



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

Name: _____
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:** _____

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.).

3. **Do you or your 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 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

3. Certificates of Deposit

4. Real Property (please provide address and county)

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

6. Pension/Qualified Retirement Plans

7. Life Insurance

8. Long-Term Health Care Insurance

9. Property Insurance/Umbrella Insurance

10. College Savings Plans



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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.