

# Wyse Kadish

LLP

Attorneys at Law

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## CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE

Please complete the following information as completely as you can so that we are able to advise you appropriately. If a question does not apply to you, please fill in "N/A."

	Client 1	Client 2
Full Name/Nickname		
Former Name(s)		
Social Security No.		
Birthdate		
Birthplace		
Citizenship		
Occupation		
Employer		
Work Telephone		
Fax No.		
Cell Phone		
Email Address		
Home Telephone:		
Your Full Address:		

Year you moved to Oregon:
Do you and your partner have a formal property agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you and your partner have a domestic partnership agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No

Former Marriages		
Former Spouse's Name		
Date of Marriage		
Date of Divorce/Death		

Your Children		
Name:	Nickname:	DOB:
Address:		Parents:
Name:	Nickname:	DOB:
Address:		Parents:
Name:	Nickname:	DOB:
Address:		Parents:

Did you have any children who have died? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, did any deceased child leave a child who is now alive? <input type="checkbox"/> Yes <input type="checkbox"/> No

**We will discuss how to select Personal Representatives, Guardians and Trustees in our meeting. Please list your tentative choices below:**

Personal Representative (Executor) - Carries out the terms of your will:	
Do you want to name your partner as your first choice as your personal representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Next Choice:</i> Name(s)	Telephone #:
Address:	Relationship:
<i>Next Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

Guardian/Conservator - To make decisions for you and handle your affairs if you are unable:	
Do you want to name your partner as your first choice as your guardian/conservator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>First Choice:</i> Name(s)	Telephone #:
Address:	Relationship:
<i>Second Choice:</i> Name(s)	Telephone #:
Address:	Relationship:

**Guardian for your Children** - To care for your children who are under age 18 if both parents unable:

*First Choice:* Name(s)

Telephone #:

Address:

Relationship:

*Second Choice:* Name(s)

Telephone #:

Address:

Relationship:

**Trustee** - To manage funds for minor children or manage funds after death of parent:

*First Choice:* Name(s)

Telephone #:

Address:

Relationship:

*Second Choice:* Name(s)

Telephone #:

Address:

Relationship:

**Attorney-in-Fact** - You grant a power of attorney to someone to handle your business affairs:

*First Choice:* Name(s)

Telephone #:

Address:

Relationship:

*Second Choice:* Name(s)

Telephone #:

Address:

Relationship:

**Health Care Representative** - You choose someone to make health care decisions for you if you are unable to make such decisions yourself:

*First Choice:* Name(s)

Telephone #:

Address:

Relationship:

*Second Choice:* Name(s)

Telephone #:

Address:

Relationship:

## FAMILY QUESTIONS

Please include a brief description for any "Yes" answer

- |                                                                                                                                                                 |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. Do you or your partner have special health or disability concerns?                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Do you have a child with a learning disability?                                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do any of your children have special education, medical or physical needs?                                                                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are any of your children institutionalized?                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you or any of your family members receive governmental support or benefits?                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Do you provide primary or other financial support to adult children?                                                                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are there any persons other than your children who depend on you, wholly or partially, for current or future support?                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you or your partner making payments pursuant to a divorce or property settlement agreement?                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you or your partner making child support payments?                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. If you or your partner have been widowed, was a federal estate tax return or state death tax return filed for the deceased partner? (Please furnish a copy) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Have you or your partner ever filed federal or state gift tax returns? (Please furnish copies of these returns)                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do either you or your partner want specific funeral arrangements?<br>Specify:                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

<b>Your Current Estate Plan</b>		
	Client 1	Client 2
Do you have a will now? <i>If so, date of the will:</i>		
A living trust? <i>If so, date of the trust:</i>		
Are you the beneficiary of someone else's trust?		
Have you given someone a power of attorney? <i>If so, name of agent: Is it still in effect?</i>		
Do you have a living will?		
Have you named a health care representative?		

