

Deceased Children:

Name	DOB	DOD	Any Decedents? Y / N

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

Previous Marriages:

If divorced or widowed please provide names and dates: _____

Please describe any child support *received by or paid*: _____

Asset Information:

1. Real Property -

Home Owned	Second Real Property	Third Real Property
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 to be received in future.

Estimated Amount \$ _____ Approx. date of receipt ____ years

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

Personal Representative Selection:

Personal Representative: _____

Address: _____

Phone: _____

Relationship to you: _____

Alternate Personal Representative: _____

Address: _____

Phone: _____

Relationship to you: _____

Plan of Distribution of Estate:

Please state below to whom you want your property distributed upon your death.

Who do you want all your household furniture, furnishings, clothing and other personal effects to be distributed to upon your death?

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

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

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.) _____

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.

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 _____

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 you? _____

Address: _____

Phone: _____

First Alternate Trustee(s) _____

Relationship to you? _____

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 you? _____

Address: _____

Phone: _____

Alternate Guardian(s) _____

Relationship to you? _____

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.

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.

Primary Agent for Finances

Alternate Agent for Finances

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

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.

Health Care Representative: _____

Alternate Health Care Representative: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Burial Instructions:

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

First choice: _____

Second choice: _____

Relationship: _____

Relationship: _____

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