ESTATE PLANNING
CONFIDENTIAL INFORMATION SHEET

Date:

Marital Status: Single Married Divorced Widow / Widower Domestic Partner

Would you and your spouse/partner like to be jointly represented by this firm? Yes No

***Please include your full legal middle name**	**Client # 1**	**Client # 2 (Spouse/Partner)**
Full Legal Name*		
Former/Other Name		
Social Security #		
Residence Address		
County of Residence		
Mailing Address		
Residence Phone		
Cell Phone		
Business Phone/Fax		
Email Address		
Birthdate		
Birthplace		
Citizenship		
Occupation		
Are you insurable?		

1. Is there a physical possibility of more children ☐ Yes ☐ No

2. Do you have a child with a learning disability? ☐ Yes ☐ No

2. Do you have adopted children? ☐ Yes ☐ No

3. Do any of your children have special education, medical, or physical needs? Please indicate name(s): ___________________________ ☐ Yes ☐ No

4. Are any of your children institutionalized? ☐ Yes ☐ No

CHILDREN

Including adopted and children from former marriage (s)

	Child # 1	**Child # 2**	**Child # 3**	**Child # 4**
Name				
Date of Birth				
SS#				
Address				
Phone				
From a Former Marriage? If so, husband or wife?				
Year of Adoption				
Education/Goals				
Occupation				
Child's Spouse's Name & Occupation				
Child's Children's Names/Ages				

Former Marriage (s)	Client # 1	Client # 2
Former Spouse Name		
Date of Marriage		
Date of Divorce		
Date of Death		
Former Spouse Name		
Date of Marriage		
Date of Divorce		
Date of Death		

Parents	Client # 1	Client # 2
Name		
Address		
Age		
Phone Number		
State of Health		
Financially Dependent?		

Expected Inheritances	Client # 1	Client # 2
From		
Approximate Value		
From		
Approximate Value		

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): It is assumed that the first choice for all designations is your spouse/partner. If your spouse/partner cannot assist who would you like to nominate?

1st Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

2nd Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

Conservator (to make financial decisions for you children on a day to day basis if you are unable):

1st Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

2nd Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

Guardian (to care for minor children):

1st Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

2nd Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

Attorney-In-Fact (to manage your financial affairs if you are unable):

1st Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

2nd Choice:_________________________ Relationship:___________________________________

Address:____

Phone:____

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

1st Choice:____________________________ Relationship:_______________________________________

Address:____

Phone:____

2nd Choice:____________________________ Relationship:_______________________________________

Address:____

Phone:____

Residue of Estate (list who is to receive estate after you have made your general, specific, and charitable gifts):

Person(s)	Address	Percentage

It is common for clients to hold assets in trust for their beneficiaries. At what age or ages do you think your beneficiaries will be able to manage their inheritance?

Age: ____ Percentage ______

Age: ____ Percentage ______

Age: ____ Percentage ______

Ultimate Beneficiaries (in the event something should happen to you, your spouse and your heirs, including children or grandchildren):

Person(s)	Address	Phone

Charitable Bequests. Do you have any colleges, hospitals, religious organizations or other charities that you wish to benefit in your estate plan? If so please provide the name, the amount, or the percentage of your estate you wish to leave these organizations?

Name of Organization	Address	Item or Amount

Special Bequests (specific items you wish to give to people):

Name	Address	Phone	Item or Amount	Relationship
1)				
2)				
3)				

Health Care Representative (makes health care decisions when you are unable):

This section should be filled out if you are retaining our firm to draft an Advanced Directive on your behalf.

1st Choice:____________________ Relationship:____________________

Address:______________________________________

Phone:____________________________

2nd Choice:____________________ Relationship:____________________

Address:______________________________________

Phone:____________________________

Person to make decisions regarding disposition of remains

1st Choice:____________________ Relationship:____________________

Address:______________________________________

Phone:____________________________

2nd Choice:____________________ Relationship:____________________

Address:______________________________________

Phone:____________________________

Do you have a burial plan? ☐ Yes ☐ No

Do you want specific funeral arrangements?
If applicable, please specify:____________________________________

____

____

____

Do you want to be an Organ Donor? ☐ Yes ☐ No

Other Special Provisions Desired:

____

____

____

Important Family Questions:

1. Do any of your family members receive governmental support or benefits? ☐ Yes ☐ No

2. Are you or your spouse receiving social security, disability, or other governmental benefits? ☐ Yes ☐ No

3. Do you provide primary or other major financial support to adult children? ☐ Yes ☐ No

4. Are you making payments pursuant to a divorce or property settlement agreement? ☐ Yes ☐ No

5. Have you and your spouse ever signed a pre-or post-marriage contract? *(Please furnish a copy)* ☐ Yes ☐ No

6. Have you or your spouse been widowed? *(If a federal estate tax returns or a state death tax return was filed, please furnish a copy)* ☐ Yes ☐ No

