

IF COMPLETING THE  
FORM BY HAND -  
PLEASE USE BLACK INK

**CLIENT QUESTIONNAIRE**

The information supplied on this questionnaire will form the basis of any estate planning I do for you. Please attempt to be as accurate as possible when filling it out. If a particular item does not apply to you simply draw a line through it. Please note that I will not be responsible for errors in your estate planning which result from any failure on your part to supply complete or correct information. Completing this form will not in any way obligate you to use my services.

A. Your Personal Data date: \_\_\_\_\_

1. Full name: \_\_\_\_\_
2. Other names Used: \_\_\_\_\_
3. Home address: \_\_\_\_\_  
\_\_\_\_\_
4. Home telephone number: \_\_\_\_\_
5. E-Mail and Fax number: \_\_\_\_\_
6. Business or occupation: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Work telephone number: \_\_\_\_\_
9. Social security number: \_\_\_\_\_
10. Birth date: \_\_\_\_\_
11. Citizenship: \_\_\_\_\_
12. Period of Residence in Oregon: \_\_\_\_\_
13. State of health: \_\_\_\_\_
14. If veteran state branch of service and date of discharge: \_\_\_\_\_  
\_\_\_\_\_

B. Information on Spouse, if currently married

1. Full name: \_\_\_\_\_
2. Other names Used: \_\_\_\_\_
3. Home address: \_\_\_\_\_
4. Home telephone number: \_\_\_\_\_
5. E-Mail and Fax number: \_\_\_\_\_
6. Business or occupation: \_\_\_\_\_
7. Employer: \_\_\_\_\_
8. Work telephone number: \_\_\_\_\_
9. Social security number: \_\_\_\_\_
10. Birth date: \_\_\_\_\_
11. Citizenship: \_\_\_\_\_
12. Period of Residence in Oregon: \_\_\_\_\_
13. State of health: \_\_\_\_\_
14. If veteran state branch of service and date of discharge: \_\_\_\_\_  
\_\_\_\_\_

C. Name of Individual or Company Who Referred You

1. Friend: \_\_\_\_\_
2. Stock Broker: \_\_\_\_\_
3. Accountant: \_\_\_\_\_
4. Other: \_\_\_\_\_

D. Accountant or Tax Advisor

1. Name: \_\_\_\_\_
2. Company: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. E-Mail & Fax number: \_\_\_\_\_

E. Investment Advisor

1. Name: \_\_\_\_\_
2. Company: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. E-mail & Fax number: \_\_\_\_\_

F. Current Marriage - If currently married please provide the following:

1. The date and place of marriage: \_\_\_\_\_  
\_\_\_\_\_
2. If since your marriage, you and your spouse have resided outside Oregon, the dates and places of each out-of-state residence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you and your spouse executed a prenuptial agreement? \_\_\_\_\_
4. If you and your spouse are separated, please give the date of separation: \_\_\_\_\_  
\_\_\_\_\_

G. Prior Marriages - If you or your current spouse have previously been married please provide the following information for each marriage:

1. Name of former spouse: \_\_\_\_\_
2. Dates of marriage: \_\_\_\_\_
3. Did the marriage end in death or divorce? \_\_\_\_\_

H. Contemplated Marriages - If you are unmarried and plan to marry in the near future, please give the name and address of your intended spouse:

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_

I. Children of Your Current Marriage - Please provide the following information for each living child of your current marriage. (please attach additional sheets for additional children).

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

J. Your Children From Prior Marriages / Relationships - If you have had children from prior marriages or relationships please provide the following information for each living child (attach additional sheets for additional children as needed).

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

K. Spouse's Children From Prior Marriages / Relationships - If your spouse has children from prior marriages or relationships please provide the following information for each living child (attach additional sheets for additional children as needed).

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_

L. Predeceased Children - If any children have predeceased you or your current spouse with children of their own, please provide the following information for each predeceased child (attach additional sheets for additional children as necessary).

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Birth date: \_\_\_\_\_
4. Parents' names: \_\_\_\_\_
5. Name(s) of their children: \_\_\_\_\_

M. Parents - If you or your spouse have parents who are now living please provide the following information (attach additional sheets as necessary):

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Age: \_\_\_\_\_

1. Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. Age: \_\_\_\_\_

1. Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. Age: \_\_\_\_\_

1. Name: \_\_\_\_\_  
2. Address: \_\_\_\_\_  
3. Age: \_\_\_\_\_

N. Your Financial Profile - For each item of property you or your spouse own please provide the following information (attach additional sheets for each piece of property as necessary). Please also attach copies of all deeds for, and buy-out agreements affecting, parcels of real property listed.

