



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

Name: \_\_\_\_\_
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: \_\_\_\_\_

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

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

Children:
Indicate if adopted or from a previous marriage.
Furnish any additional information on an attached paper.

Child [1]: \_\_\_\_\_
First Middle Last

Address: \_\_\_\_\_
Street City State Zip

Phone: \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_



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**Child [2]:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Email Address:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Child [3]:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** \_\_\_\_\_ (cell) \_\_\_\_\_ (home)

**Email Address:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

## Professional Advisors

**Accountant:** \_\_\_\_\_  
Name Firm

**Insurance Agent:** \_\_\_\_\_  
Name Firm

**Stock Broker:** \_\_\_\_\_  
Name Firm

**Financial Planner:** \_\_\_\_\_  
Name Firm

**Personal Physician:** \_\_\_\_\_  
Name Firm



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### 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.).

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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.

<u>Date of Gift</u>	<u>Donor</u>	<u>Recipient</u>	<u>Value</u>	<u>Reason for Gift</u>
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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: \_\_\_\_\_

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**

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**2. Brokerage/Stock Accounts**

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**3. Certificates of Deposit**

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**4. Real Property (please provide addresses and county)**

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

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**6. Pension/Qualified Retirement Plans**

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**7. Life Insurance**

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**8. Long-Term Health Care Insurance**

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**9. Property Insurance/Umbrella Insurance**

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**10. College Savings Plans**

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### 11. **Safe Deposit Box**

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### 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.*