

Client Information Form - Estate Planning

Date _____

Personal Data	
Name	
Home Address	Home Phone
Occupation	Approximate Income Per Year \$
Are you now or have you ever been self-employed?	Work Phone
Date of Birth	Place of Birth
Citizenship	Email Address
Spouse	
Occupation	Approximate Income Per Year \$
Are you now or have you ever been self-employed?	Work Phone
Date of Birth	Place of Birth
Citizenship	Email Address

Children - Mutual			
Name (First, MI, Last), Address & Phone	Birth Date	Spouse	Children (Names and Ages)

Children - Husband

Name (First, MI, Last), Address & Phone	Birth Date	Spouse	Children (Names and Ages)

Children - Wife

Name (First, MI, Last), Address & Phone	Birth Date	Spouse	Children (Names and Ages)

Miscellaneous Family Details

(Divorces, adoptions, disabilities, antenuptial agreements):

Other Dependents: (e.g., Parents) Name, Age, and Relationship

Do you or your spouse have children by a previous marriage, or have children who died leaving children?

Does anyone to whom you may be leaving part of your estate require any help or protection managing money or property?

Is anyone in your family disabled or at risk of becoming seriously ill or disabled?

Insurance

Life, Endowment or Annuities

Name of Company	Policy No.	Owner	Primary Beneficiary	Outstanding Loans	Value

Insurance on Life of Others

Name of Company	Policy No.	Name of Insured	Owner	Primary Beneficiary	Outstanding Loans	Face Value

Disability or Income Protection Coverage

Name of Company	Policy Number	Type of Coverage	Premium

Real Estate Owned**Personal Residence(s)**

Address or Location	Title in Name of	Date Acquired	Original Purchase Price	Current Mortgage Balance	Current Value

Investment Property

Address or Location	Title in Name of	Date Acquired	Original Purchase Price	Current Mortgage Balance	Current Value

Time Shares

Address or Location	Title in Name of	Date Acquired	Original Purchase Price	Current Mortgage Balance	Current Value

Stocks and Bonds**Marketable Stocks, Bonds, and Mutual Funds (Attach separate schedule if necessary)**

Publicly Traded Name of Issuer (Company or Gov't Entity)	Owner	Basis for Computing Capital Gain or Loss	Value

Closely Held Name of Company	No. of Shares	Owner	Shares Outstanding	Cost or Other Basis	Operating Agreement Buy-Sell Agreement Employment Contract SUBMIT COPY

Secured and Unsecured Notes and Receivables

Name of Debtor	Principal Amount	Date	Date Due	Interest Rate	Current Balance

Bank Accounts

Personal Checking Accounts - Banks

Name of Bank	Account No.	Title - How Held	Average Balance

Savings Accounts, Certificates of Deposits, etc. - Bank or Savings & Loan

Other Business Interests (Partnership, Sole Proprietorships, Tax Shelters)

Name of Entity	Owner	Date Acquired	Cost or Other Basis	Business Agreement Buy-Sell Agreement Employment Contract SUBMIT COPY

Retirement Benefits and Deferred Compensation

Pension and Profit Sharing Plans

Name of Company or Plan	Primary Beneficiary	Account Balance or Expected Benefit	Percent Vested	Method of Payment Benefits

Self Employment (Keogh) Plans and Individual Retirement Accounts

Name of Company or Plan	Primary Beneficiary	Account Balance or Expected Benefit	Percent Vested	Method of Payment Benefits

Other Deferred Compensation Plans (Including Qualified and Non-Qualified Options)

Name of Company or Plan	Primary Beneficiary	Account Balance or Expected Benefit	Percent Vested	Method of Payment Benefits

Tangible Personal Property (including automobiles, jewelry, furs, art objects, gun and coin collections, etc.)

