

**Fitzwater Meyer, LLP**  
**ESTATE PLANNING INFORMATION**

Date: \_\_\_\_\_

**I. GENERAL INFORMATION**

Your Full Name: \_\_\_\_\_

Spouse/Partner Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: (h): \_\_\_\_\_ (w): \_\_\_\_\_

Email Address(es): \_\_\_\_\_

How would you like your names to appear on formal documents?

You: \_\_\_\_\_ Spouse/Partner: \_\_\_\_\_

	Self	Spouse/Partner
Date of Birth		
Social Security Number		
Citizenship		
Employer		
Retired (if so, please give year)		

Do you have a Will and/or Revocable Living Trust? Do you have a pre-nuptial, post-nuptial, or cohabitation agreement concerning your property? If so, please bring a copy of these documents to your appointment.

If married, have you lived in any other states other than Oregon during your marriage? If so, what state(s)? \_\_\_\_\_

If partnered, are you registered as domestic partners in Oregon or another state? If so, what state(s)? \_\_\_\_\_

\_\_\_\_\_

## II. FAMILY

### A. Children

Name/ Address	Age	Whose Child (Yours or Spouse's/ Partner's)	Spouse / Partner of Child (if any)	No. of Children of Child (if any)

### B. Other Family

Name/ Address	Relationship	Living/ Deceased	Age

### C. Special Family Considerations

1. Special Needs: do any of your children or parents have special needs? If so, please describe:

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2. Prior Marriages:

	Termination by Death or Divorce	Date of Termination	Name of Former Spouse	Children by Former Spouse
Self				
Spouse/Partner				

Please describe any continuing financial obligation(s) to former spouse and/or children:

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**III. ESTATE PLAN SPECIFICS**

**A. Revocable Living Trust.** Are you interested in learning more about Revocable Living Trusts and avoiding probate? \_\_\_\_\_

**B. Fiduciaries.** Please list some ideas you might have of whom you might like to serve as personal representative, trustee, health care representative, guardian of minor children, etc.:

Name	Address	Phone No.	Relationship

**IV. ASSETS AND LIABILITIES**

1. General:

What is the estimated value of your estate? Self: \_\_\_\_\_  
 Spouse/Partner: \_\_\_\_\_  
 Combined Value: \_\_\_\_\_

2. Real Estate:

Property Location	Ownership (please indicate if jointly held)	Mortgage Balance	Purchase Price	Value

3. Bank Accounts:

Financial Institution	Account No.	Type of Account	Ownership (please indicate if jointly held or payable on death)	Value

4. Investment Accounts (Non-Retirement):

Financial Institution	Account No.	Type of Account	Ownership (please indicate joint owner or payable on death beneficiary)	Value

5. Other Securities (Non-Retirement): please list any bonds, mutual funds, stocks, or other securities that you own and that have not already been included in the accounts listed above:

Company/Issuer	Quantity	Ownership (please indicate joint owner or payable on death beneficiary)	Value

6. Retirement Accounts: please list any annuities, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements:

Retirement Account/Plan	Owner	Beneficiary Designation	Contingent Beneficiary (if any)	Value

7. Life Insurance/Annuities:

Company (Acct/Policy #)	Owner/ Insured	Beneficiary Designation	Contingent Beneficiary (if any)	Death Benefit

8. Business Interests: please list any interest that you have in any closely-held business entity:

Business Name and Type (Corp, Pship, LLP, LLC, etc.)	Ownership/ % of Ownership	Basis	Buy/Sell or Other Operating Agreement	Value

9. Personal Property: please list any significant item of personal property such as an automobile, boat, recreational vehicle, artwork, jewelry, collections, etc., below:

Item	Ownership	Value

10. Do you have a safety deposit box or a place where you keep important papers? If so, please state location: \_\_\_\_\_