

Estate Planning Information Sheet

Full Legal Name: _____ **DOB** _____

Place of Birth: _____

Social Security Number: _____

Email Address: _____

Spouse's Legal Name: _____ **DOB** _____

Social Security Number: _____

Email Address: _____

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**

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

Please list all children of this marriage.

Name

DOB

City of Residence

Are there any children not living now?

Are any of these children disabled?

Children of former marriages?

Name

DOB

City of Residence

Parent

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

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Personal Representative:

(Please list name and address and phone number)

(first choice)

(second choice)

Guardian – for minor children

(Please list name and address)

(first choice)

(second choice)

Trustee or Custodian – to manage funds for minor children

(please list name and address)

(first choice)

(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

Residue of Estate –after charitable and specific bequests

Name of Person or Organization (include address)

Item/Amount

Other information or concerns?

Other Documents: (Please Provide Copies)

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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**