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**ESTATE PLANNING FACT FINDER**

**Family Information:**

\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_ US Citizen Y / N  
Last Name                      First                      Middle

\_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_ US Citizen Y / N  
Spouse's Last Name                      First                      Middle

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

\_\_\_\_\_ Mailing Address (*if different from Street Address*)  
Street Address

\_\_\_\_\_ City                      State                      Zip                      City                      State                      Zip

Home Phone: \_\_\_\_\_

Husband's cell phone: \_\_\_\_\_

Wife's cell phone: \_\_\_\_\_

Do you have a prior Will: Y / N; Do you have a prenuptial or other written agreement between spouses? Y / N  
If "Yes" to either question, please be sure to bring the document to your appointment.

Husband's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Husband's SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

Wife's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Wife's SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

**Living Children of this Marriage:**

Name	DOB	Address:  Telephone No.:
Name	DOB	Address:  Telephone No.:
Name	DOB	Address:  Telephone No.:
Name	DOB	Address:  Telephone No.:
Name	DOB	Address:  Telephone No.:

Name	DOB	Telephone No.:
		Address:
		Telephone No.:

**Deceased Children of this Marriage:**

Name	DOB	DOD	Any Decedents? Y / N

If there are no living children, who are your nearest relatives (Names, relationship, city & state of residence):

Husband's \_\_\_\_\_

Wife's \_\_\_\_\_

**Previous Marriages:**

Husband: Y / N; Widowed? Y / N; Divorced? Y / N; If divorced, date: \_\_\_\_\_  
 Wife: Y / N; Widowed? Y / N; Divorced? Y / N; If divorced, date: \_\_\_\_\_

**Children of Previous Marriages:**

Name DOB	Child of H / W	Adopted by spouse in this Marriage? Y / N	Living in your Household? Y / N
Name DOB	Child of H / W	Adopted by spouse in this Marriage? Y / N	Living in your Household? Y / N
Name DOB	Child of H / W	Adopted by spouse in this Marriage? Y / N	Living in your Household? Y / N
Name DOB	Child of H / W	Adopted by spouse in this Marriage? Y / N	Living in your Household? Y / N

Please describe any child support **received by or paid by** either spouse: \_\_\_\_\_

Does the stepparent want all step-children treated the same as the stepparent's own children? Y / N; If "No", please provide additional explanation: \_\_\_\_\_

After the custodial parent's death, is the stepparent to be named as guardian instead of the non-custodial parent? Y / N  
 (Note: Naming the stepparent does not assure that the court will appoint the stepparent instead of the non-custodial parent.)

**Asset Information:**

**1. Real Property -**

<b>Home Owned</b>	<b>Second Real Property</b>	<b>Third Real Property</b>
Market Value \$ _____	Market Value \$ _____	Market Value \$ _____
Loan \$ _____	Loan \$ _____	Loan \$ _____
Net Equity \$ _____	Net Equity \$ _____	Net Equity \$ _____

**1. TOTAL EQUITY IN REAL PROPERTY \$ \_\_\_\_\_**

**2. Motor Vehicles -**

Year _____	Year _____	Year _____
Make / Model _____	Make / Model _____	Make / Model _____
Net Equity \$ _____	Net Equity \$ _____	Net Equity \$ _____

**2. TOTAL EQUITY IN MOTOR VEHICLES \$ \_\_\_\_\_**

**3. Other Tangible Property – (Household goods, collectibles, tools and equipment, jewelry, etc.)**

What is the approximate total value of all your *other* tangible personal property? \$ \_\_\_\_\_

**4. Money and Investments (Other than Retirement)**

What is the total value of all your financial assets, other than life insurance and retirement assets, for example, bank accounts, “nonqualified” brokerage accounts, stocks, bonds, mutual funds, CD’s, etc.?

\$ \_\_\_\_\_

**5. Total Net Worth other than Retirement and Life Insurance (Add 1 through 4).**

\$ \_\_\_\_\_

**6. Retirement Assets -**

Owner	Description (401K, IRA, etc)	Value	Primary Beneficiary	Contingent Beneficiary(ies)

**7. Life Insurance Information - Death Benefit**

Owner	Insured	Type (Term, Whole, Univ.)	Face Amount	Primary Beneficiary	Contingent Beneficiary(ies)

**8. Children’s Education Funds.** If you have children or grandchildren younger than college age, list any arrangements you have made to help pay for their college education:

Type of Account	Value of Account	Beneficiary(ies) of Account
Educational IRA		
Section 529 Plan		
Uniform Trust Minors Account		
Other		

**9. Anticipated Inheritances** – List any anticipated inheritances of husband or wife to be received in future.

Person Receiving (H or W) \_\_\_\_\_ Estimated Amount \$ \_\_\_\_\_ Approx. date of receipt \_\_\_\_ years

Person Receiving (H or W) \_\_\_\_\_ Estimated Amount \$ \_\_\_\_\_ Approx. date of receipt \_\_\_\_ years

**10. List any other Mortgages, notes, other receivables.**

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**Personal Representative Selection:**

**Husband's Personal Representative:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship to husband:** \_\_\_\_\_

**Husband's Alternate Personal Representative:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship to husband:** \_\_\_\_\_

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**Wife's Personal Representative:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship to wife:** \_\_\_\_\_

**Wife's Alternate Personal Representative:** \_\_\_\_\_

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

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship to wife:** \_\_\_\_\_

**Plan of Distribution of Estate:**

Do you want all of your property to be distributed to your surviving spouse upon your death?

**Husband** Y/N

**Wife** Y/N

If “no”, then state below to whom you want your property distributed upon your death.

