



Estate, Disability & Long-Term Care Planning

GUARDIANSHIP AND CONSERVATORSHIP INFORMATION SHEET

Date: _____

How did you hear about Oregon Elder Law? _____

Persons Attending Initial Appointment

Name: _____ Relationship: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Cell Phone: _____ Email: _____

Information about the person who needs a Guardian/Conservator

Full Legal Name: _____

Residence Address: _____

Location Address: _____

Residence Phone: _____ Cell Phone: _____

Birthdate: _____ Social Security Number: _____

Family members of the person who needs a Guardian/ Conservator

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Cell Phone: _____

Has there been a Guardian or Conservator been appointed for this person before?

Does this person have the any of the following documents?

Trust: Yes No

If yes: Who is the Settlor?: _____ Who is the Trustee?: _____

Will: Yes No

If yes: Who is nominated as Personal Representative?: _____

Power of Attorney: Yes No

If yes: Who is nominated as the Agent?: _____

Advance Directive: Yes No

If yes: Who is nominated as Health Care Representative?: _____

Physician information for the person who needs a Guardian/Conservator

Physician's Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attorney information for the person who needs a Guardian/Conservator

Attorney/Firm Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the person's physical and mental condition

Does the person need help making medical and health care decisions?

Does the person need help taking care of basic physical needs like, food, shelter, clothing and person hygiene?

Does this person currently live in a care facility or do they need to be in a care facility?

What, if any, medical diagnoses does the person have?

Is there an immediate life-threatening issue?

**Income information for the person who needs a Guardian/Conservator
(Social Security, Pension, etc.)**

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

**Asset information for the person who needs a Guardian/Conservator
(real property, bank accounts, investments, retirement accounts, life insurance, etc.)**

Asset	Location	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Proposed Guardian

Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Cell Phone: _____

Email: _____ Social Security Number: _____

Declared Bankruptcy? _____ Committed a Crime? _____

Professional License Revoked? _____

