

OWENS, PINZELIK, WOOD & SCHAFF, P.C.

MAIN:
RIVER FORUM I
4380 SW MACADAM AVENUE, SUITE 590
PORTLAND, OREGON 97239

SATELLITE OFFICES:
SE PORTLAND
VANCOUVER, WA

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JEANIE BREWER
VICTORIA TIMBROOK
PARALEGALS

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please, complete the following information as thoroughly as possible so that we are able to advise you appropriately. If a question does not apply to you, please indicate as such by filling in "N/A."

Today's Date _____

Your Full Legal Name _____

Your Spouse/Partner _____

Marital Status: Single Married Registered Domestic Partnership
 Divorced/Dissolved Widow/Widower Years Married _____

Are you and your spouse interested in being jointly represented? Yes No

Home Address _____

Home Telephone _____

	You	Spouse/Partner
Full Legal Name (If different from above)		
Former/Maiden Name(s)		
Social Security No.		
Veteran? VA ID No.		
Date of Birth		
Birthplace		
Citizenship		
Occupation		
Employer		
General Health (Physical and Mental)		

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Current Marriage/Domestic Partnership		
Date and Place of Marriage:		
If you have lived in any state other than Oregon during this marriage, list where and when.		
State:	From:	To:
State:	From:	To:
If you moved to Oregon during your marriage, when?		
Do you and your spouse/partner have a prenuptial or other formal property agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Children of Current Marriage (incl. Adopted Children)		
Name:	Nickname:	DOB:
Current Address:		
Name:	Nickname:	DOB:
Current Address:		
Name:	Nickname:	DOB:
Current Address:		

Former Marriages/Domestic Partnerships			
Former Spouse/Partner			
Former Spouse's SS#			
Date of Marriage			
Date of Divorce			
Do you have a copy of the judgment of dissolution?			

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Children of Former Marriages (incl. Adopted Children)		
Name:	Nickname:	DOB:
Co-Parent:		
Current Address:		
Name:	Nickname:	DOB:
Co-Parent:		
Current Address:		
Name:	Nickname:	DOB:
Co-Parent:		
Current Address:		

Do you have any children who have predeceased you? Yes No

If yes, which? _____

If yes, did any deceased child leave child(ren) of their own? Yes No

Advisors

Do you currently employ the services of any of the following professionals? Please, check all appropriate and provide name and contact info.

Attorney _____

Accountant _____

Financial Advisor _____

Life Insurance Agent _____

Personal Banker _____

Stock Broker _____

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Assets

Real Property			
Street Address	Owner	Current Market Value	Balance of Mortgage
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$

Cash Accounts			
Name and Branch Location of Institution	Owner	Type of Account	Balance
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/Money Market <input type="checkbox"/> CD	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/Money Market <input type="checkbox"/> CD	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/Money Market <input type="checkbox"/> CD	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/Money Market <input type="checkbox"/> CD	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/Money Market <input type="checkbox"/> CD	\$

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Safe Deposit Box

Do you have a safe deposit box? Yes No

If yes, please, be sure to include any assets held in the box in the appropriate place(s) on this form.

Name of Institution _____ Branch Location _____

Do you know the box number? _____ Ownership: You Spouse Joint

Does anyone else have access to this box? Yes No

If yes, please provide names and contact information:

Investments & Retirement Accounts (Stocks, bonds, etc. If a brokerage account, such as Scottrade, etc., or held in street name by brokerage, just list brokerage firm)			
Investment or Firm	Owner	Type	Value
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Stocks/bonds <input type="checkbox"/> Brokerage Account <input type="checkbox"/> IRA/401(k) <input type="checkbox"/> PERS	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Stocks/bonds <input type="checkbox"/> Brokerage Account <input type="checkbox"/> IRA/401(k) <input type="checkbox"/> PERS	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Stocks/bonds <input type="checkbox"/> Brokerage Account <input type="checkbox"/> IRA/401(k) <input type="checkbox"/> PERS	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Stocks/bonds <input type="checkbox"/> Brokerage Account <input type="checkbox"/> IRA/401(k) <input type="checkbox"/> PERS	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Stocks/bonds <input type="checkbox"/> Brokerage Account <input type="checkbox"/> IRA/401(k) <input type="checkbox"/> PERS	\$

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Business Interests				
Business Name & Location	Owner	Entity Type	Interest	Value
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Proprietor-/Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP	%	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Proprietor-/Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP	%	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Proprietor-/Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP	%	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Proprietor-/Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP	%	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	<input type="checkbox"/> Proprietor-/Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP	%	\$

