



Law Office of Susan Ford Burns
1406 SOUTHEAST 12TH AVENUE
PORTLAND, OREGON 97214

WILL INFORMATION SHEET

Date:

Name of Client:

Residence Address:

Residence Phone:

Business Phone:

I. BASIC INFORMATION

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

Do you want you and your spouse to be jointly represented by this firm? Yes No

(If Yes, please complete a Will Information Sheet for each person. If you need another copy, please call our office.)

	Client	Spouse (if married)
Full Name		
Former/Other Name		
S.S. No.		
Vet ID No.		
Birth Date		
Birthplace		
Occupation		
Prior Marriages		

II. CHILDREN AND OTHER FAMILY MEMBERS

1. Please provide the names (and addresses for adults) and dates of birth for all of your children, natural or adopted.

Name and Address	Date of Birth

2. Please provide the names (and addresses for adults) and dates of birth for other children, including children of prior marriages or relationships and step-children.

Name and Address	Date of Birth/Relationship

3. Please provide the names and addresses of any other family members, such as parents, siblings, or in-laws, who you intend to name as a legal representative or beneficiary.

Name and Address	Relationship

III. LEGAL REPRESENTATIVES

1. Who do you want to act as the PERSONAL REPRESENTATIVE (executor) of your estate?
(Please name at least one alternate)

Name and Address	Relationship

2. Who do you want to act as the GUARDIAN of your minor children? (Please name at least one alternate)

Name and Address	Relationship

3. Who do you want to act as the TRUSTEE/CONSERVATOR for your minor children?
(Please name at least one alternate)

Name and Address	Relationship

IV. ESTATE DISTRIBUTION

1. How do you want your estate to be distributed? (Please add additional pages if necessary)

Beneficiary Name and Address	Dollar amount or percentage of estate

2. Do you want to make any SPECIFIC BEQUESTS (i.e. specific personal property)?

Beneficiary Name and Address	Item(s)

3. Do you wish to make any CHARITABLE CONTRIBUTIONS as part of your estate plan?

Charity Name and Address	Amount

4. In the event of a common disaster, do you want to name CONTINGENT BENEFICIARIES?

Beneficiary Name and Address	Dollar amount or percentage of estate

V. ADMINISTRATIVE ITEMS

1. Do you have a PRENUPTIAL AGREEMENT in effect? Yes No
(If Yes, please provide a copy of the agreement to our office)

2. Please specify any SPECIAL FUNERAL ARRANGEMENTS you wish, including specific cemetery burial plots or other pre-paid services.

3. Please specify any SPECIAL BEQUESTS OR GIFTS not identified above.

4. Please specify any SPECIAL PROVISIONS OF THE WILL not identified above.

5. Please specify any SPECIAL FAMILY PROBLEMS that need to be addressed by your estate planning.

6. Please identify any SAFETY DEPOSIT BOXES in which you may store important personal documents.

Location of Safety Deposit Box:

In Name of:

VI. PROPERTY/ASSET INFORMATION

ASSETS			
Property	Location/Description/Account Number	In Name of:	Value
Residence			
Real Property			
Bank Account			
Bank Account			
Bank Account			
Bank Account			
Stocks/Bonds/ Mutual Funds			
Stocks/Bonds/ Mutual Funds			
Stocks/Bonds/ Mutual Funds			
Stocks/Bonds/ Mutual Funds			
Other			
Other			
Other			

LIFE INSURANCE, DEATH BENEFITS, AND RETIREMENT BENEFITS				
Company	Insured	Beneficiary	Contingent Beneficiary	Amount

L PLEASE ATTACH ADDITIONAL SHEETS TO THIS FORM IF NECESSARY.

In order to ensure that we properly address all of your concerns and questions regarding your estate planning, please specify any OTHER QUESTIONS you have about the estate planning process below.

YOU HAVE COMPLETED THE WILL INFORMATION SHEET.

L PLEASE RETURN THIS SHEET AND ALL ADDITIONAL SHEETS TO OUR OFFICE AT:

**LAW OFFICE OF SUSAN FORD BURNS
1406 SE 12TH AVENUE
PORTLAND, OR 97214
TEL (503) 239-8060
FAX (503) 239-6696**