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CLIENT \_\_\_\_\_ DATE \_\_\_\_\_

NOTE: THIS QUESTIONNAIRE IS PROVIDED TO YOU TO HELP YOU CONSIDER VARIOUS MATTERS WHICH ARE IMPORTANT TO DEVELOPING YOUR ESTATE PLAN. IF YOU WILL STUDY THE QUESTIONS AND WRITE DOWN YOUR ANSWERS, OUR ESTATE PLANNING CONFERENCE WILL BE MORE FOCUSED.

1. WHO IS TO SERVE AS YOUR EXECUTOR? REMEMBER THERE CAN BE MORE THAN ONE EXECUTOR NAMED. PLEASE CONSIDER ALTERNATIVES IF YOUR FIRST CHOICE(S) CANNOT SERVE.

|  |  |
|--|--|
| <input type="checkbox"/> I WANT MY SPOUSE TO BE FIRST CHOICE FOR THE PERSONAL REPRESENTATIVE |  |
| CHOICE #1<br>NAME(S): _____<br>ADDRESS: _____  | CHOICE #2<br>NAME(S): _____<br>ADDRESS: _____                |
| CHOICE #3 (NOT REQUIRED)<br>NAME(S): _____<br>ADDRESS: _____                                 | CHOICE #4 (NOT REQUIRED)<br>NAME(S): _____<br>ADDRESS: _____ |

2. IF ANY OF YOUR CHILDREN ARE UNDER 18 OR HANDICAPPED, WHO IS TO BE RESPONSIBLE FOR THEM, I. E. WHO WILL BE THE GUARDIAN(S)? IF YOU NAME A COUPLE, PLEASE INDICATE WHETHER YOU WOULD WANT ONLY ONE OF THEM TO SERVE IF ONLY ONE OF THEM WERE ABLE. BEFORE NAMING ANYONE, BE SURE TO DISCUSS YOUR PLANS WITH THEM TO BE CERTAIN THEY ARE WILLING TO SERVE. PLEASE CONSIDER ALTERNATIVES IF YOUR FIRST CHOICE(S) CANNOT SERVE. PLEASE GIVE FULL NAMES AND ADDRESSES.

|  |   |
|--|---|
| FIRST CHOICE(S)<br>NAME(S) _____<br>ADDRESS _____<br>_____ | NAME(S) _____<br>ADDRESS _____<br>_____ |
|--|---|

|   |   |
|---|---|
| SUCCESSOR(S)<br>NAME(S) _____<br>ADDRESS _____<br>_____ | NAME(S) _____<br>ADDRESS _____<br>_____ |
|---|---|

3. DESCRIBE BRIEFLY WHO IS TO RECEIVE YOUR PROPERTY WHEN YOU DIE (USE THE BACK OF THE SHEET IF NECESSARY OR ATTACH ADDITIONAL PAGES). \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. DESCRIBE BRIEFLY WHO IS TO RECEIVE YOUR PROPERTY IF YOUR FIRST CHOICE DIES BEFORE YOU. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. DESCRIBE BRIEFLY WHO IS TO RECEIVE YOUR PROPERTY IF EVERYONE YOU WANT TO BENEFIT DIES BEFORE YOU. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FAMILY AND BENEFICIARY INFORMATION

|  |  |
|--|--|
| CLIENT<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____            | SPOUSE<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____            |
| CHILD #1<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____          | CHILD #2<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____          |
| CHILD #3<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____          | CHILD #4<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____          |
| OTHER BENEFICIARY<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____ | OTHER BENEFICIARY<br>CITIZENSHIP US OTHER<br>DOB _____ SS# _____ - ____ - ____<br>ADDRESS _____<br>CITY _____ ST _____ ZIP _____ |

ADVISORS

INSURANCE AGENT \_\_\_\_\_ PHONE \_\_\_\_\_  
 ACCOUNTANT \_\_\_\_\_ PHONE \_\_\_\_\_  
 ATTORNEY \_\_\_\_\_ PHONE \_\_\_\_\_

EXISTING DOCUMENTS

DO YOU HAVE A WILL? YES/NO DATE; \_\_\_\_\_ IF YES, PLEASE BRING A COPY TO OUR FIRST MEETING.  
 POWER OF ATTORNEY? YES/NO DATE: \_\_\_\_\_ IF YES, PLEASE BRING A COPY TO OUR FIRST MEETING.  
 LIVING WILL? YES/NO DATE: \_\_\_\_\_ IF YES, PLEASE BRING A COPY TO OUR FIRST MEETING.

INCOME INFORMATION

|               |               |               |
|---------------|---------------|---------------|
| <u>SOURCE</u> | <u>CLIENT</u> | <u>SPOUSE</u> |
| SALARY        | _____         | _____         |

INVESTMENTS \_\_\_\_\_

OTHER \_\_\_\_\_

GIFTS

HAVE YOU MADE ANY GIFT OF MORE THAN \$10,000 TO ONE PERSON IN ONE YEAR? YES/NO  
IF YES, PLEASE GIVE THE FOLLOWING INFORMATION:

RECIPIENT \_\_\_\_\_ DATE OF GIFT \_\_\_\_\_ WHAT WAS GIVEN? \_\_\_\_\_

\_\_\_\_\_  
WAS A U. S. GIFT TAX RETURN FILED? YES/NO

WAS A OREGON GIFT TAX RETURN FILED? YES/NO

(IF YOU HAVE MADE MORE THAN ONE GIFT, ON A SEPARATE SHEET PLEASE PROVIDE THE  
REQUESTED INFORMATION FOR EACH GIFT.)

