Date:

Name:

Residence Address:

Client #1 Phone: Client #2 Phone:

Client #1 Email: Client #2 Email:

Preferred Method of Contact:

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

🞎 Widow / Widower Year married: Year Spouse died:

Do you have a Prenuptial or Postnuptial Agreement in effect?

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

|  |  |  |
| --- | --- | --- |
|  | You (Client #1) | Spouse/Domestic Partner (Client #2) |
| Full Legal Name |  |  |
| Former/Other Name |  |  |
| Pronouns |  |  |
| S.S. No. |  |  |
| Vet ID No. |  |  |
| Birthdate |  |  |
| Birthplace |  |  |
| Citizenship |  |  |
| Occupation |  |  |
|  CHILDREN *(including adopted children)* |
| **Name** | **DOB** | **City/State** | **Parents?** |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |
|  |  |  | 🞎 Client #1 🞎 Client #2 |

***If you do not have children, please provide information about your parents and siblings.***

|  |  |
| --- | --- |
| **Client #1** | **Client #2** |
| **Mother:** Living? 🞎 Yes 🞎 No | **Mother:** Living? 🞎 Yes 🞎 No |
| Name: | Name: |
| City/State:  | City/State:  |
| **Father:** Living? 🞎 Yes 🞎 No | **Father:** Living? 🞎 Yes 🞎 No |
| Name: | Name: |
| City/State:  | City/State:  |
| **Siblings:** | **Siblings:** |
| Name: | Name: |
| City/State:  | City/State:  |
| Name: | Name: |
| City/State:  | City/State:  |
| Name: | Name: |
| City/State:  | City/State:  |
| Name: | Name: |
| City/State:  | City/State:  |
| Name: | Name: |
| City/State:  | City/State:  |
| Name: | Name: |
| City/State:  | City/State:  |

Do you have any siblings who have died? 🞎 Yes 🞎 No

Did that deceased sibling have children? 🞎 Yes 🞎 No 🞎 N/A

**If you have minor children from a previous relationship, do you have safety concerns about the children’s other parent?** 🞎 Yes 🞎 No 🞎 N/A

**Do you currently have a Will and/or Trust?** 🞎 Yes – A Will 🞎 Yes – A Trust 🞎 No

If Yes, please provide a copy to the Attorney’s office.

**Attorney Notes:**

**Who do you want to handle your financial matters *after your death?*** (This person will be your “personal representative,” sometimes called an “executor.” They will be responsible for selling your house if applicable, paying your final bills using your assets, not their own, and ensuring that the people you have designated get their inheritance. Many people choose their spouse as their first choice if they are married.)

 1st Choice: Relationship: 🞎 Spouse/Partner 🞎 Other:

 Address:

 Phone: Email:

 2nd Choice: Relationship:

 Address:

 Phone: Email:

 3rd Choice: Relationship:

 Address:

 Phone: Email:

**Who do you want to help you with your finances *during your lifetime*?** (This person will be your “Agent” under a Power of Attorney. They will be able to use your money to pay your bills, sell assets like your house, and use the proceeds for your benefit, communicate with tax authorities, and help with other financial matters.)

🞎 I want the same people as the people who I want for my personal representative to also help with my finances *during my lifetime*.

🞎 I want the people listed below to help with my finances *during my lifetime*:

 1st Choice: Relationship: 🞎 Spouse/Partner 🞎 Other:

 Address:

 Phone: Email:

 2nd Choice: Relationship:

 Address:

 Phone: Email:

 3rd Choice: Relationship:

 Address:

 Phone: Email:

**Who do you want to make medical decisions, day-to-dare care decisions, and/or end-of-life decisions for you if you cannot communicate your wishes or make safe decisions for yourself?** (This person will be your healthcare representative under an Advance Directive and/or a guardian if ordered by the court.)

🞎 I want the same people as the people who I want for my personal representative and selected to help during my lifetime to be appointed to make medical, day-to-day care, and end-of-life decisions for me.

