

## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please complete the following information as completely as you can so that we are able to advise you appropriately. If a question does not apply to you, please fill in "N/A."

	Client 1	Client 2
<b>Full Name/Nickname</b>		
<b>Former Name(s)</b>		
<b>Social Security No.</b>		
<b>Birthdate</b>		
<b>Birthplace</b>		
<b>Citizenship</b>		
<b>Occupation</b>		
<b>Employer</b>		
<b>Home Phone</b>		
<b>Work Phone</b>		
<b>Cell Phone</b>		
<b>Personal Email</b>		
<b>Home Address</b>		
<b>Mailing Address (if different)</b>		

Are you married?    Yes      No If yes, in what year did you move to Oregon (if you have lived in other states during this marriage) and in what other states have you lived while married:
If yes, do you and your spouse have a community property agreement?      Yes      No
If yes, do you and your spouse have a prenuptial or postnuptial agreement?      Yes      No
If no, do you and your partner have a domestic partnership agreement?      Yes      No
If no, are you and your partner Registered Domestic Partners?      Yes      No

<b>Former Marriages</b>		
	Client 1 or Client 2	Client 1 or Client 2
Former Spouse's Name		
Date of Marriage		
Date of Divorce or Death		

<b>Children</b> (Please include additional children on a separate sheet.)	
Name:	Nickname:
DOB:	
Address/Phone No.	
Parents:	
Name:	Nickname:
DOB:	
Address/Phone No.	
Parents:	
Name:	Nickname:
DOB:	
Address/Phone No.	
Parents:	
Name:	Nickname:
DOB:	
Address/Phone No.	
Parents:	

Do you have any children who have died?	Yes	No
If so, did any deceased child leave a child who is now alive?	Yes	No

<b>Grandchildren</b> (Please include additional children on a separate sheet.)	
Name:	Nickname:
DOB:	

Address/Phone No.

Parents:

Name:

Nickname:

DOB:

Address/Phone No.

Parents:

Name:

Nickname:

DOB:

Address/Phone No.

Parents:

Name:

Nickname:

DOB:

Address/Phone No.

Parents:

**Pets**

Name:

Age:

Species:

Name:

Age:

Species:

Name:

Age:

Species:

Name:

Age:

Species:

Would you like to make any special plans for your pets if you become incapacitated or die?

Yes      No

If you die or become incapacitated, who would you want to care for your pets?

**Your Estate Planning Goals**

Please list your estate planning goals and any special concerns you have:

If you wish to leave specific property to specific people, please indicate below:

Person: \_\_\_\_\_ Property: \_\_\_\_\_

Person: \_\_\_\_\_ Property: \_\_\_\_\_

Person: \_\_\_\_\_ Property: \_\_\_\_\_

Person: \_\_\_\_\_ Property: \_\_\_\_\_

Person: \_\_\_\_\_ Property: \_\_\_\_\_

Person: \_\_\_\_\_ Property: \_\_\_\_\_

Do you want the property to go to a person only if he/she *survives* you, or can it go to the person's estate?

To the Person Only

To the Person's Estate

Continue on next page.

<b>Your Current Estate Plan</b>		
	Client 1	Client 2
Do you have a will now? <i>If so, date of the will:</i>		
A revocable living trust? <i>If so, date of the trust:</i>		
Are you the beneficiary of someone else's trust?		
Have you given someone a power of attorney? <i>If so, name of agent:</i> <i>Is it still in effect?</i>		
Do you have a living will or advance directive?		
Have you named a health care representative?		

Continue on next page.

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

<b>Personal Representative (Executor)</b> - Carries out the terms of your will.	
Do you want to name your spouse/partner as your first choice as your personal representative? Yes      No	
<i>Next Choice:</i> Name(s)	Telephone #:
Address:	Relationship:
<i>Next Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

<b>Attorney-in-Fact</b> - Handles your business affairs under a Power of Attorney.	
Do you want to name your spouse/partner as your first choice as your attorney-in-fact? Yes      No	
<i>First Choice:</i> Name(s)	Telephone #:
Address:	Relationship:
<i>Second Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

<b>Guardian/Conservator</b> - Makes decisions for your personal welfare and handles your financial affairs if you are unable. Similar to attorney-in-fact, but would be supervised by a court. This is usually the same person as your attorney-in-fact.	
Do you want to name your spouse/partner as your first choice as your guardian/conservator? Yes      No	
<i>First Choice:</i> Name(s)	Telephone #:
Address:	Relationship:
<i>Second Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

**Health Care Representative** - Makes health care decisions for you if you are unable to make such decisions yourself.

Do you want to name your spouse/partner as your first choice as your health care representative?  
Yes      No

*First Choice:* Name(s) Telephone #:

Address: Relationship:

*Second Choice:* Name(s) Telephone #:

Address: Relationship:

**Guardian for your Children** - Cares for your children who are under age 18 if both parents are unable.

*First Choice:* Name(s) Telephone #:

Address: Relationship:

*Second Choice:* Name(s) Telephone #:

Address: Relationship:

**Trustee for Minors/Adults with Special Needs** - To manage funds for minor children or adults who may benefit from someone else managing assets on their behalf – this would apply if both you and your spouse/partner are gone.

