

Estate Planning Information Sheet

Name: _____ DOB _____
(As you wish it to appear in will)

Place of Birth: _____

Social Security Number: _____

U.S. Citizen _____ Yes _____ No

Home Address: _____

Home Phone: _____

Business Phone: _____

Date and Place of Marriage _____

Have you lived in any other state than Oregon during your marriage?

_____ Yes _____ No

(If yes, list the states and dates.)

_____ State _____ Date

_____ State _____ Date

_____ State _____ Date

_____ State _____ Date

Date(s) and place(s) of any divorce(s) (please provide name of spouse).

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Please list all children of this marriage.

<u>Name</u>	<u>DOB</u>	<u>City of Residence</u>
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Are there any children not living now?

Are any of these children disabled?

Children of any former marriages?

<u>Name</u>	<u>DOB</u>	<u>City of Residence</u>	<u>Parent</u>
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a. Personal Representative:
(please list name and address)

First Choice

Second Choice

b. Guardian – for minor children
(please list name and address)

First Choice

Second Choice

c. Trustee or Custodian – to manage funds for minor children .
(please list name and Address)

First Choice

Second Choice

d. Specific Bequests – items of a personal nature.

Name of Person or Organization (include address)	Item/Amount
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e. Charitable Bequests.

Name of Person or Organization (include address)	Item/Amount
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f. Residue of Estate – after charitable and specific bequests

Name of Person or Organization (include address) Item/Amount

g. Other information or concerns?

h. Other Documents: (Please Provide Copies)

- 1. Do you have an Advanced Directive? Yes No
- 2. Does your Spouse have and Advanced Directive? Yes No
- 3. Have you signed a Power of Attorney Yes No
- 4. Has your Spouse signed a Power of Attorney Yes No