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CONFIDENTIAL INFORMATION SHEET

If all information on this worksheet is identical for you and your spouse complete only one worksheet. If information for each partner differs, make a copy of this worksheet so each of you has a separate one.

Date: _____

Your Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

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

Do you have a Prenuptial Agreement in effect? _____

Do you want you and your spouse to be jointly represented by this firm? _____

	Husband	Wife
Full Legal Name		
Former/Other Name		
S.S. No.		
Vet ID No.		
Birthdate		
Birthplace		
Citizenship		
Occupation		

FORMER MARRIAGE(S)			
Former Spouse Name			
S.S. No. of Former Spouse			
Date of Marriage			
Date of Divorce			
Copy of Dissolution Papers	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide	<input type="checkbox"/> Provided to attorney <input type="checkbox"/> I do not have a copy <input type="checkbox"/> I will get a copy & provide

CHILDREN OF THIS MARRIAGE <i>(including adopted children)</i>	
Name:	DOB:
Name:	DOB:
Name:	DOB:

CHILDREN OF FORMER MARRIAGE(S)		
Name:	Parents:	DOB:
Name:	Parents:	DOB:
Name:	Parents:	DOB:

ADVISORS			
TITLE	NAME	ADDRESS	TELEPHONE
Attorney			
Accountant			
Financial Advisor			
Primary Personal Bank			
Life Insurance Agent			
Stock Broker			
Referred to our firm by			

PROPERTY INFORMATION:

Real Estate:

Description & Location	Ownership	Market Value	Balance of Mortgage	Net Equity
_____	H W JT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Cash Accounts:

Name of Institution	Ownership	Checking	Savings Or Money Market	CD's
_____	H W JT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____	\$ _____

Safe Deposit Box:

Safe Deposit Box: _____ Name of Institution _____

Branch _____ Box No.: _____ Ownership: H W JT

Others listed on box:

Name: _____ Relationship: _____

Address: _____

Phone: _____

Investments: (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account).

	Ownership	Value
	H W JT	
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

Business Interests: (For type use “C” for Corporation, “P” for Partnership, “LLC” for Limited Liability Company, “SP” for Sole Proprietorship)

Name of Business	Ownership	Type	% Interest	Value
	H W JT	C P LLC SP		
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	\$ _____

Mortgages, Notes, and Other Receivables:

	Ownership	Date of Note	Amount Now Due
	H W JT		
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____

Miscellaneous: (List only major personal effects such as automobiles, valuable jewelry, paintings, coin collections, stamp collections, etc.)

	Ownership	Net Value
	H W JT	
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____

Life Insurance:

Company	Type (Term, W/L, etc)	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy Loans

Retirement Benefits (Including IRA's):

	H W	Beneficiary if any	Present Value
_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____

Estate Summary:

	H	W	JT
Real Estate	\$ _____	\$ _____	\$ _____
Cash Accounts	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Business Interests	\$ _____	\$ _____	\$ _____
Receivables	\$ _____	\$ _____	\$ _____

Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

We will discuss how to select Personal Representatives, Guardians, Trustees and other appointments in our meeting. Please insert your tentative choices below; please list full legal names if possible.

The initial presumption is that your spouse will be your first choice for all of these appointments. Hence, under 1st choice, below, only list individuals you would like to serve should your spouse be unable to assist.

With the exception of Guardian, each choice must be an individual, not a couple.

Personal Representative (carries out the terms of your will): It is assumed that the first choice for all designations is your spouse. If your spouse cannot assist who would you like to nominate?

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Guardian (to care for minor children) (If appointee is married, please list spouse's name as well.):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Temporary Guardian local in Portland (to temporarily care for minor children until the Permanent Guardian is available):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Trustee (to manage funds for minor children or to manage funds after death of spouse):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

3rd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Attorney-In-Fact For Business Affairs (to handle business affairs): This is for a separate document called a Durable Power of Attorney. If you would like this document drafted as well, for an additional fee, please let me know.

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Person to make decisions regarding disposition of remains (Note form requirements in ORS 97.130) ([Additional fee applies.](#)):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Person to direct your health care when you cannot do so (Advance Directive for Health Care). ([Additional fee applies.](#))

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____

Plan of Distribution

1. **Specific Gifts.** Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular person? Or do you want to make charitable gifts, such as to a house of worship or other institution? (These gifts take priority over ALL other bequests).

2. Briefly describe the plan of distribution for assets remaining after any specific gifts described above are made. (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

All to spouse; if spouse does not survive, then to the following beneficiaries who survive:

_____. Or

All to spouse; if spouse does not survive, then to the following beneficiaries, or if a beneficiary does not survive, to the children of the deceased beneficiary. Beneficiaries are:

_____. Or

To the spouse with the following limitations: _____

3. **Ultimate Distribution.** You might want to provide for the distribution of your property if neither you, your partner, nor your children/other beneficiaries named above survive.

General Notes and Questions

Notes and Questions: Please note anything else which may be of importance in planning your estate, or note any questions you may have.

Important Family Questions:

1. Do you have a child with a learning disability? Yes No
2. Do any of your family receive governmental support or benefits? Yes No
3. Do you have adopted children? Yes No
4. Do any of your children have special education, medical, or physical needs? Yes No
5. Are any of your children institutionalized? Yes No
6. Are you or your spouse receiving social security, disability, or other governmental benefits? Yes No
7. Do you provide primary or other major financial support to adult children? Yes No
8. Have either of you been divorced? Yes No
9. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
10. Have you and your spouse ever signed a pre-or post-marriage contract?
(Please furnish a copy) Yes No
11. Have you or your spouse been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)* Yes No
12. In what states have you lived while married to your current spouse?
During what periods of time did you reside there? _____

13. Have you or your spouse ever filed federal or state gift tax returns?
(Please furnish copies of these returns) Yes No
14. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies of these documents)* Yes No
15. Are both you and your spouse United States citizens? Yes No
If you answered "No", are either you or your spouse a resident or a nonresident alien? Yes No

16. Do you want specific funeral arrangements? Yes No
Specify, if applicable: _____

Other Information or Comments:

Thank you for taking the time to fill out this form. It makes our meeting more productive.