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**CONFIDENTIAL**

**FAMILY INFORMATION QUESTIONNAIRE**

**FAMILY INFORMATION:**

Date: \_\_\_\_\_

<b>Your Full Legal Name:</b> _____	
Address: _____	
_____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	E-mail: _____
Birthdate: _____	Social Security No. _____
Occupation: _____	Citizenship: _____

**Marital Status:**

Single     Married     Oregon Registered Domestic Partner     Widow/Widower     Divorced

Year Married: \_\_\_\_\_

Do you have a Prenuptial Agreement in effect? \_\_\_\_\_

<b>Spouse's Full Legal Name:</b> _____	
_____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	E-mail: _____
Birthdate: _____	Social Security No. _____
Occupation: _____	Citizenship: _____

\* "JT" if both spouses are parents, "H" if husband is the parent, "W" if wife is the parent, and "S" if you are a single parent

<b>Child's Full Legal Name:</b> _____	
Address: _____	
Cell Phone: _____	E-mail: _____
Birthdate: _____	Parents*: _____

<b>Child's Full Legal Name:</b> _____	
Address: _____	
Cell Phone: _____	E-mail: _____
Birthdate: _____	Parents*: _____

<b>Child's Full Legal Name:</b> _____	
Address: _____	
Cell Phone: _____	E-mail: _____
Birthdate: _____	Parents*: _____

<b>Child's Full Legal Name:</b> _____	
Address: _____	
Cell Phone: _____	E-mail: _____
Birthdate: _____	Parents*: _____

<b>Child's Full Legal Name:</b> _____	
Address: _____	
Cell Phone: _____	E-mail: _____
Birthdate: _____	Parents*: _____

<b>Child's Full Legal Name:</b> _____	
Address: _____	
Cell Phone: _____	E-mail: _____
Birthdate: _____	Parents*: _____

**Investments:**

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

<i>Name of Institution</i>	<i>Ownership</i>				<i>Value</i>
	H	W	JT	Trust	
_____	<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:**

(Money payable to you)

	H	W	JT	Trust	<i>Date of Note</i>	<i>Face Amount</i>	<i>Balance</i>
_____	<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"/>	_____	\$ _____	\$ _____

**Business Interests:**

(For Type use “C” for Corporation, “P” for Partnership, “LLC” for Limited Liability Company, and “SP” for Sole Proprietorship)

	<i>Ownership</i>				<i>Type</i>				<i>Ownership Interest</i>	<i>Value</i>
	H	W	JT	Trust	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**Advisors:**

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Life Insurance Agent: \_\_\_\_\_

**ASSET INFORMATION:**

**Real Estate:**

<i>Description &amp; Location</i>	<i>Ownership</i>				<i>Market Value</i>	<i>Mortgage Balance</i>
	H	W	JT	Trust		
_____	<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"/>	\$ _____	\$ _____

*Mortgage Information (name, address, and loan number):* \_\_\_\_\_

*Property Insurance Agent (name, address, and policy number):* \_\_\_\_\_

*Have any parcels been deeded off? Yes: \_\_\_\_\_ No: \_\_\_\_\_*

**Cash Accounts:**

<i>Name of Institution</i>	<i>Ownership</i>				<i>Type</i>				<i>Amount</i>
	H	W	JT	Trust	Checking	Savings	Money Market	CD	
_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

**Safe Deposit Box:**

*Safe Deposit Box: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Institution: \_\_\_\_\_*

*Branch: \_\_\_\_\_ Box No. \_\_\_\_\_ Ownership: H  W  JT  Trust*

**Miscellaneous:**

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

	<i>Ownership</i>				<i>Value</i>
	H	W	JT	Trust	
_____	<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:**

(For Type use: "T" for Term; "WL" for Whole Life; "U" for Universal; "V" for Variable, etc.)

**Note:** Designate "N/A" under Beneficiary or Alternate Beneficiary if no beneficiary is named

Company	Type	Owner	Insured	Death Benefit	Beneficiary	Alternate Beneficiary

**Retirement Benefits:**

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

<i>Name of Institution</i>	H	W	<i>Primary Beneficiary</i>	<i>Alternate Beneficiary</i>	<i>Value</i>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	\$ _____

**Note:** Designate "N/A" under Beneficiary or Alternate Beneficiary if no beneficiary is named



**DISTRIBUTION PROVISIONS:** (Generally, to whom you want to leave your assets):

**Specific Bequests** (specific items/gifts you may wish to give to people after your death):

	<i>Names of Persons</i>	<i>Address</i>	<i>Item or Amount</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

**Charitable Bequests** (gifts you wish to make to charitable organizations after your death):

	<i>Name of Organization</i>	<i>Address</i>	<i>Item or Amount</i>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

**Residue/Remainder of Your Estate** (list who is to receive estate after you have made your specific and charitable gifts listed above):

<i>Person(s)</i>	<i>Relationship</i>	<i>Percentage</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Special Provisions Desired:**

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT FAMILY QUESTIONS:**

- 1. Do any of your family receive governmental support or benefits?  Yes  No
- 2. Do any of your children have special education, medical, or physical needs?  Yes  No
- 3. Do you provide primary or other major financial support to adult children?  Yes  No
- 4. Have either of you been divorced?  Yes  No
- 5. Are you making payments pursuant to a divorce or property settlement agreement?  Yes  No
- 6. Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life?  Yes  No
- 7. Have you and your spouse ever signed a pre-or post-marriage contract? (Please furnish a copy)  Yes  No
- 8. 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
- 9. In what states have you lived while married to your current spouse?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During what periods of time did you reside there? \_\_\_\_\_

\_\_\_\_\_

- 10. Have you or your spouse ever filed federal or state gift tax returns? (Please furnish copies of these returns)  Yes  No
- 11. Would you like information regarding funeral and burial instructions to complete as part of your estate planning documents?  Yes  No
- 12. Would you like a personal property memorandum to make a separate list of items of personal property to gift to various individuals that may be attached to your estate planning documents when they are completed?  Yes  No

Other Information or Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for taking the time to fill out this form. It makes our meeting more productive, and the information provided is helpful for our discussions. We look forward to meeting with you.*