RICE ESTATE PLANNING & ADMINISTRATION

Office Location:
5285 MEADOWS RD., STE. 310, LAKE OSWEGO, OR 97035

www.riceep.com ~ Mailing Address: P.O. Box 442, Lake Oswego, Oregon 97034 ~ (503) 726-5990

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

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**

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

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.

Date of Gift	Donor	Recipient	Value	Reason for Gift

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**

_____
_____
_____

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:**

[ ] Will

[ ] Revocable Living Trust

[ ] Irrevocable Trust

[ ] Prenuptial Agreement

[ ] Retirement Trust