



CARESS LAW, PC
Practicing with Integrity & Transparency

9400 SW Barnes Road, Suite 300
 Portland, OR 97225
 Firm: 503.292.8990
 Fax: 503.200.2985
 Email: clientservices@caresslaw.estate

CONFIDENTIAL FAMILY INFORMATION SHEET

Date: _____

Your Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

Email: _____ Preferred Method of Contact: _____

Marital Status: Single Married Oregon Registered Domestic Partner 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? _____

	Client	Client
Full Legal Name		
Former/Other Name		
S.S. No.		
Vet ID No.		
Birthdate		
Birthplace		
Citizenship		
Occupation		
FORMER MARRIAGE(S)		
Former Spouse Name		
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



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CHILDREN			
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:
(S = Sole Owner; TC = Tenants in Common; JT = Joint Tenants)

Real Estate:

Description & Location	Ownership	Market Value	Balance of Mortgage	Net Equity
	S TC 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"/>	\$ _____	\$ _____	\$ _____

Is any of the real estate described above (or in any other section of this form) farmland, forestland, or used in a commercial fishing operation? _____



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Cash Accounts:

Name of Institution	Ownership			Checking	Savings Or Money Market	CD's
	S	TC	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: S 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. Investments held in IRAs, 401(k)s and similar tax-deferred plans or accounts should be listed on page 5 under Retirement Benefits.)

	Ownership			Value
	S	TC	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"/>	\$ _____



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

Name of Business	S	TC	JT	Type				% Interest	Value
				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"/>	_____	\$ _____

Do any of the above-described business interests involve farmland, forestland, or a commercial fishing operation? _____

Mortgages, Notes, and Other Receivables: (Money payable to you.)

	Ownership			Date of Note	Amount Now Due
	S	TC	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
	S	TC	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



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Retirement Benefits: (Including IRAs, 401(k)s, and similar tax-deferred plans or accounts)

	Beneficiary if any	Present Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Estate Summary:

	S	TC	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, and Trustees in our meeting. Please insert your tentative choices below.

Personal Representative (Person who carries out the terms of your will and settles your probate estate):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____



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Personal Representative (Person who carries out the terms of your will and settles your probate estate) *Continued*

3rd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Durable Power of Attorney (agent to make decisions for you and to handle your financial affairs, generally after your incapacity):

1st Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
2nd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Guardian (to care for minor children):

1st Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
2nd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

Trustee (to manage funds for minor children or to manage funds after your death and carry out the terms of your revocable living trust and trust for children):

1st Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
2nd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____
3rd Choice: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____



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Authorized Persons under HIPAA (allows medical professionals to speak with authorized persons concerning your protected healthcare information):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Health Care Representative (makes health care decisions when you are unable):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Person to make decisions regarding disposition of remains:

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Generally, to whom do you want to leave your assets:



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Special Bequests (specific items you wish to give to people):

Name	Address	Phone	Item or Amount	Relationship
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Charitable Bequests (gifts you wish to make to charitable organizations):

Name of Organization	Address	Item or Amount
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Any special provisions relating to pets (disposition, assets held for maintenance of pets, etc.):

Residue of Estate (list who is to receive estate after you have made your general, specific, and charitable gifts):

Person(s)	Address	Percentage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingent Beneficiaries (in the event all primary beneficiaries are deceased):

Person(s)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Other Special Provisions Desired:

(Please go on to next page)



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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 you been divorced? Yes No
9. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
10. Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life? Yes No
11. Have you ever signed a pre-or post-marriage contract?
(Please furnish a copy) Yes No
12. Have you been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)* Yes No
13. In what states have you lived during marriage, if any?
During what periods of time did you reside there? _____

14. Have you or a spouse ever filed federal or state gift tax returns?
(Please furnish copies of these returns) Yes No
15. Have you completed previous wills, trusts, powers of attorney or other estate planning arrangements?
(Please furnish copies of these documents) Yes No



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- 16. Are you a member of an Oregon registered domestic partnership? Yes No
- 17. Are both you and your spouse, if any, United States citizens? Yes No
If you answered "No", are either you or your spouse a resident or a nonresident alien? Yes No
- 18. 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.