

CONFIDENTIAL

FAMILY INFORMATION QUESTIONNAIRE

FAMILY INFORMATION:

Date: _____

Your Full Legal Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Birthdate: _____ Social Security No. _____

Occupation: _____ Citizenship: _____

Spouse's Full Legal Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Birthdate: _____ Social Security No. _____

Occupation: _____ Citizenship: _____

Marital Status:

- Single Married Oregon Registered Domestic Partner Widow/Widower Divorced

Year Married: _____ Do you have a Prenuptial Agreement in effect? _____

Children (use full name)	Parents*	Birthdate	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* "JT" if both spouses are parents, "H" if husband is the parent, "W" if wife is the parent, and "S" if you are a single parent

Advisors:

Attorney: _____

Accountant: _____

Financial Advisor: _____

Life Insurance Agent: _____

ASSET INFORMATION:

Real Estate:

<i>Description & Location</i>	<i>Ownership</i>				<i>Market Value</i>	<i>Mortgage Balance</i>
	H	W	JT	Trust		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____

Mortgage Information (name, address, and loan number): _____

Property Insurance Agent (name, address, and policy number): _____

Have any parcels been deeded off? Yes: _____ No: _____

Cash Accounts:

<i>Name of Institution</i>	<i>Ownership</i>				<i>Type</i>				<i>Amount</i>
	H	W	JT	Trust	Checking	Savings	Money Market	CD	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____



Safe Deposit Box:

Safe Deposit Box: Yes _____ No _____ Name of Institution: _____

Branch: _____ Box No. _____ Ownership: H W JT Trust

Investments:

(Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account)

Name of Institution	Ownership				Value
	H	W	JT	Trust	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Mortgages, Notes, and Other Receivables:

(Money payable to you)

	H	W	JT	Trust	Date of Note	Face Amount	Balance
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____	\$ _____

Business Interests:

(For Type use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, and "SP" for Sole Proprietorship)

	Ownership				Type				Ownership Interest	Value
	H	W	JT	Trust	C	P	LLC	SP		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



Miscellaneous:

(List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

	<i>Ownership</i>				<i>Value</i>
	H	W	JT	Trust	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Life Insurance:

(For Type use: "T" for Term; "WL" for Whole Life; "U" for Universal; "V" for Variable, etc.)

Note: Designate "N/A" under Beneficiary or Alternate Beneficiary if no beneficiary is named

Company	Type	Owner	Insured	Death Benefit	Beneficiary	Alternate Beneficiary

Retirement Benefits:

(Including IRAs, 401(k)s, and similar tax-deferred plans or accounts)

<i>Name of Institution</i>	H	W	<i>Primary Beneficiary</i>	<i>Alternate Beneficiary</i>	<i>Value</i>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____

Note: Designate "N/A" under Beneficiary or Alternate Beneficiary if no beneficiary is named



FIDUCIARY SELECTIONS:

We will discuss how to select Personal Representatives, Trustees, and Guardians in our meeting. Please insert your tentative choices below.

Personal Representative (carries out the terms of your will):

Name *Address* *Phone*

First Choice: _____

Second Choice: _____

Trustee (to manage funds for minor children or to manage funds after death of spouse):

Name *Address* *Phone*

First Choice: _____

Second Choice: _____

Guardian (to care for minor children):

Name *Address* *Phone*

First Choice: _____

Second Choice: _____

Attorney-in-Fact for Business Affairs (to handle your financial affairs, generally after your incapacity):

Name *Address* *Phone*

First Choice: _____

Second Choice: _____

Health Care Representative (makes health care decisions when you are unable):

Name *Address* *Phone*

First Choice: _____

Second Choice: _____



DISTRIBUTION PROVISIONS: (Generally, to whom you want to leave your assets):

Specific Bequests (specific items you may wish to give to people):

	<i>Names of Persons</i>	<i>Address</i>	<i>Item or Amount</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Charitable Bequests (gifts you wish to make to charitable organizations):

	<i>Name of Organization</i>	<i>Address</i>	<i>Item or Amount</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Residue of Estate (list who is to receive estate after you have made your specific and charitable gifts):

<i>Person(s)</i>	<i>Relationship</i>	<i>Percentage</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Special Provisions Desired:



IMPORTANT FAMILY QUESTIONS:

- 1. Do any of your family receive governmental support or benefits? Yes No
- 2. Do any of your children have special education, medical, or physical needs? Yes No
- 3. Do you provide primary or other major financial support to adult children? Yes No
- 4. Have either of you been divorced? Yes No
- 5. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
- 6. Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life? Yes No
- 7. Have you and your spouse ever signed a pre-or post-marriage contract? (Please furnish a copy) Yes No
- 8. Have you or your spouse been widowed? (If a federal estate tax return or a state death tax return was filed, please furnish a copy) Yes No
- 9. In what states have you lived while married to your current spouse?

- During what periods of time did you reside there? _____

- 10. Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns) Yes No

Other Information or Comments:

Thank you for taking the time to fill out this form. It makes our meeting more productive.

