

**BIOGRAPHICAL DATA**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Spouse/Partner's Occupation: \_\_\_\_\_

Date of Marriage/ Registration of Partnership (RDP): \_\_\_\_\_

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. 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 a Revocable Living Trust?  
 Yes. Please bring a copy of it to your appointment  No

**CHILDREN AND OTHER DEPENDENTS**

For each child, state:

Name	Date of Birth	Whose Children <i>(Yours or Spouse's/Partner's)</i>	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 decision 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 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 or 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 / POWER OF ATTORNEY FOR YOU:** The person or bank who manages your money in the event of your incapacity or 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 bankruptcies, or substance of abuse: \_\_\_\_\_

Other: \_\_\_\_\_

Pets that require special consideration: \_\_\_\_\_

**FAMILY ADVISORS**

	Name	Address	Phone No.
Accountant	_____	_____	_____
Insurance Agent	_____	_____	_____
Financial Planner	_____	_____	_____
Banker	_____	_____	_____
Clergy	_____	_____	_____

**ASSETS AND LIABILITIES**

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 <i>Please indicate if jointly held or payable on death</i>	Value

**INVESTMENT ACCOUNTS (NON-RETIREMENT)**

Financial Institution	Account No.	Type of Account	Ownership <i>Please indicate if jointly held or payable on death</i>	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 <i>Please indicate if jointly held or payable on death</i>	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 (if any)	Value

**LIFE INSURANCE/ANNUITIES**

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

**BUSINESS INTERESTS**

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

Business Name and Type (Corp, Partnership, LLP, LLC, etc)	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 account, blogs, or other virtual assets that you own:

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

**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? \_\_\_\_\_

**ACCOUNT RECEIVABLE** (money owed to you)

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

**LIABILITIES**

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

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