



LAW OFFICE OF JULIA RICE

Estate Planning & Administration
www.juliaricelaw.com

Office Locations:

2659 COMMERCIAL ST. SE, STE. 260, SALEM, OR 97302
5200 SW MEADOWS RD., STE. 150, LAKE OSWEGO, OR 97035

julia@juliaricelaw.com ~ Mailing Address: P.O. Box 4298, Salem, Oregon 97302 ~ (503) 726-5990

PERSONAL INFORMATION FORM

(Confidential - To Be Completed by Client)

Date _____

Personal and Family Information

Spouse [1]: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Communication Preference:** Email/Cell/Home

Birth Date: _____ **Social Security Number:** _____

Occupation and Name of Employer: _____

Marital Status: _____ **Date of This Marriage:** _____

Previously Married? [] Yes [] No **If Yes:** [] Widowed [] Divorced **Veteran?** [] Yes [] No

Spouse [2]: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Communication Preference:** Email/Cell/Home

Birth Date: _____ **Social Security Number:** _____

Occupation and Name of Employer: _____

Marital Status: _____ **Date of This Marriage:** _____

Previously Married? [] Yes [] No **If Yes:** [] Widowed [] Divorced **Veteran?** [] Yes [] No

Referral Source: Website/Social Media/Presentation/Personal Referral (include name) _____



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Professional Advisors

Accountant:

Name Firm

Insurance Agent:

Name Firm

Stock Broker:

Name Firm

Financial Planner:

Name Firm

Personal Physician:

Name Firm

Planning Objectives

1. What size is your estate, roughly?

- Under \$1,000,000
- \$1,000,001 - \$3,000,000
- \$3,000,001 - \$6,500,000
- More than \$6,500,000

2. What are your primary goals in estate planning? (Help children, avoid taxes, avoid probate, make charitable gifts, etc.).

3. Do you, your spouse or children have any special needs? Yes No

If yes, please provide additional information: _____

4. History of Gifts: List all gifts made in excess of \$14,000 and all gifts of life insurance.

Date of Gift Donor Recipient Value Reason for Gift

5. Have you or your spouse ever filed a gift tax return? Yes No

6. Do you have any particular area of charitable interest? Yes No

If yes, please describe: _____



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7. **Do you expect inheritances from your parents or other relatives?** [] Yes [] No

8. **How long have you lived in Oregon?** _____

9. **If previously divorced, do you have any payment or life insurance obligations either to your former spouse or to children of the prior marriage embodied in any judgment or written agreement?** [] Yes [] No **If Yes, please provide copies.**

Summary of Assets

Please provide a current statement, the company name and the approximate value for the following assets:

1. Bank Accounts

2. Brokerage/Stock Accounts

3. Certificates of Deposit

4. Real Property (please provide addresses)

5. 401(k)/Non-Qualified Retirement Plans

6. Pension/Qualified Retirement Plans



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7. Life Insurance

8. Long-Term Health Care Insurance

9. Property Insurance/Umbrella Insurance

10. College Savings Plans

11. Safe Deposit Box

12. Have you previously executed any of the following:

- A will
- A revocable living trust
- An irrevocable life insurance trust
- A power of attorney
- A prenuptial agreement
- Directive to Physicians (Living will)
- Durable power of attorney for health care
- Advance Directive

Thank you for taking the time to fill out this form. It makes our initial meeting much more productive.