**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.

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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.

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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:

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

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3. Does any family member expect to be named a beneficiary of a trust?

Yes \_\_\_\_ No \_\_\_\_ If yes, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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?

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

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

Description Present Amount

Value Owed

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

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

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

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

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

Company Policy Type Beneficiary Policy Loans

No. Amount Against

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

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**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

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

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**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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 Name & Relationship Name & Relationship of

Description of Beneficiary Alternate Beneficiary

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

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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?

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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.

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

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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1. 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).

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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. \_\_\_\_\_\_\_\_\_\_

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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.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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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.

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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.

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

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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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

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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?

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

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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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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DATED \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2013.

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Signature