

Fitzwater Meyer Hollis & Marmion, LLP
ESTATE PLANNING INFORMATION- COUPLE

Date: _____

Names as you would like them to appear on formal documents:

You: _____

Spouse/Partner: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Billing Address (if different from above): _____

Phone Numbers: _____

E-mail: _____

Would you like your draft documents emailed or mailed to you? Emailed Mailed

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.

Do you have a safety deposit box or a place where you keep important papers?

Location: _____

Would you like to receive our email newsletters?

Elderlaw Newsletter **Yes** **No**
Special Needs Newsletter **Yes** **No**

Referred by:	
<input type="checkbox"/> Attorney	Name _____
<input type="checkbox"/> Accountant	Name _____
<input type="checkbox"/> Financial Planner	Name _____
<input type="checkbox"/> Senior Program	Name of Program _____
<input type="checkbox"/> Medical Provider	Name _____
<input type="checkbox"/> Senior Center	Name of Center _____
<input type="checkbox"/> Friend/Family	Name _____
<input type="checkbox"/> Website	<input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio/TV
<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Metro Parent magazine
<input type="checkbox"/> Other	Please explain _____

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

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)? _____

Your Children

Name/ Address	Age	Child's Spouse	Grandchildren and ages

Your Spouse's Children (if different from above)

Name/ Address	Age	Child's Spouse	Grandchildren and ages

Other Family

Name	Relationship	Living/Deceased	Age

Special Needs: do any of your family members have special needs? If so, please describe:

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:

ESTATE PLAN SPECIFICS

Revocable Living Trust. Are you interested in learning more about Revocable Living Trusts and avoiding probate? _____

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

ASSETS AND LIABILITIES

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

Real Estate:

Property Location	Ownership (jointly held?)	Mortgage Balance	Purchase Price	Value

Bank Accounts:

Financial Institution	Account No.	Type of Account	Ownership (jointly held? payable on death?)	Value

Retirement Accounts: please list any annuities, 401(k)s, IRAs, profit sharing plans, Keogh plans, pension plans, or other deferred compensation arrangements.

Retirement Account/Plan	Owner	Beneficiary	Contingent Beneficiary	Value

Investment Accounts (Non-Retirement):

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

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 (joint owner or payable on death beneficiary)	Value

Life Insurance/Annuities:

Company	Owner/ Insured	Beneficiary	Contingent Beneficiary	Death Benefit

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

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

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