

**CONFIDENTIAL FAMILY INFORMATION FORM
(to be filled out by client needing estate planning)**

Date:

Your Full Legal Name:

Spouse's Full Legal Name:

Residence Address:

Phone:

Email:

Preferred Method of Contact:

Marital Status: Single

Married

Oregon Registered Domestic Partner

Divorced

Year Married:

Do you want you & your spouse to be jointly represented by this firm? Yes No

	You (Spouse/Partner #1)	Your Significant Other, if applicable (Spouse/Partner #2)
Full Legal Name		
Former/Nickname/ Other Name		
Birth date		
Birthplace		
Citizenship		
Occupation (Or Former)		

FORMER MARRIAGE(S)			
Former Spouse Name			
Date of Marriage			
Date of Divorce or Death			

ALL CHILDREN			
Legal Name		Adopted?	Y N
Nickname	DOB	Deceased?	Y N
Parents		DOD	
Legal Name		Adopted?	Y N
Nickname	DOB	Deceased?	Y N
Parents		DOD	
Legal Name		Adopted?	Y N
Nickname	DOB	Deceased?	Y N
Parents		DOD	
Legal Name		Adopted?	Y N
Nickname	DOB	Deceased?	Y N
Parents		DOD	
Legal Name		Adopted?	Y N
Nickname	DOB	Deceased?	Y N
Parents		DOD	

ADVISORS

TITLE	NAME	ADDRESS	TELEPHONE
Attorney			
Accountant			
Financial Advisor			
Primary Bank			
Life Insurance Agent			
Stock Broker			
Referred by?			

PROPERTY INFORMATION

Real Estate:

Description & Location (Address)	Ownership			Market Value	Balance of Mortgage	Net Equity
	1	2	Joint			
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

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? Yes No

Is any of the real estate owned by a Trust? Yes No

Cash Accounts:

Name of Institution	Ownership			Amount	Type of Account
	1	2	Joint		
				\$	
				\$	
				\$	
				\$	

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 under Retirement Benefits)

Ownership			Value
#1	#2	Joint	
			\$
			\$
			\$
			\$
			\$

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	#1	#2	Joint	C	S	P	LLC	SP	% Interest	Value
										\$
										\$

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

#1	#2	Joint	Date of Note	Amount Due
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Miscellaneous: (List only major personal effects such as safe deposit boxes, automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

	#1	#2	Joint	Net Value
				\$
				\$
				\$
				\$
				\$

Life Insurance:

	Owner 1	Owner 2
Owner		
Type		
Company		
Beneficiary		
Alternate Beneficiary		
Death Benefit		
Policy Loans		

Annuities:

Owner 1

Owner 2

Owner		
Type		
Company		
Beneficiary		
Alternate Beneficiary		
Death Benefit		
Policy Loans		

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

Type, Institution, and Owner

Name of Beneficiary

Present Value

\$

\$

\$

\$

Estate Summary:

	#1	#2	Joint
Real Estate	\$	\$	\$
Cash Accounts	\$	\$	\$
Investments	\$	\$	\$
Business Interests	\$	\$	\$
Receivables	\$	\$	\$
Miscellaneous	\$	\$	\$
Life Insurance	\$	\$	\$
Annuities	\$	\$	\$
Retirement Benefits	\$	\$	\$
Other	\$	\$	\$
TOTAL:	\$	\$	\$

Preferred Person(s) to Manage Money/Assets:

1st Choice:

Relationship:

Address:

Phone:

Email:

2nd Choice:

Relationship:

Address:

Phone:

Email:

3rd Choice:

Relationship:

Address:

Phone:

Email:

Preferred Person(s) to Make Personal Care Decisions For You:

1st Choice:

Relationship:

Address:

Phone:

Email:

2nd Choice:

Relationship:

Address:

Phone:

Email:

Guardian (to care for minor children):

1st Choice:

Relationship:

Address:

Phone:

Email:

2nd Choice:

Relationship:

Address:

Phone:

Email:

Is there anyone in your family that you cannot trust?

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

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

Item/Amount:

Name:

Address:

Phone:

Relationship:

Item/Amount:

Name:

Address:

Phone:

Relationship:

Charitable Bequests (gifts you wish to make to charity, please attach a list if needed):

Organization:

Address:

Item/Amount:

Organization:

Address:

Item/Amount:

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

Other Special Provisions Desired:

Important Family Questions:

1. Are you, your spouse, or any family receiving SSI, SSDI, HUD, disability, or other government benefits? Y N

If yes, who:

2. Do you have adopted children? Y N

3. Do any of your children have special education, medical, or physical needs? Y N

4. Are any of your children institutionalized? Y N

5. Do you have any child support obligations? Y N

6. Are you required to maintain a life insurance policy or other asset for minor children? Y N

7. Do you provide primary or major financial support to adult children? Y N

8. Are you making payments pursuant to a divorce or property settlement agreement? Y N

9. Do you have any spousal support obligations? Y N

10. Do you have any unpaid marital debts? Y N

11. Have you or your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy) Y N

12. Have you or your spouse ever been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy) Y N

13. Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns) Y N

14. Have you or your spouse ever completed previous wills, powers of attorney, or other estate planning arrangement? (Please furnish copies of these documents) Y N

15. Do either of you have a PERS account? Y N

16. Have either of you created a trust? Y N

17. Are either of you a trustee of a trust? Y N

18. Are either of you the potential beneficiary of a trust or estate? Y N

19. Are both you and your spouse United States citizens? Y N
If you answered "No", are either you or your spouse a resident or a
nonresident undocumented immigrant? Y N

20. In what states have you lived in while married to your current spouse? Please list them
along with the period of time you resided there.

21. Do you want specific funeral arrangements? Specify, if applicable:

Other information or comments:

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

If you are printing this document, please print single-sided.