7. Have you and your spouse lived in any of the following community property states during marriage (please circle): ☐ Yes ☐ No

Arizona	New Mexico	California	Texas	Idaho
Washington	Louisiana	Wisconsin	Nevada	Alaska

During what periods of time did you reside there?______________________________

9. Have you or your spouse ever filed federal or state gift tax returns? *(Please furnish copies of these returns)* ☐ Yes ☐ No

10. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies of these documents)* ☐ Yes ☐ No

11. Are both you and your spouse United States citizens? ☐ Yes ☐ No

12. If you answered “No”, are either you or your spouse a resident or a Nonresident alien? ☐ Yes ☐ No

ASSET INFORMATION:

Real Estate

Description & Location	**Ownership** 1 2 JT	Market Value	Balance of Mortgage	Net Equity
____________	☐ ☐ ☐	$____________	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________	$____________

Mortgages, Notes, Receivables:

	Ownership 1 2 JT	Date of Note	Amount Due
____________	☐ ☐ ☐	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________
____________	☐ ☐ ☐	$____________	$____________

Cash Accounts:

Name of Institution	**Ownership** 1 2 JT	**TYPE** (Checking, etc)	**Account #**	**Value**
____________	☐ ☐ ☐	____________	____________	$____________
____________	☐ ☐ ☐	____________	____________	$____________
____________	☐ ☐ ☐	____________	____________	$____________
____________	☐ ☐ ☐	____________	____________	$____________
____________	☐ ☐ ☐	____________	____________	$____________
____________	☐ ☐ ☐	____________	____________	$____________

Safe Deposit Box:____________Name of Institution ____________________________

Branch ______________ Box No.: __________ Ownership: 1 ☐ 2 ☐ Jt ☐

Miscellaneous:

(List only valuable personal effects such as jewelry, paintings, coin collections, stamp collections, etc.)

	Ownership 1 2 JT	Net Value
____________	☐ ☐ ☐	$____________
____________	☐ ☐ ☐	$____________
____________	☐ ☐ ☐	$____________

Buckley Law, PC
Three Centerpointe Drive, Suite 250 |Lake Oswego, OR 97035
(503) 620-8900 Fax: (503) 620-4878

Investments: (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account)

	Ownership 1	2	JT	Account #	Value
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$
	☐	☐	☐		$

Homeowner's/Liability Insurance

Agent's Name And Address	*Insurance Company*	*Property Covered*	*Policy Number*

Life Insurance/Annuities

Company	*Owner*	*Insured*	*Policy Number*	*Type of Policy*	*Death Benefit*	*Primary Beneficiary*	*Contingent Beneficiary*

Retirement Benefits (Including IRA's):

Company	***Owner***	***Account #***	***Type of Account***	***Value***	***Primary Beneficiary***	***Contingent Beneficiary***

Business Interests:

(For type use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business	**1**	**2**	**JT**	**Type C**	**P**	**LLC**	**SP**	**% Interest**	**Value**
____________	☐	☐	☐	☐	☐	☐	☐	________	$ ________
____________	☐	☐	☐	☐	☐	☐	☐	________	$ ________
____________	☐	☐	☐	☐	☐	☐	☐	________	$ ________
____________	☐	☐	☐	☐	☐	☐	☐	________	$ ________

	Client # 1	**Client # 2**
What is your approximate annual income at this time?	$________________	$________________

ADVISORS			
TITLE	NAME	ADDRESS	TELEPHONE
Attorney			
Accountant			
Financial Advisor			
Primary Personal Banker			
Life Insurance Agent			
Stock Broker			

Estate Summary:

	Client # 1	Client # 2	Joint
Real Estate	$__________________	$__________________	$__________________
Cash Accounts	$__________________	$__________________	$__________________
Investments	$__________________	$__________________	$__________________
Business Interests	$__________________	$__________________	$__________________
Receivables	$__________________	$__________________	$__________________
Miscellaneous	$__________________	$__________________	$__________________
Life Insurance	$__________________	$__________________	$__________________
Retirement Benefits	$__________________	$__________________	$__________________
Other	$__________________	$__________________	$__________________
TOTAL	$__________________	$__________________	$__________________

We will need you to provide us with current copies of all your bank, brokerage accounts, retirement, and life insurance policies. This documentation needs to include the name and address of the financial institution, the ownership registration, the account/policy numbers, and a contact name if applicable.