Loans, Mortgages, Notes, and other Receivables (Owed to you by another party)				
Debtor	Owner	Date of Indebtedness	Full Amount Owed	Amount Now Due
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint		\$	\$

Vehicles			
Year, Make & Model	Owner	Current Market Value	Balance of Loan
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$

Life Insurance			
Insurer and Policy Type	Beneficiary(ies)	Distributions/Loans Taken	Policy Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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Miscellaneous (Valuable antiques, jewelry, and other collectibles)			
Description	Owner	Current Market Value	Balance of Loan
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$
	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint	\$	\$

Estate Summary (We will complete this portion together during our meeting.)			
Description	You Gross/Net	Spouse/Partner Gross/Net	Joint Gross/Net
Real Property	/	/	/
Cash	/	/	/
Investments	/	/	/
Businesses	/	/	/
Receivables	/	/	/
Vehicles	/	/	/
Life Insurance	/	/	/
Miscellaneous	/	/	/
Total	/	/	/

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Fiduciaries

We will discuss how to make appropriate selections for Personal Representative, Guardian, Trustee, and other fiduciaries in our meeting. Many of these positions can be filled by the same person or people. Please, make your tentative selections below.

Personal Representative (Carries out the terms of your will.)

1st Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____
2nd Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____
3rd Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____

Guardian (Makes decisions for you regarding your lifestyle such as where you will live, etc., in case you are living but unable.)

1st Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____
2nd Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____

Conservator (Makes personal financial decisions for you, pays your bills, etc. in case you are living but unable.)

1st Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____
2nd Choice _____ Relationship to You _____
Address _____
Telephone _____ Email _____

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Guardian for Minor Children (Cares for minor children in case your spouse predeceased you.)

1st Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

2nd Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

Trustee (Manages funds for the benefit of minor children or other beneficiaries in case your spouse predeceased you.)

1st Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

2nd Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

Attorney-in-Fact for Business Affairs (Manages your business interests in case you are alive but unable.)

1st Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

2nd Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

Health Care Representative (Ensures doctors respect your pre-elected care decisions and makes care decisions on your behalf if you are living but unable.)

1st Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

2nd Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

Continued on next page

Nominee to make decisions regarding the disposition of your remains.

1st Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

2nd Choice _____ Relationship to You _____

Address _____

Telephone _____ Email _____

What would you like done with your remains? _____

Your Bequests

Generally, to whom do you want to leave your estate? _____

Special Bequests (Specific items or amounts of money you wish to leave to people.)				
Name	Relationship to You	Address	Telephone	Item or Amount

Continued on next page

Charitable Bequests (Specific items or amounts of money you wish to leave to charities or churches.)			
Organization	For a Specific Purpose?	Address	Item or Amount

Pets – Would you like to discuss options regarding your pets? Yes No

Residue – Who would you like to receive the remainder of your estate after all debts are paid and all general, specific, and charitable bequests are made? _____

Other – Are there any other special considerations or provisions to discuss? _____

Important Family Questions

- 1. Are you or your spouse receiving social security, disability, Medicaid, or other government support or benefits? Yes No
- 2. Does any member of your family receive government support or benefits? Yes No
- 3. Do you have any adopted children? Yes No

- 4. Do you have a child with a learning disability? Yes No
- 5. Do you have a child with special educational, medical, or physical needs? Yes No
- 6. Do you have a child that is medically institutionalized? Yes No
- 7. Do you have a child that struggles with addiction (alcohol, gambling, recreational drugs)? Yes No
- 8. Do you have a child that is incarcerated? Yes No
- 9. Which and for what crime(s)? _____
- 10. Do you currently provide significant financial assistance or support to any of your adult children? Yes No
- 11. Do you have any children you specifically wish to disinherit? Yes No
- 12. Do you anticipate any familial tension once the contents of your will are revealed? Yes No
- 13. Are you currently making payments pursuant to a divorce or property settlement agreement? Yes No
- 14. Have you or your spouse ever filed federal or state gift tax returns? Yes No
(Please, furnish copies.)
- 15. Have you or your spouse previously completed wills, trusts, powers of attorney, contracts to make or not make a will, or other estate planning documents? (Please, furnish copies or the name and contact information of the attorney that prepared the documents.) Yes No

Is there any other information you feel your attorney should know that isn't already included on this form? _____

Thank you for taking the time to fill out this form. It is designed to help to make our discussions more productive. We look forward to assisting you with your estate planning goals.