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Phone (503) 595-5376
ESTATE PLANNING QUESTIONNAIRE

Date: _____

Your Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

E-mail address: _____ Cell phone: _____

Marital Status: Single Married Divorced Widow / Widower Year married: _____

Do you have a Prenuptial Agreement in effect? _____

Do you want you and your spouse to be jointly represented by this firm? _____

| | Husband | Wife |
|-------------------|---------|------|
| Full Legal Name | | |
| Former/Other Name | | |
| S.S. No. | | |
| Vet ID No. | | |
| Birthdate | | |
| Birthplace | | |
| Citizenship | | |
| Occupation | | |

| FORMER MARRIAGE(S) | | | |
|----------------------------|--|--|--|
| Former Spouse Name | | | |
| Date of Marriage | | | |
| Date of Divorce | | | |
| Copy of Dissolution Papers | <input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide | <input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide | <input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide |

| CHILDREN OF THIS MARRIAGE <i>(including adopted children)</i> | | | |
|---|------|----------|-----------|
| Name: | | | DOB: |
| Name: | | | DOB: |
| Name: | | | DOB: |
| CHILDREN OF FORMER MARRIAGE(S) | | | |
| Name: | | Parents: | DOB: |
| Name: | | Parents: | DOB: |
| Name: | | Parents: | DOB: |
| ADVISORS | | | |
| TITLE | NAME | ADDRESS | TELEPHONE |
| Attorney | | | |
| Accountant | | | |
| Financial Advisor | | | |
| Primary Personal Bank | | | |
| Life Insurance Agent | | | |
| Stock Broker | | | |
| Referred to our firm by | | | |

PROPERTY INFORMATION:

Real Estate:

| Description & Location | Ownership | Market Value | Balance of Mortgage | Net Equity |
|------------------------|--|--------------|---------------------|------------|
| _____ | H W JT | | | |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |

Cash Accounts:

| Name of Institution | Ownership | | | Checking | Savings Or Money Market | CD's |
|---------------------|--------------------------|--------------------------|--------------------------|----------|-------------------------------|----------|
| | H | W | JT | | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ | \$ _____ |

Safe Deposit Box:

Safe Deposit Box: _____ Name of Institution _____

Branch _____ Box No.: _____ Ownership: H W Jt

Others listed on box:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Investments: (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account)

| | Ownership | | | Value |
|-------|--------------------------|--------------------------|--------------------------|----------|
| | H | W | JT | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

Business Interests: (For type use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business

| Name of Business | H | W | JT | Type | | | | % Interest | Value |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------|----------|
| | | | | C | P | LLC | SP | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | \$ _____ |

Mortgages, Notes, and Other Receivables:

| | Ownership | | | Date of Note | Amount Now Due |
|-------|--------------------------|--------------------------|--------------------------|--------------|----------------|
| | H | W | JT | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |

Miscellaneous: (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

| | Ownership | | | Net Value |
|-------|--------------------------|--------------------------|--------------------------|-----------|
| | H | W | JT | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |

Life Insurance:

| Company | Type (Term, W/L, etc) | Owner | Beneficiary | Alternate Beneficiary | Death Benefit | Policy Loans |
|---------|--------------------------|-------|-------------|-----------------------|---------------|--------------|
| _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |

Retirement Benefits (Including IRA's):

| | H | W | Beneficiary if any | Present Value |
|-------|--------------------------|--------------------------|-----------------------|------------------|
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |

Estate Summary:

| | H | W | JT. |
|---------------------|----------|----------|----------|
| Real Estate | \$ _____ | \$ _____ | \$ _____ |
| Cash Accounts | \$ _____ | \$ _____ | \$ _____ |
| Investments | \$ _____ | \$ _____ | \$ _____ |
| Business Interests | \$ _____ | \$ _____ | \$ _____ |
| Receivables | \$ _____ | \$ _____ | \$ _____ |
| Miscellaneous | \$ _____ | \$ _____ | \$ _____ |
| Life Insurance | \$ _____ | \$ _____ | \$ _____ |
| Retirement Benefits | \$ _____ | \$ _____ | \$ _____ |
| Other | \$ _____ | \$ _____ | \$ _____ |
| TOTAL | \$ _____ | \$ _____ | \$ _____ |

We will discuss how to select Personal Representatives, Guardians, and Trustees in our meeting. Please insert your tentative choices below.

Personal Representative (carries out the terms of your will):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Personal Representative (carries out the terms of your will) - *Continued*

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Guardian / Conservator (to make decisions for you and handle your affairs if you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Guardian (to care for minor children):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Trustee (to manage funds for minor children or to manage funds after death of spouse):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Attorney-In-Fact For Business Affairs (to handle business affairs):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Health Care Representative (makes health care decisions when you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Person to make decisions regarding disposition of remains (Note form requirements in ORS 97.130):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Generally, to whom do you want to leave your assets:

Special Bequests (specific items you wish to give to people):

| Name | Address | Phone | Item or Amount | Relationship |
|------|---------|-------|----------------|--------------|
| 1) | _____ | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ | _____ |

Charitable Bequests (gifts you wish to make to charitable organizations):

| Name of Organization | Address | Item or Amount |
|----------------------|---------|----------------|
| 1) | _____ | _____ |
| 2) | _____ | _____ |
| 3) | _____ | _____ |

Any special provisions relating to pets (disposition, assets held for maintenance of pets, etc.):

Residue of Estate (list who is to receive estate after you have made your general, specific, and charitable gifts):

| Person(s) | Address | Percentage |
|-----------|---------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Beneficiaries (in the event of common disaster):

| Person(s) | Address | Phone |
|-----------|---------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Other Special Provisions Desired:

Important Family Questions:

1. Do you have a child with a learning disability? Yes No
2. Do any of your family receive governmental support or benefits? Yes No
3. Do you have adopted children? Yes No
4. Do any of your children have special education, medical, or physical needs? Yes No
5. Are any of your children institutionalized? Yes No
6. Are you or your spouse receiving social security, disability, or other governmental benefits? Yes No
7. Do you provide primary or other major financial support to adult children? Yes No
8. Have either of you been divorced? Yes No
9. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
10. Have you and your spouse ever signed a pre-or post-marriage contract? Yes No
(Please furnish a copy)
11. Have you or your spouse been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)* Yes No
12. In what states have you lived while married to your current spouse? Yes No
During what periods of time did you reside there? _____

-
13. Have you or your spouse ever filed federal or state gift tax returns? Yes No
(Please furnish copies of these returns)
14. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? Yes No
(Please furnish copies of these documents)
15. Are both you and your spouse United States citizens? Yes No
If you answered "No", are either you or your spouse a resident or a nonresident alien? Yes No

16. Do you want specific funeral arrangements?

Yes No

Specify, if applicable: _____

Other Information or Comments:

Thank you for taking the time to fill out this form. It makes our meeting more productive.