RETIREMENT BENEFITS

ARE YOU RECEIVING OR HAVE YOU RECEIVED PAYMENTS FROM ANY EMPLOYER SPONSORED  
RETIREMENT PLAN? YES/NO

IF YES, PLEASE EXPLAIN THE PAYMENT OPTION: \_\_\_\_\_

\_\_\_\_\_  
IF YOU ARE RECEIVING PAYMENTS IN INSTALLMENTS, ARE YOU RECALCULATING THE LIFE  
EXPECTANCY EACH YEAR? YES/NO

IF YES, WHOSE LIFE OR LIVES ARE BEING USED AS THE MEASURING LIFE OR LIVES, AND  
WHAT IS THEIR BIRTHDATE? NAME \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
NAME \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ASSET INFORMATION

|                | ADDRESS OF PROPERTY | IN WHOSE NAME IS THIS ASSET?<br>(IE, YOU, YOU AND SPOUSE, ETC) | VALUE OF ASSET |
|----------------|---------------------|--|----------------|
| REAL<br>ESTATE |                     |  | \$             |
|                |                     |  | \$             |
|                |                     |  | \$             |

|   | COMPANY OR BROKER HOLDING THE ACCOUNT &<br>ACCOUNT NUMBER<br>(PLEASE USE REVERSE SIDE IF NECESSARY) | IN WHOSE NAME IS THIS ASSET?<br>(IE, YOU, YOU AND SPOUSE, ETC) | VALUE OF ACCOUNT |
|---|---|--|------------------|
| STOCKS,<br>BONDS<br>&<br>MARKETABLE<br>SECURITIES |   |  | \$               |
|   |   |  | \$               |
|   |   |  | \$               |

|                                     | BANK OR BROKER HOLDING THE ACCOUNT &<br>ACCOUNT NUMBER<br>(PLEASE USE REVERSE SIDE IF NECESSARY) | IN WHOSE NAME IS THIS ASSET?<br>(IE, YOU, YOU AND SPOUSE, ETC) | VALUE OF ACCOUNT |
|-------------------------------------|--|--|------------------|
| BANK<br>ACCOUNTS,<br>CD'S &<br>CASH |  |  | \$               |
|                                     |  |  | \$               |
|                                     |  |  | \$               |

|                       | NAME OF THE BUSINESS THAT YOU OWN OR IN WHICH YOU<br>ARE A SHAREHOLDER (DO NOT INCLUDE PUBLICALLY<br>TRADED STOCKS MENTIONED ABOVE) | IN WHOSE NAME IS THIS BUSINESS?<br>(IE, YOU, YOU AND SPOUSE, ETC) | VALUE OF BUSINESS |
|-----------------------|---|---|-------------------|
| BUSINESS<br>INTERESTS |   |   | \$                |
|                       |   |   | \$                |
|                       |   |   | \$                |

|             | MAKE, MODEL & YEAR | IN WHOSE NAME IS THIS CAR?<br>(IE, YOU, YOU AND SPOUSE, ETC) | APPROXIMATE VALUE |
|-------------|--------------------|--|-------------------|
| AUTOMOBILES |                    |  | \$                |
|             |                    |  | \$                |

OTHER  
ASSETS

\_\_\_\_\_

\_\_\_\_\_

|                     | NAME OF COMPANY PROVIDING THE BENEFIT (IE, PERS, TEAMSTERS, ETC) | ACCOUNT # | PRIMARY BENEFICIARY | CONTINGENT BENEFICIARY | VALUE |
|---------------------|--|-----------|---------------------|------------------------|-------|
| RETIREMENT-EMPLOYER |  |           |                     |                        | \$    |
|                     |  |           |                     |                        | \$    |

|                  | NAME OF COMPANY PROVIDING THE BENEFIT (IE, MERRILL LYNCH, EDWARD JONES, ETC.) | ACCOUNT # | PRIMARY BENEFICIARY | CONTINGENT BENEFICIARY | VALUE |
|------------------|---|-----------|---------------------|------------------------|-------|
| RETIREMENT-IRA'S |   |           |                     |                        | \$    |
|                  |   |           |                     |                        | \$    |

|                | NAME OF COMPANY PROVIDING THE INSURANCE | ACCOUNT # | PRIMARY BENEFICIARY | CONTINGENT BENEFICIARY | VALUE |
|----------------|---|-----------|---------------------|------------------------|-------|
| LIFE INSURANCE |   |           |                     |                        | \$    |
|                |   |           |                     |                        | \$    |
|                |   |           |                     |                        |       |
|                |   |           |                     | TOTAL VALUE OF ASSETS: | \$    |

DEBT INFORMATION

|       | CREDITOR | ACCOUNT # | IS THIS FOR A SPECIFIC ITEM, IF SO, WHAT? | AMOUNT OWED |
|-------|----------|-----------|---|-------------|
| DEBTS |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           |   | \$          |
|       |          |           | TOTAL DEBT:                               | \$          |