



PERSONAL INFORMATION FORM
(Confidential - To Be Completed by Client)

Date_____

Decedent's Information

Name: _____
 First Middle Last

Final Address: _____
 Street City State Zip

Birth Date: _____ **Occupation and Name of Employer:** _____

Date of Death: _____ **Social Security Number:** _____

Previously Married? [] Yes [] No **If Yes:** [] Widowed [] Divorced **Veteran?** [] Yes [] No

Surviving Spouse's Information

Name: _____
 First Middle Last

Final Address: _____
 Street City State Zip

Birth Date: _____ **Occupation and Name of Employer:** _____

Date of Marriage: _____ **Previously Married?** [] Yes [] No **If Yes:** [] Widowed [] Divorced



julia@juliaricelaw.com ~ Mailing Address: P.O. Box 442, Lake Oswego, OR 97034 ~ (503) 726-5990

Personal Representative/Executor's Information

Name: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Communication Preference:** Email/Cell/Home

Referral Source: Website/Social Media/Presentation/Personal Referral (include name) _____

Children:
Furnish any additional information on an attached paper.

Child [1]: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Birth Date:** _____ [] **Joint Child**

Child [2]: _____
First Middle Last

Address: _____
Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Birth Date:** _____ [] **Joint Child**

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Child [3]: _____
 First Middle Last

Address: _____
 Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Birth Date:** _____ [] **Joint Child**

Child [4]: _____
 First Middle Last

Address: _____
 Street City State Zip

Phone: _____ (cell) _____ (home)

Email Address: _____ **Birth Date:** _____ [] **Joint Child**

Decedent's Professional Advisors

Accountant: _____
 Name Firm

Financial Planner: _____
 Name Firm



LAW OFFICE OF JULIA RICE

Estate Planning & Administration
www.juliaricelaw.com

OFFICE LOCATION:
5200 MEADOWS RD., STE. 150, LAKE OSWEGO, OR 97035

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Miscellaneous

1. **What size is the decedent's estate, approximately?**

- Under \$1,000,000
- \$1,000,001 - \$3,000,000
- \$3,000,001 - \$6,500,000
- More than \$6,500,000

2. **Do any beneficiaries have special needs or receive government assistance?** Yes No

If yes, please provide additional information: _____

3. **History of Gifts:** List all gifts the decedent made in excess of \$10,000 and all gifts of life insurance.

<u>Date of Gift</u>	<u>Donor</u>	<u>Recipient</u>	<u>Value</u>	<u>Reason for Gift</u>
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4. **Has the decedent ever filed a gift tax return?** Yes No

5. **Did the decedent have any payment or life insurance obligations either to a former spouse or to children of a prior marriage embodied in any judgment or written agreement?** Yes No **If Yes, please provide copies.**

Summary of Decedent's Assets

Please indicate whether assets are joint or in decedent's individual name, the name of the financial institution, and the approximate value for the following assets:

1. **Bank Accounts**

2. **Brokerage/Stock Accounts**



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3. Businesses

4. Real Property (please provide address and county)

5. 401(k)/IRAs (include beneficiary designations)

6. Pension/Additional Retirement Accounts (include beneficiary designations)

7. Life Insurance (include beneficiary designations)

8. Safe Deposit Box (indicate location and signers)

9. Personal Property

10. Please provide a copy of the following documents, if executed by decedent:

- A will
- A revocable living trust
- An irrevocable life insurance trust
- A retirement trust