

MOORE & WELLIVER

2002 PACIFIC AVENUE
FOREST GROVE, OREGON 97116
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CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

We look forward to meeting with you regarding your estate planning. Prior to our first meeting, please fill out this confidential estate planning questionnaire. We thank you for your trust and confidence.

Date: _____

PARTNER A:

Full Legal Name			
Date of Birth		SSN	
Preferred Name			
Mailing Address			
Physical Address			
Email Address			
Home Phone		Cell Phone	
Marital Status?	Married	Single	Divored Widow/Widower
	Dates of Marriage:		Prenuptial Agreement?

PARTNER B:

Full Legal Name			
Date of Birth		SSN	
Preferred Name			
Mailing Address			
Physical Address			
Email Address			
Home Phone		Cell Phone	
Marital Status	Married	Single	Divored Widow/Widower
	Dates of Marriage:		Prenuptial Agreement?

Please list below all states lived in during your marriage (if applicable)

State	Dates

PARTNER A: CHILDREN

Name	Date of Birth	Parent Names	Living	Deceased	Grandchildren

PARTNER B: CHILDREN

Same as above

Name	Date of Birth	Parent Names	Living	Deceased	Grandchildren

CHARITABLE ORGANIZATIONS

Name of Organization	Address

PERSONAL REPRESENTATIVE/POWER OF ATTORNEY FOR YOUR ESTATE

FIRST CHOICE

Name	
Phone	
Address	
Relationship	

SECOND CHOICE

Name	
Phone	
Address	
Relationship	

LEASE LIST BELOW THE PRIMARY OBJECTIVE OF YOUR ESTATE PLANNING AND ANY SPECIAL CONCERNS YOU MAY HAVE.

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ASSETS

Please bring with you to our first meeting any documentation related to ownership of your assets including:

1. Bank Accounts (checking, savings, money market, certificates of deposit)
2. Investment and/or Brokerage Accounts
3. Retirement/Pension Accounts
4. Insurance Policies
5. Real Estate
6. Personal Property including vehicles and/or firearms
7. Any legal documents including pre-existing estate plans, wills, powers of attorney, and advanced directives.

MONTHLY INCOME

Type of Income	Partner A	Partner B
Employment		
Social Security		
Pension from:		
Pension from:		
IRA/Annuities		
Rent		
Other		

BANK AND CREDIT UNION ACCOUNTS

Financial Institution	Account Number	Account Type	Ownership (Joint/Sole)	Balance

RETIREMENT ACCOUNTS

Financial Institution	Account Type	Ownership (Joint/Sole)	Balance	Beneficiary

REAL ESTATE

Address	Titled As	Purchase Price	Market Value	Mortgage Balance

VEHICLES

Make	Model/Year	Titled As	Value	Amount Owed

LIFE INSURANCE

Life Insurance Policy Holder:		Insured:
Policy #1	Company Name:	
	Policy #	
	Term	Whole Life If term # of years:
	Cash Value:	
	Death Benefit:	
	Beneficiary:	

Life Insurance Policy Holder:		Insured:	
Policy #2	Company Name:		
	Policy #		
	Term	Whole Life	If term # of years:
	Cash Value:		
	Death Benefit:		
	Beneficiary:		

OTHER ASSETS including Firearms (indicate if class III), precious metals/gems, antiques, collections, works of art or other household items of high value. Please include SAFE DEPOSIT BOX if applicable and location.

Type	Description/Ownership	Value

FAMILY ADVISORS

Type	Name	Address	Phone
Accountant			
Insurance Agent			
Financial Advisor			
Other:			

Please list below any assets, business interests, financial gifts, inheritance or other items related to your estate not previously listed.

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Have you previously executed (if yes, please provide copies):

Partner A

Partner B

A will

A trust

A power of attorney

A prenuptial agreement

Advanced Directive

A power of attorney for healthcare

What is your preferred method of receiving correspondence from this office?

e-mail

mail

pick up at attorney's office