

**CONFIDENTIAL FAMILY INFORMATION SHEET**

Date: \_\_\_\_\_

Your Full Legal Name: \_\_\_\_\_

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

Residence Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widow/Widower

Year married: \_\_\_\_\_

Do you have a prenuptial agreement in effect? \_\_\_\_\_

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

	Husband	Wife
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	_____	_____
Date of Marriage	_____	_____
Date of Divorce	_____	_____
Copy of Dissolution Papers	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy and provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy and provide

**Children of this Marriage (Including Adopted Children)**

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

DOB: \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

**Children of Former Marriage(s)**

Name: \_\_\_\_\_ Parents: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ Parents: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ Parents: \_\_\_\_\_ DOB: \_\_\_\_\_

**Advisors**

Title	Name	Address	Telephone
Accountant	_____	_____	_____
Financial Advisor	_____	_____	_____
Primary Personal Bank	_____	_____	_____
Life Insurance Agent	_____	_____	_____
Stockbroker	_____	_____	_____
Referred to Our Firm By	_____	_____	_____

**Property Information**

**Real Estate**

Description and Location	Ownership			Market Value	Balance of	
	H*	W*	JT*		Mortgage	Net Equity
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____

\* H =Husband; W = Wife; JT = Jointly Owned

**Cash Accounts**

Name of Institution	H	W	JT	Checking	Savings <i>or</i> Money	
					Market	CDs
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____
_____	___	___	___	\$ _____	\$ _____	\$ _____

**Safe Deposit Box**

Safe Deposit Box: \_\_\_\_\_ Name of Institution: \_\_\_\_\_  
 Branch: \_\_\_\_\_ Box No.: \_\_\_\_\_ Ownership: \_\_\_ H \_\_\_ W \_\_\_ JT

Others listed on box:

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

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

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

**Investments (Stocks, Bonds, etc. If Held in Street Name with Broker, Just List the Brokerage Account)**

	Ownership			Value
	H	W	JT	
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____

**Business Interests (For Type, Use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)**

Name of Business	Ownership				Type	% Interest	Value	
	H	W	JT	C	P			LLC
_____	___	___	___	___	___	___	___	\$ _____
_____	___	___	___	___	___	___	___	\$ _____
_____	___	___	___	___	___	___	___	\$ _____
_____	___	___	___	___	___	___	___	\$ _____

**Mortgages, Notes and Other Receivables**

	Ownership			Date of Note	Amount Now Due
	H	W	JT		
_____	___	___	___	_____	\$ _____
_____	___	___	___	_____	\$ _____
_____	___	___	___	_____	\$ _____
_____	___	___	___	_____	\$ _____

**Miscellaneous (List Only Major Personal Effects Such as Automobiles, Valuable Jewelry, Paintings, Coin Collections, Stamp Collections, etc.)**

	Ownership			Net Value
	H	W	JT	
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____
_____	___	___	___	\$ _____

**Life Insurance**

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

**Retirement Benefits (Including IRAs)**

	H	W	Beneficiary (If Any)	Present Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

**Estate Summary**

	H	W	JT
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
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):**

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Third Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Guardian/Conservator (To Make Decisions for You and Handle Your Affairs If You Are Unable):

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Guardian (To Care for Minor Children):

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trustee (To Manage Funds for Minor Children or to Manage Funds After Death of Spouse):

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney-in-Fact for Business Affairs (To Handle Business Affairs):

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Health Care Representative (Makes Health Care Decisions When You Are Unable):

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Second Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Person to Make Decisions Regarding Dispositions of Remains (Note Form Requirements in ORS 97.130):

First Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Second 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 (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	Percentage

Other special provisions desired:

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**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 educational, medical, or physical needs?  
 Yes     No
5. Are any of your children institutionalized?     Yes     No
6. Are you or your spouse receiving social security, disability, or other governmental benefits?     Yes     No
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 agreement?  
 Yes     No
10. Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life?     Yes     No

11. Have you and your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy.)  Yes  No
12. Have you or your spouse been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy.)  Yes  No
13. In what states have you lived while married to your current spouse? During what periods of time did you reside there?  
\_\_\_\_\_
14. Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns.)  Yes  No
15. 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
16. 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
17. 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.