



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

Trustee'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) _____



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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

Summary of Decedent’s Assets

Please provide the most recent statement, the company name, and the approximate value for the following assets:

1. **Bank Accounts**

2. **Brokerage/Stock Accounts**

3. **Businesses**

4. **Real Property (please provide address and county)**



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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

9. Personal Property

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

- A will
- A revocable living trust
- Any irrevocable trust
- A prenuptial agreement