

**CONFIDENTIAL ESTATE PLANNING QUESTIONNAIRE
FOR CLIENTS OF
WILL AITCHISON**

*3021 N.E. Broadway
Portland, Oregon 97232
(503) 282-6160*

I. INSTRUCTIONS

This questionnaire has two purposes. The first is so you may instruct us as to what provisions you wish to have in your Will. The second is to alert us to any individual problems that may accompany the transfer of property at your death. Should this be the case, you may need individualized estate planning. In addition, if the value of your family's property (your combined estate) exceeds \$1,500,000, then you do need individualized estate planning.

If both you and your spouse want Wills, each of you must fill out a separate questionnaire. **Your Will is prepared at the cost of \$75.00; the cost for your spouse's Will is also \$75.00.**

Keep a copy of the completed questionnaire and return the original to us at 3021 N.E. Broadway, Portland, OR 97232. We will then prepare and send to you a draft Will. If after reviewing the draft, you have any questions, please feel free to give me a call.

Our charges for preparing wills and other probate documents are as follows:

- Living Will - \$50.00
- Durable Power of Attorney - \$50.00

II. NECESSARY INFORMATION

A. CURRENT PERSONAL INFORMATION

1. Full Name _____

2. Former Last Names _____

3. Spouse's Full Name _____

4. Home Address _____

5. Mailing Address _____

6. Telephone (Home) _____ (Work) _____

7. a) Do you have a prior Will? Yes ____ No ____

b) Was it prepared by our offices? Yes ____ No ____

c) Where is the original located? _____

d) Who is the attorney who prepared the Will? _____

e) May we contact this attorney if necessary? _____

B. PRIOR MARITAL HISTORY:

1. Are you currently paying child support? Yes ____ No ____ . If yes, list the names of the children for whom you are paying support, the amount of the support, and the term of the obligation (until the child reaches the age of 18, or while the child is “attending school”). Please attach your Decree of Dissolution of Marriage.

2. Are you currently receiving child support? Yes ____ No ____ . If yes, list the names of the children for whom you are receiving support, the amount of the support, and the term of the obligation (until the child reaches the age of 18, or

while the child is “attending school”). Please attach your Decree of Dissolution of Marriage.

3. Are you currently paying spousal support or alimony? Yes _____ No _____. If yes, list the name of the ex-spouse to whom you are paying support, the amount of the support, and the term of the obligation. _____

C. YOUR CHILDREN:

1. a) Full Name _____

b) Birthdate _____

2. a) Full Name _____

b) Birthdate _____

3. a) Full Name _____

b) Birthdate _____

4. a) Full Name _____

b) Birthdate _____

5. a) Full Name _____

b) Birthdate _____

D. DEPENDENTS:

If there are any persons other than the children listed above who are partially or wholly dependent upon you or your spouse for present or future support, please attach a sheet of paper to this questionnaire providing the name, relationship, and details of the living arrangement and support obligations for such person(s).

- 1. a) Name _____
- b) Relationship to whom _____
- c) Living arrangement _____
- d) If this person is not a dependent now, why and when will this person become dependent _____

- 2. a) Name _____
- b) Relationship to whom _____
- c) Living arrangement _____
- d) If this person is not a dependent now, why and when will this person become dependent. _____

E. INTERSPOUSAL AGREEMENTS:

- 1. Have you ever executed any agreements with a spouse regarding your property, such as a prenuptial agreement?
Yes _____ No _____
- 2. Please furnish a copy of any agreements.

F. TRUSTS:

1. Does any member of your family receive income from any trust? If yes, who created the trust?

2. Have you or your spouse ever created a trust, except as part of a Will?
Yes ____ No ____ If yes, give details:

3. Does any family member expect to be named a beneficiary of a trust?
Yes ____ No ____ If yes, please describe _____

4. Please furnish copies of all documents relating to the trusts, as well as a current list of assets and statement of income.

G. JOINT TENANCY AND TENANCY-IN-COMMON ASSETS:

1. Do you and your spouse own any real or personal property as joint tenants with each other?
Yes ____ No ____ . If yes, please describe the property below and attach a copy of the document creating the joint tenancy:
 - (a) Address _____
Present Value _____
Amount of Mortgages, liens, etc. _____

 - (b) Address _____
Present Value _____
Amount of Mortgages, liens, etc. _____

2. Do you own any real or personal property with someone other than your spouse?
 Yes ____ No ____ . If yes, please describe below and attach a copy of the document
 creating the common ownership:

(a) Address _____

Present Value _____

With whom do you own the property? _____

Amount of Mortgages, liens, etc. _____

(b) Address _____

Present Value _____

With whom do you own the property? _____

Amount of Mortgages, liens, etc. _____

H. PERSONAL PROPERTY:

BANK ACCOUNTS:

| | Bank and Branch | Owner(s) | Amount |
|-----------|-----------------|----------|--------|
| Checking: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Savings: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ |

Safe Deposit Box Location: _____

STOCKS, BONDS AND OTHER INVESTMENTS:

What is the current value of all stocks, bonds and other investments you own?

