

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Date: _____

Name: _____ Birthdate: _____
(for use on legal documents)

Mailing Address: _____

Email Address: _____

Home Phone: _____ Cell: _____ Fax: _____

Social Security #: _____ U.S. Citizen? Yes () No ()

Employer: _____ Work Phone: _____

Married? Yes () No () If yes: _____
(date of marriage) (city/state)

If married, do you and your spouse have a prenuptial agreement? Yes () No ()

If previously married: Divorced? Yes () No () Widow/Widower? Yes () No ()

Spouse's Name: _____ Birthdate: _____
(for use on legal documents)

Email Address: _____

Home Phone: _____ Cell: _____ Fax: _____

Social Security #: _____ U.S. Citizen? Yes () No ()

Employer: _____ Work Phone: _____

If spouse previously married: Divorced? Yes () No () Widow/Widower? Yes () No ()

List below all states lived in during your marriage (other than Oregon).

<u>State</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Year moved to Oregon: _____

Please list below the names and birthdates of children.

<u>Name(s)</u>	<u>Date of Birth</u>	<u>Parent Name(s)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any deceased children? Yes () No ()

Please list below the Guardian of children under age 18.

First Choice:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Second Choice:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Please list below whom you like to name as personal representative of your estate.

First Choice:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Second Choice:

Name: _____ Phone: _____

Address: _____ Relationship: _____

Please list below primary goals in your estate planning and any special concerns you have.

SUMMARY LISTING OF ASSETS

LEGEND: A = Spouse 1; B = Spouse 2; J = Joint

ASSET	OWNER (A/B/J)	GROSS VALUE	DEBT	NET EQUITY
Checking Accounts				
Savings Accounts				
Certificates				
Home				
Mortgage Cancellation				
Insurance? Yes () No ()				
Furnishings				
Automobiles				
Misc. (boat, etc.)				
Notes, Mortgages, Trust				
Deeds, Land Sale Contracts,				
(Interest, term, face value)				
owed to you				
Securities (stocks, bonds,				
mutuals)				
Other real estate				
Business Interests				

SUMMARY LISTING OF ASSETS

LEGEND: A = Spouse 1; B = Spouse 2; J = Joint

ASSET	OWNER (A/B/J)	GROSS VALUE	DEBT	NET EQUITY
Other Assets				
Cash value of life insurance				
SUBTOTAL				
Other Liabilities				
SUBTOTAL				
Total life insurance on				
Husband's life (see page 5)				
Wife's life (see page 5)				
SUBTOTAL				
Benefit plans (pension,				
IRA or profit sharing)				
TOTAL				

NOTE: Use additional pages if necessary.

LIFE INSURANCE POLICIES

INSTRUCTIONS: Please complete this form in its entirety, inserting addresses whenever possible.

Full name of Insurance Co.	Policy No.	Name of Agent	Ins'd	Owner	Present Beneficiary	Cash Value	Loans	Face Value
<i>Example: XYZ Insurance Co Box 9245, Hartford, Conn</i>	<i>471183-P</i>	<i>John Jones Agency 428 W. 1st, Eugene</i>	<i>A/B/J</i>	<i>A/B/J</i>	<i>1st: _____ 2nd: Children</i>	<i>1,000</i>	<i>1,000</i>	<i>10,000</i>
1.								
2.								
3.								
4.								
5.								
6.								