

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____