

**Estate Planning Information Sheet**

**Full Legal Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**U.S. Citizen:** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Date and Place of Marriage:** \_\_\_\_\_

**Have you lived in any other state than Oregon?** \_\_\_\_\_ **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.)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Estate Planning Information Sheet

**Please list all children of this marriage.**

**Name**

**DOB**

**City of Residence**

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**Are there any children not living now?**

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**Are any of these children disabled?**

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**Children of former marriages?**

**Name**

**DOB**

**City of Residence**

**Parent**

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**Personal Representative:**

**(Please list name and address and phone number)**

**(first choice)**

**(second choice)**

# Estate Planning Information Sheet

**Guardian – for minor children**  
**(Please list name and address)**

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**(first choice)**

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**(second choice)**

**Trustee or Custodian – to manage funds for minor children**  
**(please list name and address)**

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**(first choice)**

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**(second choice)**

**Specific Bequests – items of a personal nature.**

**Name of Person or Organization (include address)**

**Item/Amount**

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**Charitable Bequests**

**Name of Person or Organization (include address)**

**Item/Amount**

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**Estate Planning Information Sheet**

**Residue of Estate –after charitable and specific bequests**

<b>Name of Person or Organization (include address)</b>	<b>Item/Amount</b>
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**Other information or concerns?**

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**Other Documents: (Please Provide Copies)**

**Do you have an Advanced Directive?**                    \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Health Care Representative:** \_\_\_\_\_  
(address and Phone number)

**Alternate Health Care Representative:** \_\_\_\_\_  
(address and Phone number)

**Have you signed a Power of Attorney?**                    \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Has your Spouse signed a Power of Attorney?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**