

BIOGRAPHICAL DATA

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ e-Mail: _____

Date of Birth: _____ SSN: _____ Citizenship: _____

Spouse/Partner: _____

Date of Birth: _____ SSN: _____ Citizenship: _____

Date of Marriage/ Registration of Partnership (RDP): _____

Occupation: _____ Spouse's/Partner's Occupation: _____

How would you like your names to appear on formal documents?

_____ and _____
You *Your Spouse/Partner*

Do you have a pre-nuptial, post-nuptial, or cohabitation agreement concerning your property?

Yes. If so, please bring a copy of it to your appointment. No

If married, have you lived in any other states other than Oregon during your marriage?

Yes. If so, what state(s)? _____ No

Do you have a Will and/or Revocable Living Trust?

Yes. If so, please bring a copy of it to your appointment. No

CHILDREN, AND OTHER DEPENDENTS

For each child, state:

Name	Date of Birth	Whose Children: (Yours or Spouse's/Partner's)	Disabled
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Are there other persons and/or organizations that you would like to make gifts to:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REPRESENTATIVE (Executor): The person who shepherds a deceased person’s estate through the court process known as probate

Please list, in order of preference, who you would like to serve as Personal Representative of your Estate:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GUARDIAN FOR CHILDREN: The person designated to care for your children (i.e., who they will live with)

Please list, in order of preference, who you would like to serve as Guardian of any minor children:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRUSTEES/CONSERVATOR FOR CHILDREN: The person or bank who manages your children’s money for them

Please list, in order of preference, who you would like to serve as Trustee of any trust:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADVANCE DIRECTIVE FOR HEALTH CARE

This is the document in which you appoint another person, called your health care representative, to make health care decisions on your behalf if you are unable to make those decisions for yourself. This document also allows you to express your wishes about life support. The attorney will discuss this further at your appointment

Please list, in the order of preference, whom you would like to serve as health care representative in this document:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

Please list, in the order of preference, whom your Spouse/Partner would like to appoint:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

GUARDIAN FOR YOU: The person designated to care for you in the event of your incapacity/disability

Please list, in the order of preference, whom you would like to serve as Guardian:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

Please list, in the order of preference, whom your Spouse/Partner would like to appoint:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

CONSERVATOR FOR YOU: The person or bank who manages your money in the event of your incapacity/disability

Please list, in the order of preference, whom you would like to serve as Conservator:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

Please list, in the order of preference, whom your Spouse/Partner would like to appoint:

Name	Relationship	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL FAMILY CONSIDERATIONS

Prior Marriage: _____

Your Spouse/Partner: _____

Are you required to maintain life insurance for your ex-Spouse or children? _____

Do you have any support obligations to your ex-Spouse or children? _____

Beneficiaries with special needs, disabilities, or problems such as prior bankruptcy, or substance abuse :

Other: _____

Pets that require special consideration: _____

FAMILY ADVISORS

	Name	Address	Phone Number
Accountant	_____	_____	_____
Insurance Agent	_____	_____	_____
Financial Planner	_____	_____	_____
Banker	_____	_____	_____
Clergy	_____	_____	_____

ASSETS AND LIABILITIES

GENERAL

What is the estimated value of your estate? (Include life insurance, real estate, and retirement accounts)

Self: _____
 Spouse/Partner: _____
 Combined Value: _____

REAL ESTATE

Property Location	Purchase Price	Mortgage Balance	Ownership	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK ACCOUNTS

Financial Institution	Account No.	Type of Account	Ownership <small>Please indicate if jointly held or payable on death</small>	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INVESTMENT ACCOUNTS (NON-RETIREMENT)

Financial Institution	Account No.	Type of Account	Ownership <small>Please indicate if jointly held or payable on death</small>	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER SECURITIES (NON-RETIREMENT)

Please list any bonds, mutual funds, stocks, or other securities that you own and are not already included in the accounts listed above:

Company/Issuer	Quantity	Ownership <small>Please indicate if joint owner or payable on death beneficiary</small>	Value

RETIREMENT ACCOUNTS

Please list any annuities, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements:

Retirement Account/Plan	Owner	Account/Plan Beneficiary Designation	Contingent Beneficiary <i>(if any)</i>	Value

LIFE INSURANCE/ ANNUITIES

Company Account/Policy No.	Owner/ Insured	Beneficiary Designation	Contingent Beneficiary <i>(if any)</i>	Face Value

BUSINESS INTERESTS

Please list any interest that you have in any closely-held business entity:

Business Name and Type <small>(Corp, Partnership, LLP, LLC, etc)</small>	Ownership/ % of Ownership	Buy/Sell or Other Operating Agreement	Value

PERSONAL PROPERTY

Please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc:

Item	Ownership	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIRTUAL ASSETS

Please list any Paypal accounts, blogs, or other virtual assets that you own:

Institution	Type of Account	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VIRTUAL ACCOUNTS

Please list any personal email accounts, Facebook, or other virtual accounts:

Institution	Type of Account
_____	_____
_____	_____
_____	_____

Who has the passwords to your accounts? _____

Where can they be retrieved? _____

What would you like to have happen to these accounts after your death? _____

SAFE DEPOSIT BOX

Do you have a safe deposit or a place where you keep important papers? If so, please state the location:

Joint signer? _____ Key location? _____

ACCOUNTS RECEIVABLE (money owed to you)

Item	Ownership	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIABILITIES

Please list any personal loans, average credit card balances, guarantees, judgments, or other significant liability:

Liability	Creditor	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____