

Client Info Form - Married

Instructions for completing this form: Please provide full, legal names for each person mentioned in this form the first time they are requested and provide complete contact information for them as requested. If you are naming or referencing a person more than one time, you can simply write their first name in the subsequent mentions. You do not need to complete their full legal names and contact information each time they are mentioned. We do not need exact balances or statements of assets or liabilities; approximate values will suffice.

<i>Preferred Name of Trust:</i>			Date:	
Spouse 1 Full Legal Name:		Email:		
Street Address:	Apt/Unit #:	City/State:	Zip code:	
Home #:		Cell #:		
Date of Birth:	Place of Birth:	Occupation:	US Citizen: Yes / no	
Spouse 2 Full Legal Name:		Email:		
Street Address:	Apt/Unit #	City/State:	Zip code:	
Home #:		Cell #:		
Date of Birth:	Place of Birth:	Occupation:	US Citizen: Yes / no	
First Child Full Legal Name:		Date of Birth:		
Street Address:	Apt/Unit #	City/State:	Zip code:	
Phone #:	Email:		Whose Child (circle one): Both / Spouse 1 / Spouse 2	

Second Child Full Legal Name:		Date of Birth:	
Street Address:		Apt/Unit #	City/State: Zip code:
Phone #:	Email:	Whose Child (circle one): Both / Spouse 1 / Spouse 2	
Third Child Full Legal Name:		Date of Birth:	
Street Address:		Apt/Unit #	City/State: Zip code:
Phone #:	Email:	Whose Child (circle one): Both / Spouse 1 / Spouse 2	
Fourth Child Full Legal Name:		Date of Birth:	
Street Address:		Apt/Unit #	City/State: Zip code:
Phone #:	Email:	Whose Child (circle one): Both / Spouse 1 / Spouse 2	
Fifth Child Full Legal Name:		Date of Birth:	
Street Address:		Apt/Unit #	City/State: Zip code:
Phone #:	Email:	Whose Child (circle one): Both / Spouse 1 / Spouse 2	
Sixth Child Full Legal Name:		Date of Birth:	
Street Address:		Apt/Unit #	City/State: Zip code:
Phone #:	Email:	Whose Child (circle one): Both / Spouse 1 / Spouse 2	

Trustee

It is appropriate for you to determine whom would you want to serve as trustee of any trust created as part of your estate plan, and whom you would like to name as Alternate Trustees in the event your first or second choice cannot serve. We will discuss how to select Trustees in our meeting. Please insert your tentative choices below:

Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number

Guardian (s) For Your Minor Children

It is appropriate for you to state whom would you want to act as guardian of your minor children, and whom you want to name as alternate guardians in case your first or second choice cannot serve. Our website has an informational video on “How to Pick a Guardian.” We encourage you to watch this video prior to our meeting. Please insert your tentative choices below.

Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number

Guardian(s) For You

It is also appropriate for you to determine whom would you want to act as guardian of you (if necessary) and whom you want to name as alternate guardians in case your first or second choice cannot serve. Our website has an informational video on “How to Pick a Guardian.” We encourage you to watch this video prior to our meeting. Please insert your tentative choices below.

Spouse 1:

Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number

Guardian (s) For You Continued		
Spouse 2:		
Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number
Personal Representative (Executor)		
<p>It is appropriate for you to state whom would you want to serve as Personal Representative (executor) of your estate, and whom you would like to name as Alternate Personal Representatives in case your first or second choice cannot serve. See the chapter entitled “Who Should Serve as Your Fiduciary” in Estate Planning 101 on our website for ideas. We will discuss how to select Personal Representatives (Executors) in our meeting. Please insert your tentative choices below.</p>		
Spouse 1:		
Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number
Spouse 2:		
Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number

Agent under Power of Attorney (Attorney-in-fact)

It is appropriate for you to state whom would you want to serve as Agent (attorney-in-fact) in case of your incapacity, and whom you would like to name as Alternate Agents in case your first or second choice cannot serve. Our website has an informational video on “Beware of Powers of Attorney.” We encourage you to watch this video prior to our meeting. Please insert your tentative choices below.