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If there is no surviving spouse, do you want all your household furniture, furnishings, clothing and other personal effects to be distributed to your children? Y/N; If “no”, then who? \_\_\_\_\_

Name and location of church or other charitable beneficiary(ies), and description of gift:

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Any other specific gifts of personal property, such as certain items, or certain amounts, that you wish to include in your Will?

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If you are not survived by your spouse, or your spouse is not to receive your entire estate (your residuary estate), how do you want your residuary estate divided?

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Most people do not want their children’s ex-spouses to receive any part of their estate if their child’s divorce or separation is occurring during the distribution of your estate. Therefore, your estate plan will express your desire that the inheritance to your child not be a marital asset subject to division, unless you say otherwise. Is this satisfactory to you? Y/N

Special provisions relating to pets (disposition, assets held for maintenance of pets, etc.) \_\_\_\_\_

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**Trust Information:**

This section applies if you have children who are too young to be allowed to receive their share of your estate outright (i.e., under 18), or because they are older, but still too young in your opinion to receive their inheritance outright. Simply stated, if both parents die, a trust will be established so that your assets will be managed by a trustee for your children until the age or ages you have determined they should receive your assets outright. We generally recommend using a children’s trust if you have any children under the age of 25. Is a trust to be established for your children? Y / N

**(If “no”, skip this page and go to the next page)**

**There are no “standard” trust provisions for children. My “boilerplate” children’s trust provisions include the following, any of which may be changed. We will discuss these matters during our initial meeting:**

1. General Support is available while in school full time, while unable to work full time due to circumstances beyond the beneficiary’s control, or while a mother with young children (or married to a mother with young children) and support is needed to prevent the mother from having to work outside the home. General support includes education expense, health, and living expenses. Describe special limits on wedding, house purchase or other.  

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2. Trustee has the discretion to provide unequal support to your children until all are raised, when trust is divided into separate shares (usually when the youngest is age 22). Other age for division into shares \_\_\_\_\_

3. Distribution of separate shares to children at ages 25 (1/3) and 30 (remainder) or other ages and amounts as you specify.

Ages for distribution and proportions \_\_\_\_\_

4. Trust funds may be used to alleviate financial hardship imposed on guardians due to accepting your children into their family.

5. Other \_\_\_\_\_  

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**Trustee Selection:**

The trustee is the person or institution that manages financial assets on behalf of the beneficiaries, to produce income, and who controls the trust. Therefore, if you choose an individual, this person should be someone with experience in managing money, and it should also be someone who you can be expected to follow the trust directions in your will, even to the point of refusing requests for distributions from a beneficiary that are not provided for in the trust. Normally, it should be someone other than the guardians of your children.

NOTE: If you choose a bank or other institution as your primary trustee, it is not necessary to name another “primary” trustee. Simply fill in the bank trustee’s name and location below.

**Primary Trustee(s)** \_\_\_\_\_

**Relationship to H / W?** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**First Alternate Trustee(s)** \_\_\_\_\_

**Relationship to H / W?** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Bank / Institution Trustee as Final Alternate** \_\_\_\_\_

**Location:** \_\_\_\_\_

\_\_\_\_\_

**Guardian Selection:**

The guardian is the person or persons who will take care your children into their family until they are grown, if both parents are deceased. You need to select a guardian if you have any children under the age of 18. Some of the primary considerations for selecting a guardian are (1) spiritual compatibility with your faith; (2) existing relationship with your children (not necessarily a family relationship), and; (3) avoiding intra-family conflict following your deaths. Normally this should be someone other than a trustee of your children's money.

NOTE: If your choice for guardian is a married person, please name both spouses as guardians so the survivor of the two can continue to serve, if necessary.

**Primary Guardian(s)** \_\_\_\_\_

**Relationship to H / W?** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Alternate Guardian(s)** \_\_\_\_\_

**Relationship to H / W?** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_



**Please note any additional matters you believe need to be brought to the attorney’s attention for planning purposes. For example, a disabled child may need a permanent trust, an elderly parent may need support, or any other situation special to your family.**

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**Power of Attorney for Financial Affairs:**

One of the documents that will be part of your estate planning package is a financial power of attorney, which enables another person to handle your financial matters if you are incapacitated. Normally, we recommend that spouses name each other as their primary “attorney in fact”. If you are unmarried, a trusted adult child, a brother or sister, or a very close friend would be appropriate. You should also name an alternate. The power of attorney becomes effective only when your physician certifies you are incapacitated.

**Husband’s Primary Agent for Finances**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Husband’s Alternate Agent for Finances**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Wife’s Primary Agent for Finances**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Wife’s Alternate Agent for Finances**

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Advanced Directive:**

This is an important legal document that gives you the right to name a person to direct your health care when you cannot do so. This person is called your “health care representative.” A copy of an Advance Directive is enclosed for your review to allow you time to consider your options.

**Husband’s Health Care Representative:** \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Husband’s Alternate Health Care Representative:** \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Wife’s Health Care Representative:** \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Wife’s Alternate Health Care Representative:** \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Burial Instructions:**

Person to make decisions regarding disposition of remains (ORS 97.130).

First choice: \_\_\_\_\_

Relationship to husband: \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to husband: \_\_\_\_\_

First choice: \_\_\_\_\_

Relationship to wife: \_\_\_\_\_

Second choice: \_\_\_\_\_

Relationship to wife: \_\_\_\_\_

I prefer my remains be disposed of by cremation \_\_\_\_\_ Plot location: \_\_\_\_\_

Specific Instruction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Safe Deposit / Location of Important Documents:**

Name of Institution: \_\_\_\_\_ Branch: \_\_\_\_\_

Box No.: \_\_\_\_\_

Ownership: \_\_\_\_\_

Owners listed on box: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**QUESTIONS FOR ATTORNEY / ADDITIONAL INFORMATION**