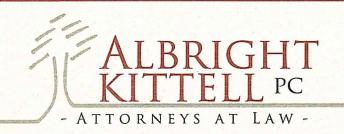
Date:



**Estate Planning Information Form** 

2308 3<sup>rd</sup> Street - P.O. Box 939 Tillamook, OR 97141

(503) 842-6633 (503) 842-4540

attorneys@albrightkittell.com

www.albrightkittell.com

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## ESTATE PLANNING INFORMATION FORM

.vame.	Marital Status:	
Address:		
Home phone:	Work phone:	Occupation:
Date of Birth:	Place of Birth:	SSN:
Vet ID No.:	Union:	Local No.:
Spouse:	Work phone:	Occupation:
Date of Birth:	Place of Birth:	SSN:
Vet ID No.:	Union:	Local No.:
• Date and Place (city, sta	ate) of this marriage:	
<ul> <li>Do you have a Premarit</li> </ul>	tal or Post-Marital Agreement in effe	ect? <u>Y/N</u>
		TTT' 1 1 TTAT O
Has your current spouse	e previously been: Married Y/N	Widowed Y/N?
	of prior Divorce/Death:	
If YES, Date Former Marriage(s) (if app	of prior Divorce/Death: plicable):	
If YES, Date Former Marriage(s) (if approximately Former Spouse Name:	of prior Divorce/Death: plicable):	

Please provide a copy of your premarital, post-marital and/or dissolution of marriage documents, if applicable.

## **FAMILY INFORMATION**

Child 1: M/F	
Name:	
Spouse:	Whose child? W/H/Both Children (name/age):
Phone:	
Address:	3.
Child 2: M/F	
Name:	
Spouse:	
Phone:	
Address:	3
Child 3: M/F	
Name:	Date of Birth:
Spouse:	Whose child? W/H/Both Children (name/age):
Phone:	
Address:	3.
Child 4: M/F	
Name:	Date of Birth:
Spouse:	Whose child? W/H/Both Children (name/age):
Phone:	
Address:	3.

Estate Planning Information Form

## **Important Family Questions:**

1	Do you have a shild with a learning disability of	****
2	Does anyone in your family receive multipart and an active	Y/N
2.	Does anyone in your family receive public support or benefits?	Y/N
J.	Do you have any adopted children?	Y/N
4.	Do any of your children have special physical needs?	Y/N
5.	Are any of your children institutionalized?	Y/N
6.	Are you or your spouse receiving social security, disability,	
	or other public benefits?	Y/N
7. 8.	Do you provide primary or major financial support to adult children? Are you or your spouse making payments pursuant to a divorce or	Y/N
	property settlement agreement?	Y/N
9.	Have you lived in other states while married to your current spouse?	Y/N
10.	Have you or your spouse ever filed federal or state gift tax returns?	Y/N
	<ul> <li>If YES, please bring copies of these returns</li> </ul>	
11.	Are both you and your spouse US citizens?	Y/N
	If NO, what is your citizenship status?	1/11
	22 1.03, What is your officenship status:	
	ASSETS	
<b>T</b>		
Income		
	Monthly Amount: \$	
	Spouse's Monthly Amount: \$	
	Sources of Income:	
	1.	
	2.	
	3.	
	4.	
Home:	Address	
	Owned by: Value:	
	Mortgage balance: Furniture Value:	
	Turniture value.	
Other 1	Real Property:	
	1 Address (location)	
	1. Address (location)	
	Owned by:	77.1
	Value: Mortgage	Value:
	2. Address (location)	
	2. Address (location)	
	Owned by:	77.1
	Value: Mortgage	Value:

Bank Accounts (Type, Ba	ank, Owner, Amount)	
14 14 14 14 14 14 14 14 14 14 14 14 14 1		
		The second
Safe Deposit Box:		
	Name of Institution:	
	Box No Ownership: H/ W/ Both	
Others listed on box:	Box No Ownership. 11/ W/ Botti	
	Relationship:	
Traine.	Relationship	
Financial investments (N	Jame/Location, Owner, Value):	
	anio Doddini, Ovilei, Value).	
		the state of the s
Business Interests (Type.	how held and controlled, Value):	
(1) pe,	novi nota una controllea, value).	
		The Marketon
Collections (coins, stamps	s, etc.; Value):	
Life Insurance (Company	y, Owner, Beneficiary, Amount):	
	, , , , , , , , , , , , , , , , , , ,	
Automobiles:		
Tangible Personal Proper	erty (Jewelry, etc. and Value):	
	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	

Expected Inheritance:			
Trusts: Are you serving as a trus Or are you a grantor for	stee? <u>Y/N</u> or the beneficiary of a trust a trust? <u>Y/N</u> . If YES to any of the abo	? <u>Y/N</u> ove, please describe:	
Other Assets Not Lister	d Above:		
Description	Owner	Value	
	DISTRIBUTION		
	DISTRIBUTION  to want to distribute your property of	at death.	
Please describe la Specific Gifts:		at death.	
		at death. Gift/Amount	
Specific Gifts:	ow you want to distribute your property o		
Specific Gifts:  Recipient	ow you want to distribute your property o	Gift/Amount	

## **AGENTS**

Personal Representative/Trustee:	<u> </u>
• Guardian (for you, if necessary):Alternate:	
♦ Guardian for Minor Child(ren) (if applicable): Alternate:	
• Conservator (for you, if necessary):Alternate:	<u>-</u>
◆ Conservator for Minor Child(ren) (if applicable):	
• Agent for Power of Attorney (if desired):	
• Health Care Representative for Advance Directive (if desired):	
Name:	
Address:Phone Number:	
Alternate:	
Name:	
Address.	
Phone Number:	
Do you want to give specific directions about your funeral arrangements?	<u>Y/N</u>
If YES, please describe:	
Special Notes or Instructions:	