estate contracts	$_________	________ %	________ %
5. Family residence & vacation property	$_________	________ %	________ %
6. Non-performing assets	$_________	________ %	________ %
TOTAL REAL ESTATE & OTHER	$_________	________ %	________ %
GRAND TOTAL OF ALL ASSETS	$_________	100 %	100 %

<u>V. Balance of Portfolio by Goal</u>: (should = 100%)

1. Portion of estate in income-prod. assets	$_________	________ %	________ %
2. Portion of estate in equity/growth assets	$_________	________ %	________ %
3. Portion of estate in non-performing assets	$_________	________ %	________ %
TOTAL VALUE OF PORTFOLIO	$_________	100%	100%

<u>VI. Physical Location of Investment Assets: (Should = 100%)</u>

1. Certificates, documents & assets located ***in*** U.S.	$_________	________ %	________ %
2. Assets & accounts physically located ***outside*** U.S.	$_________	________ %	________ %
TOTAL VALUE OF PORTFOLIO	$_________	100%	100%

<u>VII. Plan for Security and Protection of the Assets</u>:

General Fiduciary Information

1. Name of specific individual supervising this Estate: ______________________________
2. Amount of Fiduciary's general surety bond, if any: $ ____________________________
3. Policy limits of Fiduciary's errors & omissions insurance: $ _______________________
4. Total value of assets of ***all*** Estates under Fiduciary's control: $ ____________________
5. Total of assets of ***all*** Estates individually bonded or in blocked accounts: $ ___________

6. Number of court-supervised Estates under Fiduciary's control: ____________________
7. Percent of assets of ***all*** estates held by Fiduciary, which are invested in pooled or common financial accounts, funds or securities: ____________________ %

Individual Client Information

1. Market value of this Estate's investment portfolio: $ ______________
2. Amount of Fiduciary's individual surety bond for this Estate, if any: $ ______________

Portfolio Balance by Court-Ordered Restriction of Assets: (should = 100%)

	Amount	Percentage
1. Assets in blocked or restricted financial accounts	$______________	________ %
2. Assets in unrestricted financial accounts	$______________	________ %
3. Assets not held in financial accounts (e.g. real estate, stock options, interests in closely-held corporations)	$______________	________ %
4. TOTAL VALUE OF ESTATE ASSETS:	$______________	100 %

Balance of Portfolio by Government Insurance: (should = 100%)

1. Assets in government/insured accounts	$______________	________ %
2. Assets in ***not*** in government/insured accounts	$______________	________ %
3. TOTAL VALUE OF ESTATE ASSETS:	$______________	100

%

<u>VIII. Annual Administrative Costs of Investment Program</u>:

	Amount

Estimated Annual *Fiduciary* Fees for All Investment Activities:

1. Pooled account & common trust fund fees	$______________
2. Flat fees	$______________
3. Transaction fees	$______________
4. Hourly fees	$______________
5. Percentage fees charged (to be charged)	$______________
6.Other: ________________________________	$______________
TOTAL INVESTMENT FEES OF FIDUCIARY:	$______________

Estimated Annual *Outside* Fees for all Investment Activities:

1. Estimated annual cost of fund manager	$______________
2. Estimated attorney fees related to investment	$______________
3. Estimated cost of securities purchases and sales	$______________
4. Estimated cost of premiums, loads, points to be paid	$______________

5. Other: ___________________________________ $______________

TOTAL ***OUTSIDE*** FEES FOR ALL INVESTMENT SERVICES: $_________

IX. Information on *Outside* Investment Manager, Financial Planner or Advisor If Any:

1. Name of outside Investment Manager(s) or Service, Financial Planner or Advisor, if any:

   ____

   Address: ______________________________________ Phone: ___________________

2. Qualifications of outside investment advisor named in #1 above: ___________________

   ____

3. What relationship does any financial advisor have to the Fiduciary (such as, friend /relative /arms-length professional): ____

   ____

4. Describe any contractual or financial relationship or arrangement which exists between the Fiduciary and each financial advisor named in #1 above: _________________________

   ____

5. Who selected the outside advisor (Fiduciary / family / attorney/ other_______________):

   ____

6. For how many of the Fiduciary's cases is this person the financial advisor? No.: ______ Percent? ___________%

Signed this on __________________, _____, at _____________________, Washington.

Fiduciary's Signature: __________________________________ Title: ______________

Fiduciary's Printed Name: ___________________________________

Prof. License #: ________________ Address: ____________________________________

Telephone: ___________________ City, State, Zip: _______________________________