

CONFIDENTIAL FAMILY INFORMATION SHEET

Date: _____

Your Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

Marital Status: Single Married 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 <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 (including adopted children)		
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"/>	\$ _____	\$ _____	\$ _____

Cash Accounts:

	Ownership	Checking	Savings Or Money Market	CD's
Name of Institution	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)

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"/>	_____	\$ _____

Mortgages, Notes, and Other Receivables:

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 <small>(Term, W/L, etc)</small>	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy Loans

Retirement Benefits (Including IRA's):

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	\$ _____	\$ _____	\$ _____
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: _____

Attorney-In-Fact For Business Affairs (to handle business affairs):

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) _____	_____	_____

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

Person(s)	Address	Percentage

Beneficiaries (in the event of common disaster):

Person(s)	Address	Phone

Other Special Provisions Desired:

(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. Have you and your spouse ever signed a pre-or post-marriage contract? Yes No
(Please furnish a copy)
11. 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
12. In what states have you lived while married to your current spouse? Yes No
During what periods of time did you reside there? _____
-
13. Have you or your spouse ever filed federal or state gift tax returns? Yes No
(Please furnish copies of these returns)
14. 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)
15. 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

16. Do you want specific funeral arrangements?

Yes No

Specify, if applicable: _____

Other Information or Comments:

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