*First Choice:* Name(s) Telephone #:

Address: Relationship:

*Second Choice:* Name(s) Telephone #:

Address: Relationship:

**Successor Trustee for You if you want a Revocable Trust** - To manage funds for you if you create a revocable living trust and can no longer manage assets yourself. You are usually the initial trustee of your revocable living trust. If you are unfamiliar with revocable trusts, we will discuss them when we meet.

Do you want to name your spouse/partner as your first choice as your successor trustee?  
Yes      No

<i>First Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

<i>Second Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

**Additional Questions About Assets Left to Children or Grandchildren**

In the event of your untimely death, at what age would you like your children to have complete and unlimited ownership of your property? Age:

If assets are held in trust for your children, would you prefer (check one):

A separate trust to be established for each child immediately upon your death?

All assets to be left in a single trust, from which distributions may be made to each child according to his or her needs?

All assets to be left in a single trust until a certain point (for example, when the first child reaches college age), at which point separate trusts are established? If so, what should be the triggering event?

### FAMILY QUESTIONS

Please include a brief description for any "Yes" answer

1. Do you or your spouse have special health or disability concerns?	Yes	No
2. Do you have a child with a learning disability?	Yes	No
3. Do any of your children have special education, medical or physical needs?	Yes	No
4. Are any of your children institutionalized?	Yes	No
5. Do you or any of your family members receive governmental support or benefits?	Yes	No
6. Do you provide primary or other financial support to adult children?	Yes	No
7. Are there any persons other than your children who depend on you, wholly or partially, for current or future support?	Yes	No
8. Are you or your spouse making payments pursuant to a divorce or property settlement agreement?	Yes	No
9. Are you or your spouse making child support payments?	Yes	No
10. If you or your spouse have been widowed, was a federal estate tax return or state death tax return filed for the deceased spouse? (Please furnish a copy)	Yes	No
11. Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns)	Yes	No
12. Do either you or your spouse want specific funeral arrangements? Specify:	Yes	No

## PROPERTY INFORMATION

The following information about your property, its value, and form of ownership will allow us to properly advise you regarding estate planning options and tax planning strategies appropriate for you. Please fill in the information in the categories that apply to you as completely as you can.

(Note: Indicating joint ownership presumes that the property passes to the joint owner by right of survivorship; please specify if your property is jointly owned but *does not* pass to the joint owner at death.)

Asset	Owned By (client 1, client 2, Joint)	Market Value	Debt	Net Equity
Real Estate (include full address):				
Bank Accounts (list bank and account type):				
Investment and Brokerage Accounts such as stocks, bonds, mutual funds (List retirement accounts – IRA, 401(k), 403(b), <i>etc.</i> on the next page):				
Business Interests:				

Asset	Owned By (client 1, client 2, Joint)	Market Value	Debt	Net Equity
Notes, Mortgages, Trust deeds, Contracts, etc., that others owe to you:				
Personal Property (furnishings, autos, jewelry, artwork, valuable antiques, <i>etc.</i> ):				
TOTALS:				

Do you or your spouse own real or personal property jointly with anyone besides each other?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		
Property:	Joint Owner:	
Property:	Joint Owner:	
Property:	Joint Owner:	
Do you have a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bank:	Branch:	Joint Owner:
Bank:	Branch:	Joint Owner:

Continue on next page.

<b>LIFE INSURANCE</b>				
	Policy 1	Policy 2	Policy 3	Policy 4
Life Insurance Company				
Insured Person (client 1, 2 or someone else)				
Policy Owner				
Primary Beneficiary				
Contingent Beneficiary				
Face Value (Policy Amount)				
Accumulated Cash Value				
Loans Against Policy				

<b>BENEFIT PLANS - IRA, Pension, Profit-Sharing, 401(k), Deferred Compensation, etc.</b>				
	1	2	3	4
Account Holder (client 1 or client 2)				
Plan Type (IRA, 401(k), Pension, etc.)				
Primary Beneficiary				
Contingent Beneficiary				
Plan Value				
Loans Against Plan				

Continue on next page.