<b>Your Estate Planning Goals</b>	
Please list your estate planning goals and any special concerns you have:	
If you wish to leave specific property to specific people, please indicate below:	
Person:	Property:
Person:	Property:
Person:	Property:
Person:	Property:
Person:	Property:
Person:	Property:
Do you want the property to go to a person only if he/she <i>survives</i> you, or can it go to the person's estate?	
To the Person Only <input type="checkbox"/>	To the Person's Estate <input type="checkbox"/>

## PROPERTY INFORMATION

The following information about your property, its value, and form of ownership will allow us to properly advise you regarding estate planning options and tax planning strategies appropriate for you. Please fill in the information in the categories that apply to you as completely as you can.

(Note: Indicating joint ownership presumes that the property passes to the joint owner by right of survivorship; please specify if your property is jointly owned but *does not* pass to the joint owner at death.)

Asset	Whose Name (Client 1/Client 2 /Joint)	Market Value	Debt	Net Equity
Real Estate - Address, city and state: (Place a ✓ next to any property on which you have mortgage cancellation insurance)				
Bank Accounts - Bank and account type:				
Business Interests:				
Stocks, Bonds, Mutual Funds:				

Asset	Whose Name (Client 1/Client 2 /Joint)	Market Value	Debt	Net Equity
Notes, Mortgages, Trust deeds, Contracts, etc., owed to you				
Personal Property - Furnishings, Autos, etc.				
<b>TOTALS:</b>				

Do either you or your partner own real or personal property jointly with anyone besides each other? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Property:		Joint Owner:
Property:		Joint Owner:
Property:		Joint Owner:
Do you have a safe deposit box? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
Bank:	Branch:	Joint Owner:
Bank:	Branch:	Joint Owner:

<b>LIFE INSURANCE</b>		
	Client 1	Client 2
Life Insurance Company		
Policy Owner		
Designated Beneficiary		
Alternate Beneficiary		
Face Value (Policy Amount)		
Accumulated Cash Value		
Loans Against Policy		

<b>BENEFIT PLANS - IRA, Pension, Profit-Sharing, 401(k), Deferred Compensation, etc.</b>		
	Client 1	Client 2
Plan Type (IRA, Pension, etc.)		
Designated Beneficiary		
Plan Value		
Loans Against Plan		
Plan Type (IRA, Pension, etc.)		
Designated Beneficiary		
Plan Value		
Loans Against Plan		

<b>Your Advisors</b>			
	Name	Address	Telephone
Attorney			
Accountant			
Financial Advisor			
Personal Banker			
Life Insurance Agent			
Stockbroker			
Referred to our firm by			

Please use this space or the back of this page to provide additional information about any question:

## **PRIVACY POLICY NOTICE**

Attorneys who provide legal services involving their clients' financial matters are now required by federal law to inform those clients of their policies regarding the privacy of client information. The purpose of this notice is to explain what we will be doing with the financial information that you provide to us and how we will protect your privacy.

Oregon attorneys are bound by the Oregon Rules of Professional Conduct. The Rules of Professional Conduct govern our conduct and require us to protect your confidentiality. These professional standards are even more stringent than those now required by federal law. Therefore, we have always protected your right to privacy and will continue to do so. Federal law now also requires that we let you know how we are protecting your privacy.

### **TYPES OF NONPUBLIC PERSONAL INFORMATION WE COLLECT**

We collect nonpublic personal information about you that is provided to us by you or obtained by us in order to provide you with the legal services you have requested. In some cases, this information includes details about your personal finances and property.

### **DISCLOSURE OF INFORMATION**

We only disclose nonpublic personal information about you to individuals or entities when it is necessary in order to provide you with the legal services that you have requested. For instance, our staff may have access to your nonpublic personal information in order for us to efficiently provide you with the legal services you have requested. In some situations we may provide information to another organization (such as your accountant, realtor, or insurance company) in order to obtain information or assist in providing the legal services you have requested.

We do not disclose any nonpublic personal information about you to anyone, except as is necessary in order to provide you with the legal services that you have requested. The only disclosures we make are those that are permitted by law and by the Oregon Rules of Professional Conduct.

### **YOUR PRIVACY IS IMPORTANT TO US**

We retain records and files relating to the professional services you have asked us to provide. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with the Oregon Rules of Professional Conduct which govern our profession. Please call us with any questions you have about protecting your privacy, (503) 228-8448.

### **CLOSING**

On conclusion of this matter, we will write to you advising you that we have concluded our work. In closing your file, we will return any original copies of personal documents that you may have provided to us and archive your file.