

THE LARSON LAW FIRM, P.C.

ESTATE PLANNING, TAX, TRUST AND ESTATE ADMINISTRATION

CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Appointment: _____ Attorney: _____

FAMILY INFORMATION

1. Client's Full Name: _____ Birthdate: _____

2. Spouse's Full Name: _____ Birthdate: _____

3. Address: _____ Home Phone: _____

_____ County: _____

Client's Cell Phone: _____ Spouse's Cell Phone: _____

E-mail address(es) _____

4. US Citizen: Client Yes No Spouse Yes No

5. Previously married: Client Yes No Spouse Yes No

6. Social Security No.: (client) _____ (spouse) _____

7. Children: Please circle C for Client's, S for Spouse's and B for children of both Client and Spouse, whether natural or adopted.

Child #1 C S B Full Name _____ DOB _____

Address _____ Phone _____

Child #2 C S B Full Name _____ DOB _____

Address _____ Phone _____

Child #3 C S B Full Name _____ DOB _____

Address _____ Phone _____

(ATTACH A SEPARATE SHEET FOR ADDITIONAL CHILDREN, IF NEEDED)

Additional Sheet Attached

Do or Have any of your Children:

Receive SSI Benefits? No Yes Been Divorced? No Yes Declared Bankruptcy? No Yes

1800 Blankenship Road ■ Ste. 400 ■ West Linn, Oregon 97068
Voice 503.742.1821 ■ Fax 503.742.1827 ■ 1.800.908.8787 ■ mail@thelarsonlawfirm.com

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Names and contact information of guardians if children are minors.

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone (_____) _____

Phone (_____) _____

ESTATE PLANNING INFORMATION

8. Prior Will: No Yes Dated:_____ Prior Trust: No Yes Dated:_____

9. Indicate how you want your Estate distributed after you pass (e.g. equally to children, to named beneficiaries, etc.).

A. Primary Beneficiaries:

ATTACH A SEPARATE SHEET, IF NEEDED)

Additional Sheet Attached

10. Names and contact information of two PEOPLE TO ADMINISTER YOUR ESTATE in the event of your death or incapacity.

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone (_____) _____

Phone (_____) _____

11. Names and contact information of two PEOPLE TO MAKE HEALTH CARE DECISIONS in the event of your incapacity.

Name _____

Name _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Phone (_____) _____

Phone (_____) _____

FINANCIAL INFORMATION

ASSETS

	Address/Description	How Title Held <small>(e.g. Joint Tenancy)</small>	Original / Current Value \$ / Value \$
12. Real Property	a. _____	_____	\$_____ \$_____
	b. _____	_____	\$_____ \$_____
	c. _____	_____	\$_____ \$_____

Were any properties sub-divided, condo converted, partitioned, or split: No Yes

13. Secured Notes a. _____ \$_____

(e.g. mortgages, trust deeds,
real estate contracts owned by you)

14. Please summarize the total value of:

	How held?	
a. limited partnerships	<input type="checkbox"/> jointly <input type="checkbox"/> separately	\$_____
b. stocks, bonds and mutual funds	<input type="checkbox"/> jointly <input type="checkbox"/> separately	\$_____ \$_____
c. cash accounts <small>(C.D.'s, checking, savings)</small>	<input type="checkbox"/> jointly <input type="checkbox"/> separately	\$_____

15. Current cash value of:

	How held?	
a. retirement plans <small>(IRA's, Keough's, 401K's, etc.)</small>	<input type="checkbox"/> jointly <input type="checkbox"/> separately	\$_____
b. annuities	<input type="checkbox"/> jointly <input type="checkbox"/> separately	\$_____

16. If you are self-employed indicate type of business and value:

SOLE PROPRIETOR PARTNERSHIP CORPORATION \$_____

17. If you have Life Insurance please complete the following:

Company	Owner	Beneficiary
a. _____	_____	_____ \$_____
b. _____	_____	_____ \$_____
c. _____	_____	_____ \$_____

18. Estimate the value of your personal effects.
(jewelry, furnishings, motor vehicles, boats, etc.) \$_____

19. **GROSS ESTATE (TOTAL OF ALL VALUES NUMBERS 12-17)** \$_____

20. **TOTAL DEBTS AND LIABILITIES** \$_____

NET TAXABLE ESTATE (LINE 19 MINUS LINE 20) \$_____

PLEASE BRING COPIES OF THE FOLLOWING ITEMS TO YOUR APPOINTMENT

- Any previous will and/or trust
- All deeds (including the most recent tax bill for each property)
- Secured notes, trust deeds, mortgages, or land sale contracts listed for debts or money owed to you (**not liabilities of yours)