



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 442, Lake Oswego, 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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Children:

Indicate if adopted or not a child of your present 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:** _____

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, 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:

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

Blank lines for providing bank account information.



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2. Brokerage/Stock Accounts

3. Certificates of Deposit

4. Real Property (please provide addresses 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

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.