Item	Owner	Date Acquired	Cost or Other Basis	Fair Market Value

Expectations of Inheritances

Are any inheritances likely to be received by either you or your spouse in the future?	(Y/N)	Anticipated Amount or Description
1. Husband's Family		
2. Wife's Family		

Inheritance Received (within the last ten years)

Description of Item	Decedent	Cost or Other Basis	Current Value

Liabilities

**Estimated current liabilities excluding mortgages on real estate interests.
Provide following detail as to any such liabilities in excess of \$25,000:**

Amount of Debt	Description of Collateral Security	Name of Creditor	Manner of Payment (e.g., demand installment, open, line credit)

Gifts Made in Excess of \$10,000.00 (submit copies of gift tax returns)

Year	Description of Item	Donee	Cost or Other Basis	Value

Powers of Appointment

Value of property over which Power is Held	Nature of Instruments Granting Power (e.g., trust or will)	Manner or Time When Power May be Exercised

Powers of Attorney Grantor

Attorney-in-fact	Limited or General (if Limited-for what Purpose (s)?)

Guardian (s)

It is appropriate for you to determine whom would you want to act as guardian of your minor children, and whom you want to name as alternate guardians of your minor children in the event your first or second choice cannot serve. We will discuss how to select Guardians in our meeting. Please insert you tentative choices below.

Name (1 st Choice)	Address	Relationship
Successor (2 nd Choice)	Address	Relationship
Successor (3 rd Choice)	Address	Relationship

Personal Representative (Executor)

It is appropriate for you to determine whom would you want to serve as Personal Representative (executor) of your estate, and whom you would like to name as Alternate Personal Representatives in the event your first or second choice cannot serve. We will discuss how to select Personal Representatives (Executors) and in our meeting. Please insert you tentative choices below.

Name (1 st Choice)	Address	Relationship
Successor (2 nd Choice)	Address	Relationship
Successor (3 rd Choice)	Address	Relationship

Trustee

It is appropriate for you to determine whom you want to serve as trustee of any trust created as part of your estate plan, and whom you would like to name as Alternate Trustees in the event your first or second choice cannot serve. We will discuss how to select Trustees and in our meeting. Please insert your tentative choices below:

Name (1 st Choice)	Address	Relationship
Successor (2 nd Choice)	Address	Relationship
Successor (3 rd Choice)	Address	Relationship

Health Care Representative

Have you signed an Advanced Directive or a Health Care Power of Attorney? (Y/N) If an Advanced Directive or Health Care Power of Attorney will be of benefit to you, then you will want to determine whom you would like to name as your Health Care Representative, and whom you would like to name as Alternate Health Care Representative in the event your first or second choice cannot serve. We will discuss how to select Health Care Representatives in our meeting. Please insert your tentative choices below:

Name (1 st Choice)	Address	Relationship
		Phone Number
Successor(2 nd Choice)	Address	Relationship
		Phone Number
Successor(3 rd Choice)	Address	Relationship
		Phone Number

Age(s) of Distribution of Trust for Children

At what age or ages after the deaths of you (and, if applicable, your spouse) do you think your children should receive substantial assets (in addition to distributions to properly provide for their care, support and education)?

Special Terms of Trust for Children

Specific Bequests

Item	Description	Person Receiving Bequest	Relationship

Contingent Beneficiaries

Whom would you want to receive your property in the event something should happen to you, your spouse and all of your lineal descendants?

Charitable Beneficiaries

Do you have any particular area of charitable interest?

Special Estate Planning Objectives and Other Legal Concerns

Describe any special estate planning objectives or other legal concerns you may have:

Advisors			
	Name	Address	Telephone
Attorney (Estate Planning)	Patricia L. Heatherman Heatherman Law	250 NW Franklin, Ste 402, Bend Oregon 97701	541-389-4646
Accountant			
Financial Advisor			
Life Insurance Agent			
Stock Broker			
Personal			

Patricia L. Heatherman, P.C.
Confidential and Privileged Information

Please bring the following documents with you to your meeting with the attorney:

1. Will, Codicil, Trust Agreements
2. Real Estate Deeds, Appraisals, if any
3. Life Insurance and Annuity Policies and beneficiary designation forms
4. Certificates, Passbooks, Statements of Account for Savings
5. Vehicle Titles, Brokerage Statements for stocks, bonds, and securities or copies of certificates and bonds if held personally
6. Guardianship Documents
7. Living Will, Advance Directive or Power of Attorney, Durable Powers of Attorney
8. Employee or retiree benefit booklets and statements (beneficiary designations on IRA's, Keoghs, or Retirement Plan)
9. Business Papers: operating agreement, partnership agreement, corporate minute books, buy/sell agreements, financial statements, business tax returns