

DAVID L. CARLSON
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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 NAME(S): _____ ADDRESS: _____ _____	CHOICE #2 NAME(S): _____ ADDRESS: _____ _____
CHOICE #3 (NOT REQUIRED) NAME(S): _____ ADDRESS: _____ _____	CHOICE #4 (NOT REQUIRED) NAME(S): _____ 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) NAME(S) _____ ADDRESS _____ _____	NAME(S) _____ ADDRESS _____ _____
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SUCCESSOR(S) NAME(S) _____ ADDRESS _____ _____	NAME(S) _____ ADDRESS _____ _____
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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 CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____	SPOUSE CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____
CHILD #1 CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____	CHILD #2 CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____
CHILD #3 CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____	CHILD #4 CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____
OTHER BENEFICIARY CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ CITY _____ ST _____ ZIP _____	OTHER BENEFICIARY CITIZENSHIP US OTHER DOB _____ SS# _____ - ____ - ____ ADDRESS _____ 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? (IE, YOU, YOU AND SPOUSE, ETC)	VALUE OF ASSET
REAL ESTATE			\$
			\$
			\$

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

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

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

	MAKE, MODEL & YEAR	IN WHOSE NAME IS THIS CAR? (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:	\$