



LAW OFFICE OF JULIA RICE

Estate Planning & Administration
www.juliaricelaw.com

Office Locations:

1011 LIBERTY ST. SE, 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: 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: 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?** (Avoid taxes, avoid probate, make charitable gifts, etc.).

\_\_\_\_\_

**3. Do you or your spouse 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:** \_\_\_\_\_



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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 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 address 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.*