

## ESTATE PLANNING QUESTIONNAIRE

Date: \_\_\_\_\_

Name(s): \_\_\_\_\_

Residence Address: \_\_\_\_\_

Client #1 Phone: \_\_\_\_\_ Client #2 Phone: \_\_\_\_\_

Client #1 Email: \_\_\_\_\_ Client #2 Email: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

Marital Status:  Single     Married     Divorced     Oregon Registered Domestic Partnership  
 Widow / Widower    Year married: \_\_\_\_\_    Year Spouse died: \_\_\_\_\_

Do you have a Prenuptial or Postnuptial Agreement in effect? \_\_\_\_\_

Do you want you and your spouse/partner to be jointly represented by this firm?  Yes     No

	You (Client #1)	Spouse/Partner (Client #2)
Full Legal Name		
Former/Other Name(s)		
Birthdate		
Birthplace		
Citizenship		
Occupation		

CHILDREN (Including adopted children)			
Full Legal Name	Birthdate	Address	Parents?
			<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2
			<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2
			<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2
			<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2
			<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2
			<input type="checkbox"/> Client #1 <input type="checkbox"/> Client #2

## ESTATE PLANNING QUESTIONNAIRE

**Do you currently have a Will and/or Trust?** If yes, please provide a copy to me.

Yes – A Will

Yes – A Trust

No – I do not have a Will and/or Trust.

**Who do you want to handle your financial matters after your death?** (This person will be your “personal representative,” sometimes called an “executor.” They will be responsible for selling your house if applicable, paying your final bills using your assets, not their own, and ensuring that the people you have designated get their inheritance. Many people choose their spouse as their first choice if they are married.)

1st Choice: \_\_\_\_\_ Relationship:  Spouse/Partner  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Who do you want to help you with your finances during your lifetime?** (This person will be your “Agent” under a Power of Attorney. They will be able to use your money to pay your bills, sell assets like your house, and use the proceeds for your benefit, communicate with tax authorities, and help with other financial matters.)

I want the same people as the people who I want for my personal representative to also help with my finances *during my lifetime*.

I want the people listed below to help with my finances *during my lifetime*:

1st Choice: \_\_\_\_\_ Relationship:  Spouse/Partner  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ESTATE PLANNING QUESTIONNAIRE

**During your lifetime**, do you want the person helping with your finances to only be allowed to help if you become “financially incapable”?  Yes  No

**If a court had to appoint someone to oversee your finances or to make decisions about your day-to-day care, who would you want in this role?**

I want the same people as the people who I want for my personal representative to also help with my finances *during my lifetime*.

I want the people listed below to help with my finances *during my lifetime*:

1st Choice: \_\_\_\_\_ Relationship:  Spouse/Partner  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3rd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If you could not make safe decisions about your day-to-day care, who would you want to be in charge of those decisions?**

1st Choice: \_\_\_\_\_ Relationship:  Spouse/Partner  Other: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Other than the other parent, who would you want to raise your children if you died?**

1st Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2nd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ESTATE PLANNING QUESTIONNAIRE**

3rd Choice: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Do you have safety concerns about the children’s other parent?**  Yes  No  N/A

**Generally, to whom do you want to leave your assets:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have specific items that should go to someone in particular?**

Name	Address	Phone	Item or Amount	Relationship
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

**Do you want to leave money or an asset to charity?**

Name of Organization	Address	Item or Amount
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**If you have pets, what are your plans for your pets? Who will care for them? What money do you want to leave for your pets’ care?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Who do you want to inherit everything else?**

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ESTATE PLANNING QUESTIONNAIRE**

**Who do you want to inherit if the first-choice persons do not survive you?**

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you want specific funeral arrangements?**  Yes  No

Specify, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for taking the time to fill out this form. It will make our meeting more productive.

Very truly yours,

Gabriel W. Taylor, Attorney  
Law Firm of Gabriel W. Taylor