

**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.)

_____	<b>State</b>	_____	<b>Date</b>
_____	<b>State</b>	_____	<b>Date</b>
_____	<b>State</b>	_____	<b>Date</b>
_____	<b>State</b>	_____	<b>Date</b>

**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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# Estate Planning Information Sheet

**Personal Representative:**

(Please list name and address and phone number)

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(first choice)

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(second choice)

**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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# Estate Planning Information Sheet

## Charitable Bequests

Name of Person or Organization (include address)

Item/Amount

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## Residue of Estate –after charitable and specific bequests

Name of Person or Organization (include address)

Item/Amount

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## Other information or concerns?

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## Other Documents: (Please Provide Copies)

Jason Broesder, Attorney at Law, LLC  
770 S. Front Street, Suite 100  
Central Point, OR 97502  
(541) 773-1222

## Estate Planning Information Sheet

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