

Estate Planning Questionnaire - For an Individual

Information as you would like it to appear on formal documents: _____ Date: _____

Name: _____

Address: _____

Billing Address (if different from above): _____

Phone Numbers: _____ County of Residence: _____

Email(s): _____

Would you like your draft documents emailed or mailed to you? ☐ Emailed ☐ Mailed

Do you have a Will and/or Revocable Living Trust? Do you have a pre-nuptial, post-nuptial, or cohabitation agreement concerning your property? If so, please bring a copy of these documents to your appointment.

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

Location: _____

Would you like to receive our electronic newsletters?

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

Referred by:

- | | |
|--|-----------------------|
| <input type="checkbox"/> Attorney | Name: _____ |
| <input type="checkbox"/> Accountant | Name: _____ |
| <input type="checkbox"/> Financial Planner | Name: _____ |
| <input type="checkbox"/> Senior Program | Program Name: _____ |
| <input type="checkbox"/> Medical Provider | Name: _____ |
| <input type="checkbox"/> Friend/Family | Name: _____ |
| <input type="checkbox"/> Website | |
| <input type="checkbox"/> Yellow Pages | |
| <input type="checkbox"/> Radio/TV | |
| <input type="checkbox"/> Other | Please Explain: _____ |



Are you married or partnered? If so, please give :

Spouse's/Partner's Full Name: _____

If your spouse/partner is predeceased, please provide date of death: _____

	You	Spouse/Partner (if applicable)
Date of Birth:	_____	_____
Last 4 digits of SSN:	_____	_____
Citizenship:	_____	_____
Employer:	_____	_____
Retired: (if so, year)	_____	_____

If married, have you lived in any other states other than Oregon during your marriage? If so, what state(s)?

If partnered, are you registered as domestic partners in Oregon or another state? 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 have special needs? If so, please describe:

ESTATE PLAN SPECIFICS

Revocable Living Trust. Are you interested in learning about Revocable Living Trusts and avoiding probate?

Fiduciaries. Please list some ideas you might have of whom you might like to serve as personal representative, trustee, health care representative, guardian of minor children, etc.:

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

ASSETS & LIABILITIES

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 No. (last 4 digits)	Account Type	Ownership (joint / payable on death)	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Retirement Accounts: please list any annuities, 401(k)s, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements.

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

Investment Accounts (Non-Retirement)

Financial Institutions	Account No. (last 4 digits)	Account Type	Ownership (joint / payable on death)	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Securities (Non-Retirement): please list any investment accounts, bonds, mutual funds, stocks, or other securities that you own and that have not already been included in the accounts listed above:

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 any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below.

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