ESTATE PLANNING QUESTIONNAIRE

Completed on ______________________________

1. PERSONAL DATA

Full Name: ____ Soc. Sec.# ___________________

Date of Birth: ____ Place of Birth: ______________________

Address: Home: ____

Business: ____

Telephone: Home: _______________________________ Business: _________________________

Occupation: ____

2. SPOUSE DATA

Full Name: ____ Soc. Sec.# ___________________

Date of Birth: ____ Place of Birth: ______________________

Address: Home: ____

Business: ____

Telephone: Home: _______________________________ Business: _________________________

Occupation: ____

3. CHILDREN'S DATA

Name:	Date of Birth:
________________________________	____________________________
________________________________	____________________________
________________________________	____________________________
________________________________	____________________________

Are any children from a prior marriage or adopted? [ ] Yes [ ] No

If yes, please explain below: ____

____

Do any children or family members have special health or financial needs for which you wish to provide?

If yes, please explain: ____

____

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4. MISCELLANEOUS DATA

Name of Personal Attorney: ______________________________

Name of Accountant: ______________________________

Name of Insurance Agent: ______________________________

Does either spouse expect to receive significant amounts of money or property by gift or inheritance? If so, describe expected inheritance in a range of dollars, and probably timing.

____

____

Does either spouse have the right to dispose of property now held under any third party trust agreement or will? If so, describe:

____

____

Do you have a will? [ ] Yes [ ] NoIf yes, Date of Will: ______________

Does your spouse have a will? [ ] Yes [ ] NoIf yes, Date of Will: ______________

Other than in your will, have you or your spouse established a trust for the benefit of a third party? If yes, please describe: ______________________________

Are you a citizen of the USA? [ ] Yes [ ] No

Is your spouse a citizen of the USA? [ ] Yes [ ] No

Legal residence of each person: ______________________________

Do you own real estate in another state? [ ] Yes [ ] No

If so, describe: ______________________________

Have you (or your spouse) ever granted a financial power of attorney to another person?

[ ] Yes [ ] No If yes, please explain to whom and when: ______________________________

____

Have you (or your spouse) signed a "directive to physicians" (living will)? [ ] Yes [ ] No

If yes, when: ______________________________

Have you been married before? [ ] Yes [ ] No Has your spouse? [ ] Yes [ ] No

Has either spouse entered into a pre-marital or post-marital contract? [ ] Yes [ ] No

If yes, Please give date. ______________________________

5. ASSET OWNERSHIP

1) Real Estate

a) Description and Location: ____________________

Year acquired: ____________________

Market value: ____________________

Mortgage and Liens: ____________________

Net Value: ____________________

Form of Ownership: ____________________

("J"/Joint, "H"/Husband, "W"/Wife)

b) Description and Location: ____________________

Year Acquired: ____________________

Market value: ____________________

Mortgage and Liens: ____________________

Net Value: ____________________

Form of Ownership: ____________________

("J"/Joint, "H"/Husband, "W"/Wife)

c) Description and Location: ____________________

Year Acquired: ____________________

Market value: ____________________

Mortgage and Liens: ____________________

Net Value: ____________________

Form of Ownership: ____________________

("J"/Joint, "H"/Husband, "W"/Wife)

d) Description and Location: ____________________

Year Acquired: ____________________

Market value: ____________________

Mortgage and Liens: ____________________

Net Value: ____________________

Form of Ownership: ____________________

("J"/Joint, "H"/Husband, "W"/Wife)

2) Stocks, Bonds and Mutual Funds

Shares	Company	Value	Ownership
_______	______________	$_____________	________________________
_______	______________	$_____________	________________________
_______	______________	$_____________	________________________
_______	______________	$_____________	________________________

3) Motor Vehicles

Year	Type	Market Value	Outstanding Debt	Net Value
_______	_________	_________	______________	$________________________
_______	_________	_________	______________	$________________________
_______	_________	_________	______________	$________________________

4) Savings Accounts

Account Name	Location	Balance
_____________________	_____________________	$________________________
_____________________	_____________________	$________________________
_____________________	_____________________	$________________________
_____________________	_____________________	$________________________

5) Checking Accounts

Account Name	Location	Usual	Balance
______________	______________	______________	$________________________
______________	______________	______________	$________________________
______________	______________	______________	$________________________
______________	______________	______________	$________________________

Approximate worth of miscellaneous personal property: (furniture, antiques, paintings, silverware, jewelry, books (etc.) $______________________

Amount of Employer Death Benefits Receivable (other than life insurance) $______________________

Pension, Profit Sharing or Retirement Benefits $______________________

Other Assets (describe): ____

6. BUSINESS ASSET DATA

Nature of Business: ____

____

Form of Business: ____

(partnership, corporation, LLC, etc.)

Percent owned by you: ____________________ by spouse: ____________________

Is the business subject to a buy and sell or redemption agreement: [ ] Yes [ ] No

If so, describe: ____

____

Accounts Receivable: $____________________

Estimated Book Value Less Accounts Receivable: $____________________

Yearly Net Earnings: $____________________

7. SECTION 529 COLLEGE SAVINGS

Are you or your spouse the "account owner" of one or more Section 529 College Savings accounts?

____ Yes ____ No If so, have you named a contingent owner? ____ Yes ____ No

8. LIFE INSURANCE

Company: ____

Type of Policy: ____

Policy Number: ____

Insured: ____

Owner: ____

Beneficiary: ____

Other: ____

Face Amount: $____

Cash Value: $____

Company: ____

Type of Policy: ____

Policy Number: ____

Insured: ____

Owner: ____

Beneficiary: ____

Other: ____________________

Face Amount: $____________________

Cash Value: $____________________

Company: ____________________

Type of Policy: ____________________

Policy Number: ____________________

Insured: ____________________

Owner: ____________________

Beneficiary: ____________________

Other: ____________________

Face Amount: $____________________

Cash Value: $____________________

9. SPECIFIC BEQUESTS

Would you like any specific item(s) of personal or real property to be given to any specific person(s)? If so, please list person and the property you want them to receive.

Beneficiary	Personal/Real Property

10. PERSONAL REPRESENTATIVE (EXECUTOR)

Who would you like to serve as the personal representative (i.e., the person who would administer your estate):

Name	Address	Relationship
1st		
2nd		
3rd		

11. GUARDIAN If at your death you are survived by children under age 18, it may be necessary to appoint a guardian. The guardian would have legal responsibility for providing physical care for the child (food, clothing, shelter). If you have minor children, please list your choice for guardians:

Name	Address	Relationship
1st________________________	____________________________	________________________
2nd_______________________	____________________________	________________________
3rd_______________________	____________________________	________________________

12. TRUSTEE

If you were survived by minor children who were beneficiaries under this will, do you wish them to take their gifts outright or do you wish them to be in trust? If in trust, please list person(s) to act as trustee(s). The trustee will be responsible for seeing to it that the financial assets placed in the trust are managed and terms of the trust are carried out.

Name	Address	Relationship
1st________________________	____________________________	________________________
2nd_______________________	____________________________	________________________
3rd_______________________	____________________________	________________________

If you would like to create a trust for children, please describe any guidelines or objectives that the trustee should be aware of:

____

____

____

____

____

Feel free to contact Barry Rubenstein or John J. Christianson at Watkinson Laird Rubenstein Baldwin & Burgess, P.C., at (541) 484-2277 in Eugene, (541) 673-5528 in Roseburg, (541) 923-8767 in Redmond, or (541)757-1365 in Corvallis for further information.