ESTATE PLANNING QUESTIONNAIRE

DATE OF DIDTH.						
DATE OF BIRTH:	PLACE OF BIRTH:					
SPOUSE'S LEGAL NAME:	SOCIAL SECURITY #:					
DATE OF BIRTH:	PLACE OF BIRTH:					
MAILING ADDRESS: ☐ Home ☐ Business	RESS: ☐ Home ☐ Business ☐ Other					
CONTACT NUMBERS: Home:	O.K. to leave message?	P □ YES □ NO				
Work:						
Wireless:						
	nail:O.K. to send info.? YES NO					
DATE AND PLACE OF THIS MARRIAGE:	DATE AND PLACE OF A	DATE AND PLACE OF ANY DIVORCE:				
DATE AND PLACE OF ANY PRIOR WILL OR ESTA	ATE PLANNING DOCUMENT:					
CHILDREN OF THIS MARRIAGE:						
Name Address	Phone #	Date of Birth				
CHILDREN OF PRIOR MARRIAGE: Name Address	Phone #	Date of Birth				

PERSONS YOU WANT APP	POINTED IN YOUR WILL: Name	Address	Phone#
Personal Representative/	Trustee		
Alternate P.R./Trustee			
	ds		
Briefly describe how you necessary):	would like your estate to be	e distributed upon your de	eath (attach sheet if
ASSETS (If you and your s REAL PROPERTY (resident Name of Owner	pouse are both listed as ow ce) Address	ners, please list owner as Value	"joint"): Mortgage Balance
REAL PROPERTY (residence	ce)		
REAL PROPERTY (resident Name of Owner OTHER REAL PROPERTY	ce) Address	Value	Mortgage Balance
REAL PROPERTY (resident Name of Owner OTHER REAL PROPERTY Name of Owner BANKING	Address Address	Value	Mortgage Balance Mortgage Balance

RETIREMENT BENEF Account Description		employer, Keogh, IRA, etc.): Company Name of Owner		
LIFE INSURANCE				
Policy #	Company	Owner	Beneficiary	Value
ADDITIONAL ACCETS	OD INFORMATION.			
ADDITIONAL ASSETS	OR INFORMATION:			

Please return to: Coleman & Noland Law, P.C.

1045 13th Street SE Salem, OR 97302

Email: office@colemanandnoland.com / Fax: (503) 370-4541