

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): _____

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HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DOB: _____ PLACE OF BIRTH: _____ PHONE NUMBER: _____

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CITY: _____ STATE: _____ ZIP: _____

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CHILD OF: ☐ THIS MARRIAGE ☐ PREVIOUS MARRIAGE ☐ DECEASED

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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):

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 13TH STREET SE, SALEM, OR 97302

OFFICE@COLEMANANDNOLAND.COM | FAX: (503) 370-4541