



CONFIDENTIAL FAMILY INFORMATION SHEET

How did you hear about Oregon Elder Law? _____

Persons Attending Initial Appointment

Name: _____

Address: _____

Phone: _____

Email: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Subject of Appointment

Full Legal Name: _____

Name Used to Sign Documents: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: _____

Status: Single Married (year _____) Prenuptial agreement (year _____)
 Divorced Widow/Widower Registered Domestic Partnership

Birthdate: _____ Social Security Number: _____

Citizenship: _____ Vet ID No: _____

Occupation: _____

Subject of Appointment

Full Legal Name: _____

Name Used to Sign Documents: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Preferred Method of Contact: _____

Status: ___ Single ___ Married (year _____) ___ Prenuptial agreement (year _____)
___ Divorced ___ Widow/Widower ___ Registered Domestic Partnership

Birthdate: _____ Social Security Number: _____

Citizenship: _____ Vet ID No: _____

Occupation: _____

Children (Including Adopted Children)

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Cell Phone: _____

Children of Former Relationship(s)

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Name: _____ DOB: _____

Address: _____

Phone: _____ Parent: _____

Income Information

Source:	Received By:	Amount:
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_____	_____	\$ _____
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_____	_____	\$ _____
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_____	_____	\$ _____
-------	-------	----------

_____	_____	\$ _____
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_____	_____	\$ _____
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_____	_____	\$ _____
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Property Information

Real Estate

Address	Owned by:	Value
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_____	_____	\$ _____
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_____	_____	\$ _____
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_____	_____	\$ _____
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Cash Accounts

Name of Institution	Owned by:	Type (Checking/Savings, etc)	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Investments (Stocks, Bonds, etc)

Name of Institution	Owned by:	Type	Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Retirement Benefits (Including IRAs)

Company	Owned by:	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Life Insurance (For type, use "W/L" for whole life and "T" for term)

Company	Type	Owner	Beneficiary	Death Benefit	Cash Value
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

Annuities

Company	Owned by:	Beneficiary	Present Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Business Interests (For Type, Use "C" for Corporation, "P" for Partnership, "LLC" for Limited Liability Company, "SP" for Sole Proprietorship)

Name of Business	Owned by:	Type	% Interest	Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Mortgages/ Promissory Notes/ Loans

Owed to:	Owed by:	Term	Amount Now Due
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Miscellaneous (List Only Major Personal Effects Such as Automobiles, Valuable Jewelry, Paintings, Coin Collections, Stamp Collections, etc.)

Item	Owned by:	Net Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Safe Deposit Box

Safe Deposit Box No: _____ Name of Institution: _____
 Others listed on box:
 Name: _____ Relationship: _____
 Address: _____ Phone: _____

Advisors

Title	Name	Telephone
Accountant/CPA	_____	_____
Financial Planner	_____	_____
Tax Preparer	_____	_____
Life Insurance Agent	_____	_____

Other Important Information: _____