1. Real property

Property 1.

- a. Address: \_\_\_\_\_
- b. Type of property (e.g., your residence, rental property, vacation property): \_\_\_\_\_
- c. Date of acquisition and purchase price: \_\_\_\_\_
- d. Approximate fair market value: \_\_\_\_\_

Property 2.

- a. Address: \_\_\_\_\_
- b. Type of property (e.g., your residence, rental property, vacation property): \_\_\_\_\_
- c. Date of acquisition and purchase price: \_\_\_\_\_
- d. Approximate fair market value: \_\_\_\_\_

Property 3.

- a. Address: \_\_\_\_\_
- b. Type of property (e.g., your residence, rental property, vacation property): \_\_\_\_\_
- c. Date of acquisition and purchase price: \_\_\_\_\_
- d. Approximate fair market value: \_\_\_\_\_

2. Cash (e.g., checking accounts, savings accounts, CDS, money market accounts)

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account (e.g., checking, savings): \_\_\_\_\_
- c. Approximate Balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account (e.g., checking, savings): \_\_\_\_\_
- c. Approximate Balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account (e.g., checking, savings): \_\_\_\_\_
- c. Approximate Balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account (e.g., checking, savings): \_\_\_\_\_
- c. Approximate Balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

3. Securities & Brokerage Accounts - For any securities and brokerage accounts you own please provide the value of the securities or brokerage account(s) and how they are owned, (e.g. individually, as joint tenants or in trust). If securities are held in a brokerage account and not individually, you do not need to list each security in the account. **(Please do not list IRA, 401k or other retirement accounts here, list them on Item 5.)**

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account: \_\_\_\_\_
- c. Approximate balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account: \_\_\_\_\_
- c. Approximate balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account: \_\_\_\_\_
- c. Approximate balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

- a. Name of financial institution: \_\_\_\_\_
- b. Type of account: \_\_\_\_\_
- c. Approximate balance: \$ \_\_\_\_\_
- d. How is title to this account held? \_\_\_\_\_

4. Business You own

- a. Name of business: \_\_\_\_\_
- b. Type of business (e.g., sole proprietorship, partnership, corporation):  
\_\_\_\_\_
- c. Nature of business and location: \_\_\_\_\_  
\_\_\_\_\_
- d. Co-owners and ownership interest of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. Fair market value of business: \_\_\_\_\_
- f. If you have entered into a buy-sell agreement, partnership agreement, employment agreement, key executive insurance agreement, or pension or profit-sharing plan please attach a copy of each agreement and plan.

5. Retirement and other employee benefits - Please list all retirement assets, including IRA accounts, 401(k), profit-sharing plans, deferred compensation plans, and other similar accounts. In your description of each asset, include its value (assuming a current date of death). If you have designated a death beneficiary for the asset, indicate who the beneficiary is:

a. Name of financial institution: \_\_\_\_\_  
b. Type of account: \_\_\_\_\_  
c. Approximate balance: \$ \_\_\_\_\_  
d. How is title to this account held? \_\_\_\_\_  
e. Beneficiary designation: \_\_\_\_\_

a. Name of financial institution: \_\_\_\_\_  
b. Type of account: \_\_\_\_\_  
c. Approximate balance: \$ \_\_\_\_\_  
d. How is title to this account held? \_\_\_\_\_  
e. Beneficiary designation: \_\_\_\_\_

a. Name of financial institution: \_\_\_\_\_  
b. Type of account: \_\_\_\_\_  
c. Approximate balance: \$ \_\_\_\_\_  
d. How is title to this account held? \_\_\_\_\_  
e. Beneficiary designation: \_\_\_\_\_

a. Name of financial institution: \_\_\_\_\_  
b. Type of account: \_\_\_\_\_  
c. Approximate balance: \$ \_\_\_\_\_  
d. How is title to this account held? \_\_\_\_\_  
e. Beneficiary designation: \_\_\_\_\_

6. Life insurance - Please provide the following for each policy of insurance in which you or your spouse is the insured party

a. Insurance company: \_\_\_\_\_  
b. Life insured: \_\_\_\_\_  
c. Owner of policy: \_\_\_\_\_  
d. Type of policy (e.g., whole life, term): \_\_\_\_\_  
e. Face value of each policy less borrowed amounts: \_\_\_\_\_  
f. Beneficiary: \_\_\_\_\_



- a. Insurance company: \_\_\_\_\_
- b. Life insured: \_\_\_\_\_
- c. Owner of policy: \_\_\_\_\_
- d. Type of policy (e.g., whole life, term): \_\_\_\_\_
- e. Face value of each policy less borrowed amounts: \_\_\_\_\_
- f. Beneficiary: \_\_\_\_\_

