



Part 1: Personal and Family Information

Client 1

Name

First Middle Last

Primary Phone

Address Birthdate

Email Address U.S. Citizen: Yes No, country

Occupation Business/Employer

Client 2

Name

First Middle Last

Primary Phone

Address Birthdate

Email Address U.S. Citizen: Yes No, country

Occupation Business/Employer

Marriage

Marriage Date Place

Have either of you been married previously? Yes No

If you have ever been divorced, do you have any payment or life insurance obligations either to your former spouse or to children of the prior marriage relating to any court decree or written agreement? Yes No

If yes, please provide copies of the documents.

Have you executed a prenuptial agreement? Yes No

Needs

Do you, your spouse or children have any special needs? Yes No If yes, please explain:

**Children**

Indicate if not a child of your present marriage.  
 Furnish any additional information on the reverse or an attached paper.

Child 1	<i>adopted</i>	Birthdate
Child's Spouse		
		Child's Current Address
		Phone
Child's Children (Names and Birthdates)		

Child 2	<i>adopted</i>	Birthdate
Child's Spouse		
		Child's Current Address
		Phone
Child's Children (Names and Birthdates)		

Child 3	<i>adopted</i>	Birthdate
Child's Spouse		
		Child's Current Address
		Phone
Child's Children (Names and Birthdates)		

Child 4	<i>adopted</i>	Birthdate
Child's Spouse		
		Child's Current Address
		Phone
Child's Children (Names and Birthdates)		

**Part 2: Nominations**

Personal Representative/Trustee

Please list your first choice, along with two backup choices, if possible. The Personal Representative/Trustee will manage your assets upon death and/or incapacity.

First Choice: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

First Backup: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Second Backup: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Guardian(s) of Minor Children

Please list your first choice, along with two backup choices, if possible. The Guardian will take care of your children if both parents are deceased and the children are still minors.

First Choice: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

First Backup: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Second Backup: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Part 3: Professional Advisors**

Professional Advisors

Accountant: \_\_\_\_\_

\_\_\_\_\_  
*Firm*

\_\_\_\_\_  
*Phone*

Life Insurance Agent: \_\_\_\_\_

\_\_\_\_\_  
*Firm*

\_\_\_\_\_  
*Phone*

Financial Planner: \_\_\_\_\_

\_\_\_\_\_  
*Firm*

\_\_\_\_\_  
*Phone*

Stock Broker: \_\_\_\_\_

\_\_\_\_\_  
*Firm*

\_\_\_\_\_  
*Phone*

Regular Physician: \_\_\_\_\_

\_\_\_\_\_  
*Firm*

\_\_\_\_\_  
*Phone*

**Part 4: Other Information**

What size is your estate, roughly?

- Under \$1,000,000       \$1,000,001 - \$2,000,000  
 \$2,000,001 - \$3,500,000       More than \$3,500,00

What is your primary goal in estate planning?

(Help children, avoid taxes, avoid probate, make charitable gifts, etc.)

\_\_\_\_\_

In general, to whom do each of you want your estates to be distributed?

Client 1: \_\_\_\_\_

Client 2: \_\_\_\_\_

Is there any reason to treat children (or grandchildren) other than equally (e.g. prior gifts or loans)?  Yes  No

*If yes, please explain*

\_\_\_\_\_

Other Information

Have you made any gifts in excess of \$10,000 (or in excess of \$3,000 if gift was made before 1982)?  Yes  No  
*If yes, please list all gifts in excess of \$10,000 on an additional page*

Have you made any gifts of life insurance?  Yes  No  
*If yes, please list on an additional page*

Have you or your spouse ever filed a gift tax return?  Yes  No  
*If yes, list years, and attach copies of all returns*

Do you have any particular area of charitable interest?  Yes  No  
*If yes, please describe*

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Do you have any expected inheritances from your parents or other relatives?  Yes  No  
*If yes, please explain*

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Do you or your spouse own policies of life insurance?  Yes  No  
*If yes, please complete the Life Insurance Policies section.*

Do you or your spouse own policies of long term health care insurance?  Yes  No

How long have you lived in Oregon? \_\_\_\_\_

Do you own any real property jointly with your spouse which you acquired before 1977?  Yes  No  
*If yes, identify on the Summary Listing of Assets*

Do you own any real property located outside of Oregon (including timeshares)?  Yes  No

Do any mortgages on your real property include a due on sale clause or provide for an increase in interest rate on transfer?  Yes  No

Have you previously executed:

- A will
- A revocable living trust
- An irrevocable life insurance trust
- A power of attorney
- A prenuptial agreement
- Directive to Physicians (Living will)
- Durable power of attorney for health care
- Advance Directive



**Retirement Benefits**

Client 1	Description	Value
IRA		\$
401(k)		\$
403(b), 457		\$
PERS		\$
Other		\$
Client 2		
IRA		\$
401(k)		\$
403(b), 457		\$
PERS		\$
Other		\$
<b>Total</b>		\$

**Liabilities**

Liability/Debt	Description	Value
Credit Cards		\$
Bank Loans		\$
Mortgage Payable		\$
Income Taxes		\$
Other		\$
<b>Total</b>		\$
<b>Estimated Net Worth (a total of all sections)</b>		\$

Use additional pages if necessary.

If convenient, please bring with you either originals or photocopies of documents showing asset ownership, including:

1. Bank account statements and certificates
2. Real estate deeds and sale contracts by which property was acquired
3. Promissory notes, mortgages, sale contracts and other items owing to you
4. Securities, brokerage house statements
5. Stock in closely held corporations, buy-sell agreements, partnership agreements
6. Life insurance policy (data page only)

**Life Insurance Policies**

Company/Agent & Policy Number	Type of Policy <i>(term, whole, universal)</i>	Owner/ Insured	Primary Beneficiary	Contingent Beneficiary	Face Value
					\$
					\$
					\$
					\$
					\$
					\$
<b>Total</b>					\$
<b>Estimated Net Worth (including Life Insurance)</b>					\$