

Your estate plan: forming your legacy wishes

This worksheet will help you begin designing your estate plan wishes.

Please know that all information provided is strictly confidential.

Once you have completed this worksheet, please return it to our office prior to your initial appointment.

What is an estate plan?

The term “estate plan” refers to the set of legal documents that anticipate and arrange for the administration of your estate during incapacity and after your death. Your estate is the net worth of your assets including bank accounts, real property, life insurance, and more.

What if I have questions about this worksheet?

We are always available to help you, so please feel free to call or email us. Additionally, more information regarding estate plan documents has been posted on our website.

We can be reached at
(503) 485-7224
from 8:00 am to 5:00 pm PST
each weekday.

What is the process of creating an estate plan?

The process begins when you complete this worksheet and attend your initial appointment. There is no cost for attending the initial appointment. At that meeting we will listen to your goals and wishes so we can present you with options and costs. If you choose to engage us we will schedule an appointment to review and sign documents that we draft for you. If you have a Revocable Living Trust based estate plan, then we will also help you with connecting assets to the new Trust. Finally, we will organize and present your estate planning documents to you during your final appointment. The amount of time to complete this process will vary but we will go at your pace.

The information you provide to us is confidential. We will not share it with others unless we have your consent.

If we form an attorney-client relationship with you we may need to coordinate your estate plan goals with the help of your trusted advisors.

PLEASE TELL US MORE ABOUT YOU

Your full legal name: _____

Also known as: _____ SSN: _____

Date of birth: _____ Gender: _____

Can we contact you via email? Email address: _____**Your home** Address: _____

City: _____ State: _____ Zip code: _____

County: _____ Telephone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Employer Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Position: _____ Telephone: _____

Are you a US Citizen? No Yes (birth) Naturalized Lawful Permanent ResidentMarital status: Married Single Divorced Legally Separated Widowed
 Life Partners

RELIGIOUS AFFILIATION

If you are not religiously affiliated with a particular organization or faith, please write "none".

Religious Organization: _____

City: _____ State: _____

YOUR SPOUSE OR SIGNIFICANT OTHER (IF APPLICABLE)

Full legal name: _____
Also known as: _____ SSN: _____
Date of birth: _____ Gender: _____
Date of Marriage: _____ Telephone: _____
Can we contact you via email? Email address: _____

Employer Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Position: _____ Telephone: _____

Are you a US Citizen? No Yes (birth) Naturalized Lawful Permanent Resident

Religious Organization: _____
City: _____ State: _____

YOUR ADVISORS

Primary care physician(s) _____ Telephone: _____
for each spouse: _____ Telephone: _____
Accountant: _____ Telephone: _____
Financial advisor: _____ Telephone: _____
Life insurance agent: _____ Telephone: _____

CHILDREN

Please list all of your children including those who are now deceased, and any children from a prior marriage.

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Gender: _____ Telephone: _____

Child of _____ Child of Present Relationship Deceased

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Gender: _____ Telephone: _____

Child of _____ Child of Present Relationship Deceased

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Gender: _____ Telephone: _____

Child of _____ Child of Present Relationship Deceased

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Gender: _____ Telephone: _____

Child of _____ Child of Present Relationship Deceased

We may request an email address for one of more of your children

CHILDREN (CONTINUED)

Please list all of your children including those who are now deceased, and any children from a prior marriage.

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Gender: _____ Telephone: _____

Child of _____ Child of Present Relationship Deceased

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Gender: _____ Telephone: _____

Child of _____ Child of Present Relationship Deceased

IMPORTANT FAMILY MEMBERS

Other than your children, please list any family members or friends who will have a role in your estate plan and bring their address, telephone number, email address (if any) to your appointment:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list any pets, including their name, species, and who may look after them upon your passing.

Name: _____ Future guardian: _____

Name: _____ Future guardian: _____

YOUR GOALS AND CONCERNS

Please rate the following by checking the appropriate box corresponding to your level of concern.

low HIGH

- Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.
- Providing for and protecting a spouse.
- Providing for and protecting children.
- Providing for and protecting grandchildren.
- Disinheriting a family member.
- Providing for charities at the time of death.
- Plan for the transfer and survival of a family business.
- Avoiding or reducing your estate taxes.
- Avoiding probate.
- Reduce administration costs at time of your death.
- Avoiding a conservatorship (“living probate”) in case of a disability.
- Avoiding will contests or other disputes upon death.
- Protecting assets from lawsuits or creditors.
- Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.
- Plan for a child with disabilities or special needs, such as medical or learning disabilities.
- Protecting children’s inheritance from the possibility of failed marriages.
- Protect children’s inheritance in the event of a surviving spouse’s remarriage.
- Provide that your death shall not be unnecessarily prolonged by artificial means or measures.

Other: _____

IMPORTANT FAMILY QUESTIONS		
Please check "Yes" or "No" for your answer in response to each of the following questions.		
	√ Yes	× No
Are you (or your spouse) receiving Social Security, disability, or other governmental benefits? <i>If so, please describe:</i>	<input type="radio"/>	<input type="radio"/>
Are you (or your spouse) making payments pursuant to a divorce or property settlement order? <i>If yes, please provide a copy</i>	<input type="radio"/>	<input type="radio"/>
If married, have you and your spouse signed a pre- or post-marriage contract? <i>If yes, please furnish a copy</i>	<input type="radio"/>	<input type="radio"/>
Have you (or your spouse) been widowed? <i>If a federal estate tax return or a state death tax return was filed, please provide a copy</i>	<input type="radio"/>	<input type="radio"/>
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>	<input type="radio"/>	<input type="radio"/>
Have (you or your spouse) completed previous will, trust, or estate planning documents? <i>Please provide copies of these documents</i>	<input type="radio"/>	<input type="radio"/>
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain.</i>	<input type="radio"/>	<input type="radio"/>
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain.</i>	<input type="radio"/>	<input type="radio"/>
If married, have you lived in any of the following states while married to each other? <i>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin</i>	<input type="radio"/>	<input type="radio"/>
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain:</i>	<input type="radio"/>	<input type="radio"/>
Do any of your children have special educational, medical, or physical needs?	<input type="radio"/>	<input type="radio"/>
Do any of your children receive governmental support or benefits?	<input type="radio"/>	<input type="radio"/>
Do you provide primary or other major financial support to adult children or others?	<input type="radio"/>	<input type="radio"/>

SUMMARY OF ASSET VALUES

	Amount/Value in Dollars		
	You	Spouse	Total Value
Real property (homes, land)			0.00
Furniture & personal effects			0.00
Automobiles, boats, RV's			0.00
Bank accounts			0.00
Retirement plans			0.00
Life insurance			0.00
Annuities			0.00
Stocks, bonds, and securities			0.00
Business interests			0.00
Money owed to you			0.00
Anticipated inheritance, etc.			0.00
Other assets			0.00
Total Asset Values	0.00	0.00	0.00

(for each jointly owned asset: enter 1/2 of the value in each spouse's column)

HAVE YOU WORKED WITH OTHER ESTATE PLANNING ATTORNEYS?

Firm/attorney name: _____

Which estate plan documents do you currently have?

Will
 Trust
 Durable Power of Attorney
 Advance Directive

ADDITIONAL RELEVANT INFORMATION