- a. Insurance company: \_\_\_\_\_
- b. Life insured: \_\_\_\_\_
- c. Owner of policy: \_\_\_\_\_
- d. Type of policy (e.g., whole life, term): \_\_\_\_\_
- e. Face value of each policy less borrowed amounts: \_\_\_\_\_
- f. Beneficiary: \_\_\_\_\_

7. Annuities - Please provide the following for each annuity of which you or your spouse is owner or beneficiary.

- a. Annuity Company: \_\_\_\_\_
- b. Annuitant: \_\_\_\_\_
- c. Owner of annuity: \_\_\_\_\_
- d. Amount: \_\_\_\_\_
- e. Beneficiary: \_\_\_\_\_

- a. Annuity Company: \_\_\_\_\_
- b. Annuitant: \_\_\_\_\_
- c. Owner of annuity: \_\_\_\_\_
- d. Amount: \_\_\_\_\_
- e. Beneficiary: \_\_\_\_\_

- a. Annuity Company: \_\_\_\_\_
- b. Annuitant: \_\_\_\_\_
- c. Owner of annuity: \_\_\_\_\_
- d. Amount: \_\_\_\_\_
- e. Beneficiary: \_\_\_\_\_

8. Promissory notes - For each promissory note (a note under which someone owes you money) in which you have an ownership interest, list the name of the person making the payments, who the payments are made to, and the current outstanding balance on the note.

- a. Person(s) making payments: \_\_\_\_\_
- b. Recipients of payments: \_\_\_\_\_
- c. Balance: \$ \_\_\_\_\_

9. Beneficial interest in trust - Are you the beneficiary of a trust? If so, give the name of the trust and the approximate value of your interest in it.

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10. Tangible personal property - Please list all tangible personal property of significant value (ie. each individual item or collection of items worth in excess of \$50,000) that you own, including, e.g., artworks, jewelry, antiques, coins, rare books, stamps, silver, and furs. Indicate the approximate fair market value of each item.

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11. Other assets (e.g., interest in lawsuit, copyrights, patents, mineral rights) - Please list any asset you own that has not been listed above, except for tangible personal property of an ordinary nature. Describe each asset and state its current value:

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12. Liabilities - Please list all your liabilities (money you owe others) and provide the name of the person or institution to whom the money is owed, the amount owed, the names of any co-debtors, and the property that secures the debt, if any, for each (you need not list a revolving or charge account unless the outstanding balance exceeds \$25,000):

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O. If you have a safe deposit box or storage rental unit please identify the box or unit by number and the name and address of the institution where the box or unit is located:

\_\_\_\_\_

P. If you expect to inherit property in the near future please describe what you expect to inherit and from whom.

\_\_\_\_\_

Q. Gifts - If you have made any gifts to anyone **over** the annual gift tax exclusion in effect at the time of the gift (\$10,000 for years prior to 2002 and currently \$12,000). For each gift please provide the name of the person to whom you made the gift, a description of what was given, the value of the gift when the gift was made, and the year in which the gift was made.

\_\_\_\_\_

R. If you currently have a will (including any codicils and letters of instructions) and/or a revocable living trust, please attach copies. If you have executed a durable power of attorney or health care directive of any sort, attach copies.

S. Please indicate any special burial or funeral instructions you wish your executor to know about:

\_\_\_\_\_

T. If you have minor children, please list the name, address and telephone number of those persons you would want to be appointed as guardians of those minor children if you were to die before your children reached age 18.

First: \_\_\_\_\_

Second: \_\_\_\_\_

Third: \_\_\_\_\_

U. List the name, address and telephone number of at least two persons you would want to make medical decisions for you if you were to become incapacitated.

First: \_\_\_\_\_

Second: \_\_\_\_\_

Third: \_\_\_\_\_

V. If you were incapacitated, please list the name, address and telephone number one or more persons you would want to make financial decisions for you.

First: \_\_\_\_\_

Second: \_\_\_\_\_

Third: \_\_\_\_\_

W. If your estate plan is to include a trust, please list the name, address and telephone number of those persons you would want to act as successor trustees to that trust if you and your spouse (if any) were unable to act as trustee.

First: \_\_\_\_\_

Second: \_\_\_\_\_

Third: \_\_\_\_\_

X. In your own words, briefly state how you wish for your estate to be distributed on your death and any other information you believe may be useful in drafting your estate plan. \_\_\_\_\_

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\_\_\_\_\_

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