

# CONFIDENTIAL FAMILY INFORMATION SHEET

*(To be filled out by client needing estate plan)*

Date: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Marital Status:  Single     Married     Oregon Registered Domestic Partner     Divorced  
 Widow / Widower    Year married: \_\_\_\_\_

Do you have a Prenuptial Agreement in effect? \_\_\_\_\_

Do you want you and your spouse (if applicable) to be jointly represented by this firm? \_\_\_\_\_

	You	Spouse or Domestic Partner (if applicable)
Full Legal Name		
Former/Other Name		
S.S. No.		
Vet ID No.		
Birthdate		
Birthplace		
Citizenship		
Occupation		

FORMER MARRIAGE(S)			
Former Spouse Name			
S.S. No. of Former Spouse			
Date of Marriage			
Date of Divorce			
Copy of Dissolution Papers	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide

CHILDREN OF THIS MARRIAGE/RELATIONSHIP <i>(including adopted children)</i>		
Name:		DOB:
Name:		DOB:
Name:		DOB:
CHILDREN OF FORMER MARRIAGE/RELATIONSHIP(S)		
Name:	Parents:	DOB:
Name:	Parents:	DOB:
Name:	Parents:	DOB:

We will discuss how to select Personal Representatives, Guardians, and Trustees in our meeting. Please insert your tentative choices below.

Personal Representative (carries out the terms of your will):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Guardian / Conservator (to make decisions for you and handle your affairs if you are unable):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Guardian (to care for minor children):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trustee (to manage funds for minor children or to manage funds after death of spouse):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trustee (to manage funds for minor children or to manage funds after death of spouse):

3rd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney-In-Fact For Business Affairs (to handle your financial affairs, generally after your incapacity):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Care Representative (makes health care decisions when you are unable):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Person to make decisions regarding disposition of remains (Note form requirements in ORS 97.130):

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Generally, to whom do you want to leave your assets:

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Special Bequests (specific items you wish to give to people):

Name	Address	Phone	Item or Amount	Relationship
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Charitable Bequests (gifts you wish to make to charitable organizations):

Name of Organization	Address	Item or Amount
1)	_____	_____
2)	_____	_____
3)	_____	_____

Any special provisions relating to pets (disposition, assets held for maintenance of pets, etc.):

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Residue of Estate (list who is to receive estate after you have made your general, specific, and charitable gifts):

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingent Beneficiaries (in the event all primary beneficiaries are deceased):

Person(s)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Special Provisions Desired:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important Family Questions:**

1. Do you have a child with a learning disability?  Yes  No
2. Do any of your family receive governmental support or benefits?  Yes  No
3. Do you have adopted children?  Yes  No
4. Do any of your children have special education, medical, or physical needs?  Yes  No
5. Are any of your children institutionalized?  Yes  No
6. Are you or your spouse receiving social security, disability, or other governmental benefits?  Yes  No
7. Do you provide primary or other major financial support to adult children?  Yes  No
8. Have either of you been divorced?  Yes  No
9. Are you making payments pursuant to a divorce or property settlement agreement?  Yes  No
10. Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life?  Yes  No
11. Have you and your spouse ever signed a pre-or post-marriage contract?  Yes  No  
*(Please furnish a copy)*

12. Have you or your spouse been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)*  Yes  No
13. In what states have you lived while married to your current spouse?  Yes  No  
 During what periods of time did you reside there? \_\_\_\_\_  
 \_\_\_\_\_
14. Have you or your spouse ever filed federal or state gift tax returns?  Yes  No  
*(Please furnish copies of these returns)*
15. Have you or your spouse completed previous wills, powers of attorney, or other estate planning arrangements?  Yes  No  
*(Please furnish copies of these documents)*
16. Are you a member of an Oregon registered domestic partnership or same-sex marriage?  Yes  No
17. Do either of you have a PERS account?  Yes  No
18. Have either of you ever created a trust?  Yes  No
19. Are either of you serving as the trustee of a trust?  Yes  No
20. Are either of you the potential beneficiary of a trust or estate?  Yes  No
21. Are both you and your spouse United States citizens?  Yes  No  
 If you answered "No", are either you or your spouse a resident or a nonresident alien?  Yes  No
22. Do you want specific funeral arrangements?  Yes  No  
 Specify, if applicable: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Information or Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADVISORS			
TITLE	NAME	ADDRESS	TELEPHONE
Attorney			
Accountant			
Financial Advisor			
Primary Personal Bank			
Life Insurance Agent			
Stock Broker			
Referred to our firm by			

**PROPERTY INFORMATION:**

***Real Estate:***

Description & Location	Ownership*	Market Value	Balance of Mortgage	Net Equity
_____	H W JT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Is any of the real estate described above (or in any other section of this form) farmland, forestland, or used in a commercial fishing operation? \_\_\_\_\_

\* If you are not married, disregard ownership sections unless you co-own an asset with someone else.

**Cash Accounts:**

Name of Institution	Ownership*			Checking	Savings Or Money Market	CD's
	H	W	JT			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____

**Safe Deposit Box:**

Safe Deposit Box: \_\_\_\_\_ Name of Institution \_\_\_\_\_

Branch \_\_\_\_\_ Box No.: \_\_\_\_\_ Ownership\*: H  W  Jt

Others listed on box:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Investments:** (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account. Investments held in IRAs, 401(k)s and similar tax-deferred plans or accounts should be listed on page 5 under Retirement Benefits.)

	Ownership*			Value
	H	W	JT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

\* If you are not married, disregard ownership sections unless you co-own an asset with someone else.



**Business Interests:** (For type use "C" for Corporation, "S" for S Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business	* H W JT			Type					% Interest	Value
				C	S	P	LLC	SP		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Do any of the above-described business interests involve farmland, forestland, or a commercial fishing operation? \_\_\_\_\_

**Mortgages, Notes, and Other Receivables:** (Money payable to you.)

	Ownership*			Date of Note	Amount Now Due
	H	W	JT		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

**Miscellaneous:** (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

	Ownership*			Net Value
	H	W	JT	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Life Insurance:**

Company	Type (Term, W/L, etc)	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy Loans
_____						
_____						
_____						
_____						

\* If you are not married, disregard ownership sections unless you co-own an asset with someone else.

**Annuities:**

Company	Type (Term, W/L, etc)	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy Loans
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Retirement Benefits:** (Including IRAs, 401(k)s, and similar tax-deferred plans or accounts)

	* H	W	Beneficiary if any	Present Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

**Estate Summary:**

	* H	W	JT.
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Annuities	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____

*Thank you for taking the time to fill out this form. It makes our meeting more productive.*

\* If you are not married, disregard ownership sections unless you co-own an asset with someone else.