



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)

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? (Avoid taxes, avoid probate, make charitable gifts, etc.).

3. Do you 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 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.