

**PERSONAL INFORMATION**

FULL LEGAL NAME: \_\_\_\_\_

ALTERNATE NAME(S): \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ MOBILE PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE  DIVORCED  LEGALLY SEPARATED  WIDOWED  LIFE PARTNER

DATE AND PLACE OF THIS MARRIAGE: \_\_\_\_\_

DATE AND PLACE OF ANY DIVORCE: \_\_\_\_\_

**SPOUSE'S PERSONAL INFORMATION (IF APPLICABLE)**

SPOUSE'S LEGAL NAME: \_\_\_\_\_

ALTERNATE NAME(S): \_\_\_\_\_

FOR ADVANCE DIRECTIVE FOR HEALTH CARE, THIS INDIVIDUAL IS MY:

HEALTH CARE REPRESENTATIVE  FIRST ALTERNATIVE HEALTH CARE REP  SECOND ALTERNATIVE HEALTH CARE REP

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS(ES): \_\_\_\_\_

SPOUSE'S HOME PHONE NUMBER: \_\_\_\_\_ SPOUSE'S MOBILE PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MARITAL STATUS:  MARRIED  SINGLE  DIVORCED  LEGALLY SEPARATED  WIDOWED  LIFE PARTNER

DATE AND PLACE OF THIS MARRIAGE: \_\_\_\_\_

DATE AND PLACE OF ANY DIVORCE: \_\_\_\_\_

**CHILDREN**

PLEASE LIST ALL OF YOUR CHILDREN, INCLUDING THOSE WHO ARE NOW DECEASED, AND ANY CHILDREN FROM A PRIOR MARRIAGE:

FULL LEGAL NAME: \_\_\_\_\_ ALTERNATE NAME(S): \_\_\_\_\_

FOR ADVANCE DIRECTIVE FOR HEALTH CARE, THIS INDIVIDUAL IS MY:

HEALTH CARE REPRESENTATIVE  FIRST ALTERNATIVE HEALTH CARE REP  SECOND ALTERNATIVE HEALTH CARE REP

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CHILD OF:  THIS MARRIAGE  PREVIOUS MARRIAGE  DECEASED

FULL LEGAL NAME: \_\_\_\_\_ ALTERNATE NAME(S): \_\_\_\_\_

FOR ADVANCE DIRECTIVE FOR HEALTH CARE, THIS INDIVIDUAL IS MY:

HEALTH CARE REPRESENTATIVE  FIRST ALTERNATIVE HEALTH CARE REP  SECOND ALTERNATIVE HEALTH CARE REP

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CHILD OF:  THIS MARRIAGE  PREVIOUS MARRIAGE  DECEASED

FULL LEGAL NAME: \_\_\_\_\_ ALTERNATE NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CHILD OF:  THIS MARRIAGE  PREVIOUS MARRIAGE  DECEASED

FULL LEGAL NAME: \_\_\_\_\_ ALTERNATE NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CHILD OF:  THIS MARRIAGE  PREVIOUS MARRIAGE  DECEASED

FULL LEGAL NAME: \_\_\_\_\_ ALTERNATE NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CHILD OF:  THIS MARRIAGE  PREVIOUS MARRIAGE  DECEASED

**IMPORTANT ESTATE PLANNING INFORMATION**

DATE AND PLACE OF ANY PRIOR WILL OR ESTATE PLANNING DOCUMENT: \_\_\_\_\_

**PERSONS YOU WANT APPOINTED IN YOUR ESTATE PLAN:**

**PERSONAL REPRESENTATIVE/TRUSTEE:**

FULL LEGAL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ALTERNATE PERSONAL REPRESENTATIVE/TRUSTEE:**

FULL LEGAL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**GUARDIAN FOR CHILDREN:**

FULL LEGAL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**ALTERNATE GUARDIAN FOR CHILDREN:**

FULL LEGAL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TRUSTEE OF CHILDREN'S FUNDS:**

FULL LEGAL NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BRIEFLY DESCRIBE HOW YOU WOULD LIKE YOUR ESTATE TO BE DISTRIBUTED UPON YOUR DEATH (ATTACH SHEET IF NECESSARY):

Multiple horizontal lines for describing estate distribution preferences.

ASSETS

IF YOU AND YOUR SPOUSE ARE BOTH LISTED AS OWNERS, PLEASE LIST OWNER AS "JOINT"

REAL PROPERTY (RESIDENCE) NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VALUE: \_\_\_\_\_ MORTGAGE BALANCE: \_\_\_\_\_

OTHER REAL PROPERTY NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VALUE: \_\_\_\_\_ MORTGAGE BALANCE: \_\_\_\_\_

BANKING ACCOUNT DESCRIPTION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

BANK AND BRANCH: \_\_\_\_\_ BALANCE: \_\_\_\_\_

BANKING ACCOUNT DESCRIPTION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

BANK AND BRANCH: \_\_\_\_\_ BALANCE: \_\_\_\_\_

**STOCKS AND BONDS:** ACCOUNT DESCRIPTION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ VALUE: \_\_\_\_\_

**STOCKS AND BONDS:** ACCOUNT DESCRIPTION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ VALUE: \_\_\_\_\_

**RETIREMENT BENEFITS (FROM EMPLOYER, 401(K), IRA, KEOGH, ETC.):**

ACCOUNT DESCRIPTION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ VALUE: \_\_\_\_\_

**RETIREMENT BENEFITS (FROM EMPLOYER, 401(K), IRA, KEOGH, ETC.):**

ACCOUNT DESCRIPTION: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ VALUE: \_\_\_\_\_

**LIFE INSURANCE:** COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_ VALUE: \_\_\_\_\_

**LIFE INSURANCE:** COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_ VALUE: \_\_\_\_\_

PLEASE RETURN TO COLEMAN & NOLAND LAW:

1045 13<sup>TH</sup> STREET SE, SALEM, OR 97302

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