Date:

Your Full Legal Name:

Residence Address:

Residence Phone: Cell Phone:

Business Phone: ­­­ Email:

Preferred Method of Contact:

Marital Status: 🞎 Single 🞎 Married 🞎 Oregon Registered Domestic Partner 🞎 Divorced

🞎 Widow / Widower Year married: Year Spouse died:

Preferred Pronouns:

Do you have a Prenuptial Agreement in effect?

Do you want you and your spouse to be jointly represented by this firm?

|  |  |  |
| --- | --- | --- |
|  | You (Client #1) | Spouse (Client #2) |
| 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 if known |  |  |  |
| Date of Marriage |  |  |  |
| Date of Divorce |  |  |  |
| Copy of Dissolution Papers | 🞎 Provided to attorney🞎 I do not have a copy🞎 I will get a copy & provide | 🞎 Provided to attorney🞎 I do not have a copy🞎 I will get a copy & provide | 🞎 Provided to attorney🞎 I do not have a copy🞎 I will get a copy & provide |

|  |
| --- |
|  CHILDREN OF THIS MARRIAGE/RELATIONSHIP *(including adopted children)* |
| Name: | DOB: |
| Name: | DOB: |
| Name: | DOB: |
| CHILDREN OF FORMER RELATIONSHIP(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:***

 Market Balance of Net

Description & Location Ownership Value Mortgage Equity

 #1 #2 JT

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

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?

Is any of the real estate owned by a Trust? ***Cash Accounts:***

 Ownership Checking Savings CD’s Or Money

 Market

Name of Institution

 #1 #2 JT

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

 🞎 🞎 🞎 $ $ $

***Safe Deposit Box:***

Safe Deposit Box: Name of Institution:

Branch: Box No.: Ownership: #1 🞎 #2 🞎 JT 🞎

Others listed on box:

 Name: Relationship:

 Address:

 Phone:

***Investments:*** (e.g., stocks, bonds (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

 #1 #2 JT

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

***Business Interests:*** (For business type use “C” for Corporation, “S” for S Corporation, “P” for Partnership,

“LLC” for Limited Liability Company, “SP” for Sole Proprietorship)

Name of Business

 Ownership Business Type % Interest Value

 #1 #2 JT C S P LLC SP

 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 $

 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 $

 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 $

 🞎 🞎 🞎 🞎 🞎 🞎 🞎 🞎 $

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 #1 #2 JT

 🞎 🞎 🞎 $ $

 🞎 🞎 🞎 $ $

 🞎 🞎 🞎 $ $

 🞎 🞎 🞎 $ $

***Miscellaneous:*** (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

 Ownership Net Value

 #1 #2 JT

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

 🞎 🞎 🞎 $

***Life Insurance:***

 Alternate Death Policy

Company Type Owner Beneficiary Beneficiary Benefit Loans

 (Term, W/L, etc.)

***Annuities:***

 Alternate Death Policy

Company Type Owner Beneficiary Beneficiary Benefit Loans

 (Term, W/L,etc)

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

 Name of Present

 #1 #2 Beneficiary Value

 🞎 🞎 $

 🞎 🞎 $

 🞎 🞎 $

 🞎 🞎 $

 🞎 🞎 $

***Estate Summary:***

 #1 #2 JT

Real Estate $ $ $

Cash Accounts $ $ $

Investments $ $ $

Business Interests $ $ $

Receivables $ $ $

Miscellaneous $ $ $

Life Insurance $ $ $

Annuities $ $ $

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—sometimes called an “executor”):

 1st Choice: Relationship:

 Address:

 Phone: Fax:

 2nd Choice: Relationship:

 Address:

 Phone: Fax:

 3rd Choice: Relationship:

 Address:

 Phone: Fax:

Guardian / Conservator (to make decisions for you and handle your affairs if you are unable during your lifetime):

 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:

Trustee (to manage funds for minor children or to manage funds after death of spouse):

 3rd Choice: Relationship:

 Address:

 Phone: Fax:

Agent Under Power of Attorney for Financial Affairs (to handle your financial affairs *during your lifetime*, 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 (e.g., disposition, assets held for maintenance of pets, etc.):

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:

***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 🞎 Yes 🞎 No

 needs?

5. Are any of your children institutionalized? 🞎 Yes 🞎 No

6. Are you or your spouse receiving social security, disability, or other 🞎 Yes 🞎 No

 governmental benefits?

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 🞎 Yes 🞎 No

 agreement?

10. Do you have any ongoing requirements for your ex-spouse or children, 🞎 Yes 🞎 No

 such as maintaining a life insurance policy on your life?

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* 🞎 Yes 🞎 No

 *or a state death tax return was filed, please furnish a copy)*

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, powers of 🞎 Yes 🞎 No

 attorney, or other estate planning arrangements? *(Please furnish copies*

 *of these documents)*

16. Are you a member of an Oregon registered domestic partnership or same-sex

 marriage? 🞎 Yes 🞎 No

17. Do either of you have a PERS account? 🞎 Yes 🞎 No

18. Have either of you ever created a trust? 🞎 Yes 🞎 No

19. Are either of you serving as the trustee of a trust? 🞎 Yes 🞎 No

20. Are either of you the potential beneficiary of a trust or estate? 🞎 Yes 🞎 No

21. 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

22. 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.*

**IMPORTANT NOTICES**

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