🞎 I do not want anyone to make end-of-life decisions for me if I cannot communicate my wishes.

🞎 I want the people listed below to help with medical, day-to-day care, and end-of-life decisions for me:

 1st Choice: Relationship: 🞎 Spouse/Partner 🞎 Other:

 Address:

 Phone: Email:

 2nd Choice: Relationship:

 Address:

 Phone: Email:

 3rd Choice: Relationship:

 **Address:**

 Phone: Email:

**Other than the other parent, who would you want to raise your minor children if you died?**

 1st Choice: Relationship:

 Address:

 Phone: Email:

 2nd Choice: Relationship:

 Address:

 Phone: Email:

 3rd Choice: Relationship:

 Address:

 Phone: Email:

**If you intend minor children to inherit, at what age would you want them to receive their inheritance?**

**🞏**18 🞏 21 🞏 25 🞏 30 🞏 \_\_\_\_\_\_

Who do you want to manage your children’s inheritance until they reach this age?

🞏 The same person who is nominated to raise them.

🞏 The same person nominated as my personal representative.

🞏 Other:

 Relationship:

 Address:

 Phone: Email:

**Do you have specific items that should go to someone in particular?**

Name Address Phone Item or Amount Relationship

1)

2)

3)

**Do you want to leave money or an asset to charity?**

Name of Organization Address Item or Amount

1)

2)

3)

**If you have pets, what are your plans for your pets? Who will care for them? What money do you want to leave for your pets’ care?**

🞏  Oregon Humane Society Friends Forever program https://legacy.oregonhumane.org/friends-forever

**Who do you want to inherit everything else?**

 Person(s) Address Percentage

**Who do you want to inherit if the first-choice persons do not survive you?**

 Person(s) Address Phone

**Do you want specific funeral arrangements?** 🞎 Yes 🞎 No

Specify, if applicable:

Do you have any concerns about whether your nearest next of kin will honor your funeral arrangements?

🞎 Yes 🞎 No

**PROPERTY INFORMATION:**

**Please tell us about the assets that you own. This information can help us minimize estate tax and probate costs by helping you to make a good plan for these assets.**

***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 CDs Or Money

 Market

Name of Institution

 #1 #2 JT

 $ $ $

 $ $ $

 $ $ $

 $ $ $

 $ $ $

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

 Name of Present

 #1 #2 Beneficiary Value

 $

 $

 $

 $

***Other Investments:*** (Stocks, bonds, transfer-on-death accounts held outside of retirement plans. List Broker if applicable.)

 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:*** (Does anyone owe you any money?)

 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:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company | Type(Term, W/L, etc.) | Owner | Primary Beneficiary | Alternate Beneficiary | Death Benefit | Policy Loans |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Annuities:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company | Type(Term, W/L, etc.) | Owner | Primary Beneficiary | Alternate Beneficiary | Death Benefit | Policy Loans |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Safe Deposit Box:***

Safe Deposit Box: Name of Institution:

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

Others listed on box:

 Name: Relationship:

 Address:

 Phone:

***Estate Summary:***

 #1 #2 JT

Real Estate $ $ $

Cash Accounts $ $ $

Retirement Benefits $ $ $

Investments $ $ $

Business Interests $ $ $

Receivables $ $ $

Miscellaneous $ $ $

Life Insurance $ $ $

Annuities $ $ $

Other $ $ $

 TOTAL $ $ $

|  |
| --- |
| ADVISORS |
| TITLE | NAME | ADDRESS | TELEPHONE |
| Attorney |  |  |  |
| Accountant |  |  |  |
| Financial Advisor |  |  |  |
| Primary Personal Bank |  |  |  |
| Life Insurance Agent |  |  |  |
| Stockbroker |  |  |  |

**Attorney Notes:**

***Important Family Questions:***

|  |
| --- |
| FORMER MARRIAGE(S) |
| Former Spouse Name |  |  |  |
| 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 |

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

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

**IMPORTANT NOTICES**

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