



Email, upload to Box, or mail the completed form to your attorney, 760 SW Ninth Avenue, Suite 3000, Portland, OR 97205

**STOEL RIVES LLP
ESTATE PLANNING QUESTIONNAIRE
(Couple)**

										Date:					
Name															
Residence Address:															
Mailing Address (for public record):															
Residence Phone:						Contact Cell Phone:									
Business Phone:						Contact Email:									
Marital Status:		<input type="checkbox"/>	Single		<input type="checkbox"/>	Married		Year Married: _____		<input type="checkbox"/>	Divorced		<input type="checkbox"/>	Widow / Widower*	
										**Year spouse deceased _____					
What county do you live in?															
Do you have a premarital agreement?						Yes <input type="checkbox"/>		No <input type="checkbox"/>		<i>If so, please provide a copy.</i>					
Do you have a community property agreement?						Yes <input type="checkbox"/>		No <input type="checkbox"/>		<i>If so, please provide a copy.</i>					
Do you have a post-marital agreement?						Yes <input type="checkbox"/>		No <input type="checkbox"/>		<i>If so, please provide a copy.</i>					
Do you want you and your spouse to be jointly represented by Stoel Rives?										Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Who referred you to Stoel Rives?															
				You				Current Partner/Spouse							
Full Legal Name															
Personal Pronouns															
Former/Other Name															
Name as you would like it to appear in documents***															
SSN															
Birth date															
Birthplace															
Citizenship															
Email Addresses															
Cell Phone No.															
Employer															
<p>* Please provide a copy of dissolution papers if an obligation of support is still in effect. ** If deceased 2010 or later, please provide copy of any estate tax returns filed. *** Most clients prefer a shorter version, using middle initial, etc.</p>															

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FORMER MARRIAGE(S)

	You	Spouse
Former Spouse Name		
Date of Marriage		
Date of Divorce		

CHILDREN* OF THIS MARRIAGE		Birth date	Married?	# of Children	Occupation
Name:					
Name:					
Name:					
Name:					
Name:					
CHILDREN* OF FORMER MARRIAGES OR RELATIONSHIPS		Birth date	Married?	# of Children	Parents
Name:					
Name:					
Name:					
Name:					
Name:					

** If you have no children, please use this space to list your closest living relatives and their relationship to you.*

ADVISORS

Title	Name/Firm	Email	Phone
Accountant			
Investment Advisor			
Primary Personal Bank			
Life Insurance Agent			
Other important advisor(s)			

- Have you or your spouse ever served in the military? Yes No
- Do you have an interest in a foreign bank account or other foreign assets? Yes No
- Do any of your children have special needs? Yes No
- Have you or your spouse ever filed federal gift tax returns? Yes No
- Are you or your spouse the beneficiary of a trust? Yes No
- Are you or your spouse a Settlor/Grantor of an irrevocable trust? Yes No
- Have you or your spouse created a donor advised fund or charitable remainder trust? Yes No
- Do you expect to receive any inheritances in the future? Yes No

If so, from whom? _____

ASSETS

Please show the **estimated value** of the following items of property owned by you or jointly owned with right of survivorship. Also let us know if any accounts or other assets have *pay on death* (POD) or *transfer on death* (TOD) designations.

	You	Spouse	Joint	In Trust
	<i>(est value)</i>	<i>(est value)</i>	<i>(est value)</i>	<i>(est value, name trust)</i>
1. Bank Accounts				
2. Investment Accounts (Non-Retirement)				
3. Securities (held outside an investment account)				
4. Closely-Held Business Interests (units/shares owned and state of formation) *				

* Please list percentage owned and provide a copy of any Operating Agreements, Shareholder Agreements, or Buy-Sell Agreements, ledgers, or other agreements or records governing or affecting your interests.

