

# 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 to be jointly represented by this firm? \_\_\_\_\_

|                   | Husband | Wife |
|-------------------|---------|------|
| 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<br><input type="checkbox"/> I do not have a copy<br><input type="checkbox"/> I will get a copy & provide | <input type="checkbox"/> Provided to attorney<br><input type="checkbox"/> I do not have a copy<br><input type="checkbox"/> I will get a copy & provide | <input type="checkbox"/> Provided to attorney<br><input type="checkbox"/> I do not have a copy<br><input type="checkbox"/> I will get a copy & provide |

| CHILDREN OF THIS MARRIAGE <i>(including adopted children)</i> |      |          |           |
|---|------|----------|-----------|
| Name:   |      |          | DOB:      |
| Name:   |      |          | DOB:      |
| Name:   |      |          | DOB:      |
| CHILDREN OF FORMER MARRIAGE(S)                                |      |          |           |
| Name:   |      | Parents: | DOB:      |
| Name:   |      | Parents: | DOB:      |
| Name:   |      | Parents: | DOB:      |
| 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? \_\_\_\_\_

**Cash Accounts:**

| Name of Institution | Ownership                |                          |                          | Checking | Savings<br>Or Money<br>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"/> | \$ _____ |

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

| Name of Business | H                        | W                        | JT                       | Type                     |                          |                          |                          | % Interest | Value    |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|----------|
|                  |                          |                          |                          | C                        | 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"/> | _____      | \$ _____ |

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<br>(Term, W/L, etc) | Owner | Beneficiary | Alternate<br>Beneficiary | Death<br>Benefit | Policy<br>Loans |
|---------|--------------------------|-------|-------------|--------------------------|------------------|-----------------|
| _____   |                          |       |             |                          |                  |                 |
| _____   |                          |       |             |                          |                  |                 |
| _____   |                          |       |             |                          |                  |                 |
| _____   |                          |       |             |                          |                  |                 |
| _____   |                          |       |             |                          |                  |                 |

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

|       | H                        | W                        | Beneficiary<br>if any | Present<br>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      | \$ _____ | \$ _____ | \$ _____ |
| Retirement Benefits | \$ _____ | \$ _____ | \$ _____ |
| Other               | \$ _____ | \$ _____ | \$ _____ |
| TOTAL               | \$ _____ | \$ _____ | \$ _____ |

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: \_\_\_\_\_

Personal Representative (carries out the terms of your will) - *Continued*

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: \_\_\_\_\_  
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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

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*(Please go on to next page)*



**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, trusts, 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?  Yes  No

17. 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
18. Do you want specific funeral arrangements?  Yes  No  
Specify, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Information or Comments:

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