Spouse 1:

Name and Address (1 st Choice)	Email	Relationship
	Phone Number	Effective: <input type="checkbox"/> Immediately or <input type="checkbox"/> Only when coupled with a letter from your physician stating that you are incapacitated
Successor Name and Address (2 nd Choice)	Email	Relationship
	Phone Number	Effective: <input type="checkbox"/> Immediately or <input type="checkbox"/> Only when coupled with a letter from your physician stating that you are incapacitated
Successor Name and Address (3 rd Choice)	Email	Relationship
	Phone Number	Effective: <input type="checkbox"/> Immediately or <input type="checkbox"/> Only when coupled with a letter from your physician stating that you are incapacitated

Spouse 2:

Name and Address (1 st Choice)	Email	Relationship
	Phone Number	Effective: <input type="checkbox"/> Immediately or <input type="checkbox"/> Only when coupled with a letter from your physician stating that you are incapacitated
Successor Name and Address (2 nd Choice)	Email	Relationship
	Phone Number	Effective: <input type="checkbox"/> Immediately or <input type="checkbox"/> Only when coupled with a letter from your physician stating that you are incapacitated
Successor Name and Address (3 rd Choice)	Email	Relationship
	Phone Number	Effective: <input type="checkbox"/> Immediately or <input type="checkbox"/> Only when coupled with a letter from your physician stating that you are incapacitated

Health Care Representative			
<p>Have you signed an Advanced Directive or a Health Care Power of Attorney? (Y/N) If an Advanced Directive or Health Care Power of Attorney will be of benefit to you, then you will want to determine whom would you want to serve as your Health Care Representative, and whom you would like to name as Alternate Health Care Representative in the event your first or second choice cannot serve. We will discuss how to select Health Care Representatives in our meeting. Please insert your tentative choices below.</p>			
Spouse 1:			
Name and Address (1 st Choice)	Email	Relationship	
		Phone Number	
Successor Name and Address (2 nd Choice)	Email	Relationship	
		Phone Number	
Successor Name and Address (3 rd Choice)	Email	Relationship	
		Phone Number	
Spouse 2:			
Name and Address (1 st Choice)	Email	Relationship	
		Phone Number	
Successor Name and Address (2 nd Choice)	Email	Relationship	
		Phone Number	
Successor Name and Address (3 rd Choice)	Email	Relationship	
		Phone Number	
Specific Bequests			
Item	Description	Person Receiving Bequest	Relationship
Charitable Beneficiaries			
Do you have any particular area of charitable interest?			

Contingent Beneficiaries

Whom would you want to receive your property in the event something should happen to you, your spouse, and all of your lineal descendants?

Special Estate Planning Objectives and Other Legal Concerns

Describe any special estate planning objectives or other legal concerns you may have:

Miscellaneous Family Details

(Divorces, adoptions, disabilities, antenuptial agreements):

Other Dependents: (e.g., Parents) Name, Age, and Relationship

Do you or your spouse have children by a previous marriage, or have children who died leaving children?

Does anyone to whom you may be leaving part of your estate require any help or protection managing money or property?

Is anyone in your family disabled or at risk of becoming seriously ill or disabled?

Burial Instructions

Do you have a preference of what happens to your remains after you die? Would you like to be cremated, have a formal funeral, or ask your family to have a memorial party? Would you prefer a green burial? If cremated, what shall be done with your ashes? Please include any details of those wishes here.

Spouse 1:

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Whom would you like to appoint to be in charge of the disposition of your remains and to follow your above instructions (if any)? Please insert your tentative choices below.

Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number

Spouse 2:

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Whom would you like to appoint to be in charge of the disposition of your remains and to follow your above instructions (if any)? Please insert your tentative choices below.

