

## Estate Planning Questionnaire

*Please reflect all names as you would like them to appear on formal documents:* Date: \_\_\_\_\_

You: \_\_\_\_\_

Spouse/Partner (if applicable): \_\_\_\_\_

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

Billing Address (if different from above): \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Email(s): \_\_\_\_\_

**Please bring copies of any Will, Revocable Living Trust, and any pre-nuptial agreement.**

Do you have a safety deposit box or a place where you keep important papers? \_\_\_\_\_

Would you like to receive our electronic newsletters?

- Elder Law Newsletter
- Estate Planning Newsletter
- Special Needs Newsletter

### Referred by:

- Attorney Name: \_\_\_\_\_
- Accountant Name: \_\_\_\_\_
- Financial Planner Name: \_\_\_\_\_
- Senior Program Program Name: \_\_\_\_\_
- Medical Provider Name: \_\_\_\_\_
- Friend/Family Name: \_\_\_\_\_
- Website
- Yellow Pages
- Radio/TV
- Other Please Explain: \_\_\_\_\_

You

Spouse/Partner (if applicable)

Date of Birth:	_____	_____
Last 4 digits of SSN:	_____	_____
Citizenship:	_____	_____
Employer:	_____	_____
Retired: (if so, year)	_____	_____

If married/partnered, how long is the relationship? \_\_\_\_\_

 If married, have you lived in any other states other than Oregon? If so, what state(s)?  
 \_\_\_\_\_

**Your Children:**

Name / Address	Age	Child's Spouse	Grandchildren and Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Your Spouse's Children:** (if different from above)

Name / Address	Age	Child's Spouse	Grandchildren and Ages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Family:**

Name	Age	Relationship	Living / Deceased
_____	_____	_____	_____
_____	_____	_____	_____

**Special Needs:** do any of your family members experience a disability or have special needs?

If so, please describe: \_\_\_\_\_  
 \_\_\_\_\_

**Prior Marriages:**

	Termination by Death or Divorce	Children by Former Spouse/Relationships
Self	_____	_____
Spouse/Partner	_____	_____

Please bring in any documentation that shows any continuing financial obligation(s) to former spouse and/or children.

**Revocable Living Trust:**

Are you interested in learning about Revocable Living Trusts and avoiding probate? \_\_\_\_\_

**Fiduciaries:** List the people in your life who you trust to make financial and medical decisions:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Planner: \_\_\_\_\_

CPA/Tax Preparer: \_\_\_\_\_

**ASSETS**

What is the estimated value of your estate? Self: \_\_\_\_\_  
 Spouse/Partner: \_\_\_\_\_  
 Combined Value: \_\_\_\_\_

**Real Estate:**

Property Location	Ownership (jointly held?)	Mortgage Balance	Purchase Price	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Bank Accounts:**

Financial Institutions	Account Type	Ownership (joint / payable on death)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Retirement Accounts:** please list any IRAs, 401(k)s, 403(b)s, or other deferred compensation arrangements.

Retirement Account / Plan	Owner	Beneficiary	Contingent Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Investment Accounts: (Non-Retirement)**

Financial Institutions	Account Type	Ownership (jointly held?)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Securities:** (Non-Retirement): please list any savings bonds, stock certificates, or other securities that you own and that have not already been included in the accounts listed in this form:

Company / Issuer	Quantity	Ownership (joint / payable on death)	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Life Insurance/Annuities:**

Company	Owner / Insured	Beneficiary	Contingent Beneficiary	Death Benefit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Business Interests:** please list any interest that you have in any closely-held business entity.

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	% of Ownership	Basis	Operating Agreements	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Personal Property:** please list your cars, boats, recreational vehicles, and any other valuable collections, etc.

Item	Ownership	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____