

# ESTATE PLANNING INFORMATION PACKET

(PLEASE COMPLETE THIS PACKET IN INK)

**To ensure that we will have enough time to understand the specifics of your situation, we must have this *Information Packet* returned to us at least three days prior to our meeting**

If you need assistance completing the information, call our office (541-738-1800) and we will help you.

**DON'T WORRY ABOUT TOTAL ACCURACY – JUST DO THE BEST YOU CAN**

**WE LOOK FORWARD TO SEEING YOU!!!**



**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

**PERSONAL INFORMATION**

Your Signature Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

It is okay to communicate with me via my E-mail address.

Married: Date of Marriage \_\_\_\_\_  Divorced  Widowed  Single

Cohabiting: Domestic Partnership Registration Filed? \_\_\_\_\_

Spouse/Partner's Signature Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business or Cell Phone \_\_\_\_\_



Employer \_\_\_\_\_ Position \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

It is okay to communicate with me via E-mail

### CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

*(Use full legal name. Please provide information on all children, including parentage.)*

Name	Birth date	Parent(s) or Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

### IMPORTANT FAMILY QUESTIONS

	<u>YOU</u>		<u>SPOUSE/PARTNER</u>	
Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy (including copies of Qualified Domestic Relations Orders (QDROS)).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



If married have you and your spouse signed a pre- or post-nuptial contract? If unmarried partners, have you and your partner entered into a property agreement or similar document? *Please furnish a copy*

Yes       No       Yes       No

Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? *If yes, please describe below*

Yes       No       Yes       No

Do you own a business or have an interest in a family or other closely-held business? *If yes, please describe below*

Yes       No       Yes       No

Do you own a long-term care (nursing home) insurance policy?

Yes       No       Yes       No

Have you ever lived in a community property state (e.g. California, Washington, or others)?

Yes       No       Yes       No

Have you (or your spouse/partner) ever filed federal or state gift tax returns? *Please furnish copies of these returns.*

Yes       No       Yes       No

Do you support any charitable organizations now that you wish to make provisions for at the time of your death? *If so, please explain below.*

Yes       No       Yes       No

Are you (or your spouse/partner) currently the beneficiary of anyone else's trust? *If so, please explain below.*

Yes       No       Yes       No

Do you anticipate receiving an inheritance from anyone?

Yes       No       Yes       No

**ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME, INCLUDING ANY SPECIAL REASONS YOU ARE SEEKING TO DO ESTATE PLANNING, PARTICULAR FAMILY OR OTHER SITUATIONS THAT YOU NEED TO PLAN FOR.**

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## FAMILY VALUES

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”  
*Feel free to leave blank any item you do not wish to rank.*

	Most Important	Important	Neutral	Least Important
▪ Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion, kindness, generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.  
Attach additional pages, if necessary.

INCOME:	<u>You</u>	<u>Spouse/Partner</u>
Monthly Income from Employment:	_____	_____
Monthly Social Security Income:	_____	_____
Monthly Pension Income:	_____	_____
Other Monthly Income:	_____	_____

### REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.  
(please list manner in which title held – Joint Tenant, Tenants by the Entirety (aka “Husband and Wife”), Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	<i>Total</i>	_____	_____

### PERSONAL PROPERTY

**TYPE:** List separately only major personal effects of valuable items such as, jewelry, art, collections, antiques, musical instruments, firearms, furs, and all other valuable non-business personal property (*indicate type below and give a lump sum value for miscellaneous, less valuable items.*)

Type or Description	Owner	Market Value
Miscellaneous Furniture and Household Effects (Total)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____



## BANK & SAVINGS ACCOUNTS

**TYPE:** Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*).  
*Do not include IRA's or 401(k)'s here*

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

Note: If Account is in your name (or your spouse/partner's name) for the benefit of a minor, please specify and give minor's name.

## BROKERAGE ACCOUNTS/STOCKS AND BONDS

**TYPE:** List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account.  
*(indicate type below)*. Do not list retirement plan accounts here; please list those below.

