



LAW OFFICE OF JULIA RICE

Estate Planning & Administration
www.juliaricelaw.com

OFFICE LOCATION:
5200 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

Client [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

Client [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: If a child is not a joint child, please indicate which client is biological or adopted parent.
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: [ ] Joint [ ] Client [1] [ ] Client [2]

Child [2]: First Middle Last

Address: Street City State Zip

Phone: (cell) (home)

Email Address: Birth Date: [ ] Joint [ ] Client [1] [ ] Client [2]

Child [3]: First Middle Last

Address: Street City State Zip

Phone: (cell) (home)

Email Address: Birth Date: [ ] Joint [ ] Client [1] [ ] Client [2]

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 \$10,000 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. **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 indicate whether assets are joint or in client [1] or client [2]'s individual name, the name of the financial institution, and the approximate value for the following assets:

1. **Bank Accounts**

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## 2. Brokerage/Stock Accounts

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## 3. Businesses

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

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## 5. 401(k)/IRAs/Other 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. Homeowner's Insurance/Umbrella Insurance

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## 10. College Savings Plans

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## 11. Safe Deposit Box (indicate location and signers)

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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.*