Name and Address (1 st Choice)	Email	Relationship
		Phone Number
Successor Name and Address (2 nd Choice)	Email	Relationship
		Phone Number
Successor Name and Address (3 rd Choice)	Email	Relationship
		Phone Number

Assets

Real Estate Owned					
Personal Residence(s)					
Address or Location	Name (s) on Title	Date Acquired	Original Purchase Price	Current Mortgage Balance	Current Value
Investment Real Property					
Address or Location	Name(s) on Title	Date Acquired	Original Purchase Price	Current Mortgage Balance	Current Value
Timeshares					
Address or Location	Name(s) on Title	Date Acquired	Original Purchase Price	Current Mortgage Balance	Current Value
Retirement Benefits and Deferred Compensation					
Individual Retirement Accounts and Self Employment (Keogh) Plans					
Name of Company or Plan	Owner	Primary Beneficiary	Contingent Beneficiary	Account Value	

Retirement Benefits and Deferred Compensation Continued					
Pension and Profit-Sharing Plans					
Name of Company or Plan	Primary Beneficiary	Account Balance or Expected Benefit	Percent Vested	Method of Payment Benefits	
Other Deferred Compensation Plans (Including Qualified and Non-Qualified Options)					
Name of Company or Plan	Primary Beneficiary	Contingent	Account Balance or Expected Benefit	Method of Payment Benefits	
Stocks and Bonds					
Marketable Stocks, Bonds, and Mutual Funds (Not IRAs)					
Publicly Traded Name of Issuer (Company or Gov't Entity)	Owner	Basis for Computing Capital Gain or Loss	Value		
Bank Accounts					
Closely Held Business					
Name of Company	No. of Shares or percent of ownership	Owner	Shares Outstanding	Cost or Other Basis	Operating Agreement Buy-Sell Agreement Employment Contract SUBMIT COPY

Other Business Interests (Partnership, Sole Proprietorships, Tax Shelters) (Provide Documentation)

Name of Entity	Owner	Date Acquired	Cost or Other Basis	Business Agreement Buy-Sell Agreement Employment Contract SUBMIT COPY

Personal Checking Accounts - Banks

Name of Bank	Type of Account	Title - How Held	Average Balance

Savings Accounts, Certificates of Deposits, Money Market Accounts etc. - Bank or Savings & Loan

Name of Bank	Type of Account	Title - How Held	Average Balance

Secured and Unsecured Notes and Receivables (Loans Owed To You By Others) (Provide Documentation)

Name of Debtor	Original Amount	Date	Date Due	Interest Rate	Current Balance

Tangible Personal Property (including automobiles, jewelry, furs, art objects, gun and coin collections, etc.)

Item	Owner	Date Acquired	Cost or Other Basis	Fair Market Value

Inheritance Received (within the last ten years)

Description of Item	Decedent	Cost or Other Basis	Current Value

Expectations of Inheritances

Are any inheritances likely to be received in the future?	(Y/N)	Anticipated Amount or Description
Spouse 1:		
Spouse 2:		

Gifts Made in Excess of \$10,000.00

Year	Description of Item	To Whom Given	Cost or Other Basis	Value

Liabilities**Estimated current liabilities excluding mortgages on real estate interests. Provide following detail as to any such liabilities in excess of \$25,000:**

Amount of Debt	Description of Collateral Security	Name of Creditor	Manner of Payment (e.g., demand installment, open, line credit)

Powers of Appointment (Provide Documentation)

Value of property over which Power is Held	Nature of Instruments Granting Power (e.g., trust or will)	Manner or Time When Power May be Exercised

Powers of Attorney Given to You

Grantor	Attorney-in-fact	Limited or General (if Limited-for what Purpose(s)?)

Life Insurance (Provide Declaration Page)

Name of Company	Policy No.	Owner	Primary Beneficiary	Contingent Beneficiary	Value: Death benefit + cash value

Endowment or Annuities (Not in IRA)					
Name of Company	Policy No.	Owner	Primary Beneficiary	Contingent Beneficiary	Value: Death benefit + cash value

Insurance on Life of Others						
Name of Company	Policy No.	Name of Insured	Owner	Primary Beneficiary	Contingent Beneficiary	Value: Death benefit + cash value

Advisors			
	Name	Address	Telephone
Attorney (Estate Planning)	Two Spruce Law	204 SE Miller Avenue Bend Oregon 97702	541-389-4646
Accountant			
Financial Advisor			
Life Insurance Agent			
Stock Broker			
Personal			

Please bring the following documents with you to your meeting with the attorney:

1. Will, codicil, trust agreements
2. Guardianship documents, if applicable
3. Living will, advance directive, power of attorney, durable power of attorney
4. Business papers: operating agreement, partnership agreement, corporate minute books, buy/sell agreements