MAJOR PERSONAL PROPERTY (Vehicles, Furniture, Antiques, Art, Jewelry):

| Description | Present Value | Amount Owed |
|-------------|------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INSURANCE (Life, Employment, Military, Fraternal, Etc.):

| Company | Policy No. | Type | Beneficiary | Policy Amount | Loans Against |
|---------|------------|-------|-------------|---------------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

RETIREMENT AND BENEFIT PLANS (Pensions, IRAs Deferred Compensation, Stock Bonus, and Profit Sharing Plans, Etc.):

| Description | % Vested | Value | Beneficiary |
|-------------|----------|-------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OTHER BUSINESS INTERESTS:

| Description | Owner | Present Net Value |
|-------------|-------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

III
QUESTIONS TO DETERMINE YOUR
ESTATE OBJECTIVES AND PRIORITIES

If you are going to leave any part of your property to a person who is not able to take care of himself or herself, then you should consider creating a trust for that person. Be sure to indicate below if you name any such person to receive part of your estate.

1. Do you wish to leave all of your property to your surviving spouse? Yes ___ No ___
2. If you are not married, or the answer to question 1 is “no”, who do you want to receive all or part of your property? Please give the full name, address and relationship to you of all individuals named: _____

3. Do you have specific items of real or personal property you wish to leave to certain individuals? In the event the named beneficiary does not survive you, please list an alternative beneficiary for each specific devise.

| Property Description | Name & Relationship of Beneficiary | Name & Relationship of Alternate Beneficiary |
|----------------------|------------------------------------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

4. If you and your spouse die at the same time, or if your spouse predeceases you, do you want your children to receive your property? Yes _____ No _____
5. It is recommended that if your spouse dies shortly after you, e.g., 30 days or 60 days, his or her death be treated as “at the same time” in order to avoid the expense of two probates. Do you

wish to do this? Yes ____ No ____ If "yes", which time period do you elect? 30 days ____ 60 days ____

6. Do you wish to expressly exclude any of your children from receiving your property? Yes ____ No ____ If "yes", which child/children?

7. Usually, if there is no surviving spouse, all of an estate is left to the children to share in equal portions. Is this what you want? Yes ____ No ____

8. Who do you desire to be the guardian (to have the care, custody and control) of your children if you and your spouse both die while they are minors? This should be one person and not a couple because of the risk of divorce. Please state the name, address and relationship to you of the guardian.

9. If the person named in #8, above, cannot serve as guardian, who do you wish to serve as alternate guardian? Again, please state the name, address and relationship to you of the alternate guardian. _____

10. If you and your spouse die leaving MINOR children, a trust estate should be created from the income of the estate, and a trustee appointed to manage the trust estate. A trust estate provides for the support, care, maintenance and education of the children until they reach a specified age, at which time they will receive the balance of the trust estate. Who do you desire to be the trustee? Please state the name, address and relationship to you of the trustee (again, this should be one person and not a couple). _____

11. Who is your choice for trustee if the above-named person cannot serve? Please state the name, address and relationship to you of the alternate trustee. _____

12. In the event that the persons named in #10 and #11, above, cannot or do not agree to serve as trustee, do you wish to name a financial institution in your area to act as a trustee? Yes _____
No _____ If so, please provide the name and address of the institution. _____

13. We recommend that you do not put limits on the trustee's discretion in managing your children's money. However, if you want limitations, please state what limitations or instructions you want.

14. How old do you want your children to be before they receive their shares of the remainder of the trust estate? We recommend an age of 25.

Do you want your children to receive their shares when the youngest reaches the designated age or do you want each child to receive his or her share as he or she reaches the designated age? We generally recommend that all the children wait for their share of the remainder of the trust until the youngest reaches the designated age. We do this because if the older children receive their shares upon reaching the designated age, the trust may be so depleted that any emergency, special or medical needs of the younger children or youngest child could not be met.

15. Should none of the beneficiaries named in your Will survive you, who do you want to receive your estate? _____

16. Who do you want to be the personal representative of your estate? The personal representative is the person who will dispose of your estate's assets, pay your estate's debts and settle your affairs. Normally the personal representative is your spouse. You may, however, name any other person as personal representative. Give the name, address and relationship of the person you want to be your personal representative.

17. Who do you want to be the alternate personal representative of your estate in case the person named in #16 cannot serve? Give his or her name, address and relationship to you.

18. Do you wish to have your remains disposed of by burial or do you wish to be cremated?

19. The purpose of a Living Will and Supplemental Directive to Physician is for you to express to physicians and family members the desire that artificial means not be used to sustain or prolong your life when death is imminent due to an incurable condition caused by injury, disease, or illness. Would you like a Living Will? (Additional cost of \$50 each) Yes _____ No _____

For Oregon clients, if you would like a Living Will, you need to name a "Health Care Representative" (someone who can make the physicians aware of your desires should you be unable to). Who would you like to name as primary Health Care Representative?

Address _____

Phone Number _____

Who would you like to name as your alternate Health Care Representative?

Address _____

Phone Number _____

20. The purpose of a Durable Power of Attorney is for you, “the principal,” to name another person as “attorney-in-fact” to act on your behalf by managing your affairs and assets during a period of disability or incompetence. The Durable Power of Attorney is only valid if you become disabled or incompetent. Would you like a Durable Power of Attorney? (Additional cost of \$50 each) Yes _____ No _____

If you would like a Durable Power of Attorney, who do you want to act as your attorney-in-fact? _____

If that person is unable to act, who do you designate as your alternative attorney-in-fact?

WHERE TO STORE YOUR LEGAL DOCUMENTS

21. Do you have a safe deposit box for safekeeping of the original Will?

22. Has this questionnaire fully responded to your concerns for estate planning and covered what you want your Will to contain? If not, please elaborate

DATED _____ day of _____, 2007.

Signature