	You	Spouse	Joint	In Trust
5. Residence and other Real Property (include address)	<i>(est value)</i>	<i>(est value)</i>	<i>(est value)</i>	<i>(est value, name trust)</i>
6. Retirement Assets (usually tax-deferred, like IRAs, 401(k)'s, etc.)				
7. Insurance:				
Insured				
Owner				
Beneficiary				
Insured				
Owner				
Beneficiary				
8. Personal Effects (estimate)				
TOTALS				

LIABILITIES

	You	Spouse	Joint	In Trust
1. Real Estate Mortgages	\$	\$	\$	\$
2. Notes to Banks (credit lines, etc.)	\$	\$	\$	\$
3. Loans on Life Insurance Policies	\$	\$	\$	\$
4. Accounts Payable to Others	\$	\$	\$	\$
5. Pledges to Charity / Other	\$	\$	\$	\$
6. Personal Guaranties	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$
NET WORTH (Net Value of Assets over Liabilities)	\$	\$	\$	\$

We will discuss the selection of Personal Representatives, Guardians, and Trustees in our meeting. Please insert your initial choices below.

Personal Representative (carries out the terms of your will, used to be called executor)/Administrative Trustee (Administers your estate in the first months and years after death): *Assume Spouse is 1st Choice*

(1) _____ Relationship: _____

Address: _____

(2) _____ Relationship: _____

Address: _____

(3) _____ Relationship: _____

Address: _____

Guardian (cares for minor children):

(1) _____ Relationship: _____

Address: _____

(2) _____ Relationship: _____

Address: _____

(3) _____ Relationship: _____

Address: _____

Trustee (manages funds for spouse, children or others if funds are held in long-running trusts): *Assume Spouse is 1st Choice*

(1) _____ Relationship: _____

Address: _____

(2) _____ Relationship: _____

Address: _____

(3) _____ Relationship: _____

Address: _____

Power of Attorney/Trustee (manages your finances in the event of incapacity): *Assume Spouse is 1st Choice*

(1) _____ Relationship: _____

Address/Phone: _____

(2) _____ Relationship: _____

Address/Phone: _____

Health Care Representative (makes health care decisions when you are unable): *Assume Spouse is 1st Choice*

(1) _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

(2) _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Generally, to whom do you want to leave your assets:

(1) If Spouse is surviving: _____

(2) If Spouse is deceased: _____

Specific Bequests (cash or specific property you wish to give to people):

	<u>Name</u>	<u>Relationship</u>	<u>Item or Amount</u>	Only at Second Spouse's <u>Death</u>
(1)	_____	_____	_____	<input type="checkbox"/>
(2)	_____	_____	_____	<input type="checkbox"/>
(3)	_____	_____	_____	<input type="checkbox"/>
(4)	_____	_____	_____	<input type="checkbox"/>

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

	<u>Name of Organization</u>	<u>Item or Amount</u>	Only at Second Spouse's <u>Death</u>
(1)	_____	_____	<input type="checkbox"/>
(2)	_____	_____	<input type="checkbox"/>
(3)	_____	_____	<input type="checkbox"/>
(4)	_____	_____	<input type="checkbox"/>

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

<u>Person(s)</u>	<u>Percentage</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Contingent Beneficiaries (who would receive your assets if all beneficiaries named above are deceased)

<u>Persons/Charities</u>	<u>Percentage</u>
_____	_____
_____	_____
_____	_____
_____	_____

Your Disposition of Remains: If you have specific instructions re the disposition of your remains, please answer the following questions:

- (1) I desire that my remains be buried cremated _____
- (2) I own a burial/vault at _____ (name of cemetery or facility)
- (3) I desire that my remains be placed at _____
- (4) I desire that a funeral or memorial be conducted with the following instructions: _____
-
-

(5) I appoint the following to act as my representative and to make decisions re the disposition of my remains:

Initial Representative: _____ Alternate: _____

(For your Spouse to complete) Disposition of Remains: If you have specific instructions re the disposition of your remains, please answer the following questions:

- (1) I desire that my remains be buried cremated _____
- (2) I own a burial/vault at _____ (name of cemetery or facility)
- (3) I desire that my remains be placed at _____
- (4) I desire that a funeral or memorial be conducted with the following instructions: _____
-
-

(5) I appoint the following to act as my representative and to make decisions re the disposition of my remains:

Initial Representative: _____ Alternate: _____

Other:

If you have any questions about the completion of this form, please feel free to contact your attorney or his/her practice assistant. This form is merely a tool to determine your estate planning needs prior to meeting with your attorney.