Stocks, Bonds or Investment Accounts	Type	Acct. Number	Owner	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<i>Total</i>				_____

## LIFE INSURANCE POLICES AND ANNUITIES

**TYPE:** Term, whole life, split dollar, group life, annuity. **ADDITIONAL INFORMATION:** Insurance company, type, face amount (death benefit), whose life is insured, who owns the policy, the current beneficiaries, who pays the premium, and who is the life insurance agent.

_____				
_____				
_____				
_____				
_____				
_____				
_____				
_____				
<i>Total</i>				_____



## RETIREMENT PLANS

**TYPE:** Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K). **ADDITIONAL INFORMATION:** Describe the type of plan, the plan name, the current value of the plan, and any other pertinent information.

Name of Institution and account number	Type	Owner	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		<i>Total</i>	_____

## BUSINESS INTERESTS

**TYPE:** General and Limited Partnerships, Sole Proprietorships, Limited Liability Companies (LLCs), privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

_____	
_____	
_____	
_____	
_____	
_____	
<i>Total</i>	_____

## MONEY OWED TO YOU

**TYPE:** Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

## ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

**TYPE:** Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

**Description** \_\_\_\_\_  
 \_\_\_\_\_





## OTHER ASSETS

**TYPE:** Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	<i>Total</i>	_____

## DESIGN INFORMATION

### PERSONS TO ACT FOR YOU – IF YOU ARE UNABLE

#### GUARDIAN FOR MINOR CHILDREN:

If you have any children under the age of 18, list in order of preference who would raise them and love them in the manner as close as possible to the way you would.

Name, Address and Phone Number	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## FINANCIAL DECISION MAKERS

**DISABILITY TRUSTEE:** If you become incapacitated and cannot manage your own financial affairs, who do you want to do so on your behalf?

Name, Address and Phone Number	Relationship
_____	_____
_____	_____
_____	_____
_____	_____



**DEATH TRUSTEE:** After both of your deaths, who do you want making decisions regarding the management and distribution of your assets to your beneficiaries?

**Name, Address and Phone Number**

**Relationship**

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**HEALTH CARE DECISION MAKERS**

**HEALTH CARE:** If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your medical treatment?

**YOUR AGENT**

**Name, Address, and Phone Number**

**Relationship**

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**Do you want have special instructions or preferences for your medical care, especially in the event that you are close to death?**

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**SPOUSE/PARTNER'S AGENT**

**Name, Address, and Phone Number**

**Relationship**

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**Do you (spouse/partner) want have special instructions or preferences for your medical care, especially in the event that you are close to death?**

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**Provide name, address, and telephone number of your treating physician:**

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## YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing taxes during your life (income taxes, capital gains taxes, estate taxes on inheritances you expect to receive)
- By minimizing or eliminating estate taxes upon your death
- By reducing estate administration costs through probate avoidance
- Avoid or limit Medicaid claims on your assets should you require long-term care
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government

### Protect Yourself and Your Spouse

- From malpractice or other creditor claims
- From conservatorship proceedings (aka “living probate”) if you or your partner become incapacitated
- From probate delays and stress upon your death or the death of your partner
- From hospital policies requiring life sustaining procedures when you would rather not endure them
- From healthcare decisions made by people other than those you trust most

### Protect Your Children or other Beneficiaries

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries
- From claims of divorced spouses to take half of your child or beneficiary’s inheritance
- From malpractice claims, for beneficiaries in the professions
- From other creditors’ claims (such as car accident plaintiffs)
- From the stress and delays of the average 16-month process of probate
- From the financial immaturity resulting in a quick loss of an inheritance
- From sharing assets with heirs you would rather disinherit
- From litigation claims by disinherited heirs
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children
- For special needs beneficiary only:* from neglect in the government care system



## Achieve your Dreams

- Have clarity about your life purpose, goals and dreams
- Benefit a charitable organization or activity
- Support a common family goal through coordinated planning
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale

