

ESTATE PLANNING INFORMATION SHEET

To assist me in preparing your estate plan, please provide the information requested on this form as completely as possible. The confidential information gathered in this form will allow me to prepare your estate plan specific to your requests and ensure that nothing is overlooked. This form should be reviewed and updated by you every three to five years. Please feel free to skip any question you do not wish to answer.

YOUR NAME: _____ SPOUSE’S NAME: _____

TODAY’S DATE: _____

Other names you’ve had or may be using: _____

Address: _____ Business Address: _____

Telephone: _____ Telephone: _____

DOB: _____ Spouse DOB: _____

SS#: _____ Date of Marriage: _____

Spouse SS#: _____ Place of Marriage: _____

Date and place of any divorces (indicate which spouse):

Date and place any prior Wills were executed (indicate which spouse):

CHILDREN OF THIS MARRIAGE:

Name: _____ Address: _____ Date of Birth: _____

CHILDREN OF ANY FORMER MARRIAGES:

Name: Address: Date of Birth:

YOUR GRANDCHILDREN:

Name: Address: Date of Birth:

YOUR PARENTS AND SPOUSE'S PARENTS, IF NOW LIVING:

Name: Address: Date of Birth:

Your Parents

Spouse's Parents

It is sometimes necessary to confer with others who have provided you business advice. Please give us their names and addresses.

INSURANCE ADVISOR:

Name: _____ Address: _____

ACCOUNTANT:

Name: _____ Address: _____

BANKER:

Name: _____ Address: _____

REAL ESTATE BROKER:

Name: _____ Address: _____

STOCK BROKER:

Name: _____ Address: _____

ASSETS

If you are married and either you or your spouse has assets in either of your names alone, please show who owns the assets. If the assets are in both names, put "joint."

Home: _____
Name of Owners Value Mortgage Balance

Other Real Property:

Name of Owners Value Mortgage Balance

STOCKS AND BONDS

Name of Owners	Symbol	Value
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Name of Owners	Symbol	Value
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Name of Owners	Symbol	Value
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Name of Owners	Symbol	Value
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BANK ACCOUNTS:	Branch	Owner(s)	Balance
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Checking: _____

Checking: _____

Savings: _____

Savings: _____

Moneymarket: _____

C.D.: _____

Other: _____

PERSONAL EFFECTS: (such as jewelry, autos, boats, trailers, art objects)

Description	Location	Owner(s)	Value
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RETIREMENT: (From employer, Keogh, or IRA's)

Owner	Description	Value

Veteran, Union, Professional Insurance, or benefits:

Owner	Description	Value

Armed Forces ID#: _____

BUSINESS INTERESTS:
(Please indicate how interest is held and percentage of control)

Collections (Coin, Stamp, etc.):

OTHER ASSETS:

Description	Owner(s)	Value

LIFE INSURANCE:

Company	Owner(s)	Policy Number	Face Amount	Beneficiary

Safe Deposit Box (Bank and Branch):

**ALL INFORMATION CONTAINED IN THIS FORM
IS CONFIDENTIAL AND WILL NOT BE RELEASED,
EVER, TO ANYONE, FOR ANY REASON
WITHOUT YOUR PRIOR, WRITTEN AUTHORIZATION**

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