Bearman Law

David A. Bearman Attorney at Law

Da	ted									Attorney at Law
CLIENT							SPOUSE			SE
Na	me to	use	wh	en yo	u sign legal documents	<u> </u>	ī	Name	to use who	en you sign legal documents
Str	eet									
P.0	D. Box	X				_	(Count	у	
Cit	y					_	9	State		Zip
Но	me Pl	hone	;				-			
Се	ll Pho	ne					-			
W	ork Ph	one					<u>-</u>			
Is (Client	a U	S C	itizen	?		Yes		l No	
Is	Spous	e a l	JS (Citize	n?		Yes		l No	
Inc	licate	if th	ere	is an	existing Guardianship for:		Clien	nt 🗆	Spouse	
Inc	licate	if th	ere	is an	existing Conservatorship for:		Clien	nt 🗆	Spouse	
Biı	th dat	te:					_			
En	nploye	er:					-			
Wl	nich le	egal	doc	umen	ts currently exist - indicate all that	apply	7			
	Yes		ונ	No	Durable Power of Attorney		Yes		l No	Irrevocable Living Trust
	Yes		ונ	No	Advance Directive		Yes		l No	Marital agreement
	Yes		ונ	No	Last Will		Yes		l No	Buy-Sell agreement
	Yes]	No	Revocable Living Trust		Yes		l No	Court financial obligation
Na	me -]	Date	of	existii	ng Trust:					
WI	nat are	e yoi	ır cı	urrent	goals or primary concerns - indica	ite all	that a	pply		
	w M				Priority					
				C	Avoid Probate, Conservatorships	and C	uardia	anship	S	
					Minimize estate taxes					
					Medicaid (long term care) plannin Education and other significant ex					members.
		1			Other:	-	-	_	•	
_	V-	_	, ,	NI.a	Do von wich to k 1 to (• • • • • • • • • • • • • • • • • • • •	المسمر	.ata=#	d) ga-44	von through von:19
□ En	Yes nail A		ss t	No o use:	Do you wish to have documents ()	jassw	vora pr	oiecte	suj seni io	you uirougii your emaii?
						_	· <u></u>	_	<u> </u>	

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Worksheet Initial Consult 800-873-1991 Facsimile 503-363-7137

YOUR FAMILY

Client

- Write the full name of the persona and contact information (use extra sheets if needed)
- Write in the relationship
 - o (i.e. your *Father* is the child of *GrandparentName*)
 - o (i.e. your *CousinName* is the child of *Aunt/UncleName*)
 - o (i.e. your *GrandchildName* is the child of *your ChildName*)

First Generation (i.e Your Grandparents)

Name			
	Street		
	City/State/Zip	•	
	Phone		
	Relationship	Father's side:	□ Birth □ Adoptive □ Step
Name			
	Street		
	City/State/Zip		
	Phone		
	Relationship	Father's side:	☐ Birth ☐ Adoptive ☐ Step
Name			
	Street		
	City/State/Zip		
	Phone	•	
	Relationship	Mother's side:	□ Birth □ Adoptive □ Step
Name			
	Street		
	City/State/Zip		
	Phone		
	Relationship	Mother's side:	☐ Birth ☐ Adoptive ☐ Step

Second Generation (i.e. Your Parents/ Aunts/ Uncles

Your Father		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your father by	☐ Birth ☐ Adoptiv	ve □ Step
Your Father		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your father by	☐ Birth ☐ Adoptiv	ve □ Step
Your Mother		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your mother by	☐ Birth ☐ Adoptiv	ve □ Step
Your Mother		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your mother by	☐ Birth ☐ Adoptiv	ve 🗆 Step
J	1	1
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
N		
Name		
Street	_	
City/State/Zip		

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Phone Child of		
hird Generation (ie. Your Sib	olings - Cousins)	
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone	·	
Child of	-	
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Street	-	
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip	-	
Phone	-	
Child of	-	
Name		
Street		
City/State/Zip		

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Phone	
Child of	

Fourth Generation (ie. Your Children – Nieces/Nephews)

Name	
Street	
City/State/Zip	
Phone	
Child of	-
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
who is your child by	L Bitti L Adoptive L Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
	□ Pirth □ Adontive □ Ston
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip Phone	
Child of	
	□ Dieth □ Adoptive □ Store
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
	□ Dieth □ Adoptive □ Store
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
	□ Dieth □ Adoptive □ Store
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
WHO IS YOUR CHILD DY	L Dim L Adopave L Sup

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Fifth Generation (ie. Your GrandChildren – GrandNieces/Nephews)

Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
who is a child by	ы Виш ы Adopuve ы Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
	-
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step

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Fifth Generation (ie. Your GreatGrandChildren – GreatGrandNieces/Nephews)

Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
-	•
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
who is a chira of	
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step

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THE HEIRS TO YOUR ESTATE (THE FAMILY TREE)

Client Spouse

- Write the full name of the persona and contact information (use extra sheets if needed)
- Write in the relationship
 - o (i.e. your *Father* is the child of *GrandparentName*)
 - o (i.e. your *CousinName* is the child of *Aunt/UncleName*)
 - o (i.e. your *GrandchildName* is the child of *your ChildName*)
 - o If the information is the same as your spouses, you do not have to rewrite the information. Simple indicate the information is the same

First Generation (i.e Your Grandparents)

Name			
	Street		
	City/State/Zip		
	Phone		
	Relationship	Father's side:	□ Birth □ Adoptive □ Step
Name			
	Street		
	City/State/Zip		
	Phone		
	Relationship	Father's side:	□ Birth □ Adoptive □ Step
Name			
	Street	-	
	City/State/Zip		
	Phone		
	Relationship	Mother's side:	□ Birth □ Adoptive □ Step
Name			
	Street		
	City/State/Zip		
	Phone		
	Relationship	Mother's side:	☐ Birth ☐ Adoptive ☐ Step

Second Generation (i.e. Your Parents/ Aunts/ Uncles

Your Father		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your father by	☐ Birth ☐ Adoptiv	ve □ Step
Your Father		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your father by	☐ Birth ☐ Adoptiv	ve □ Step
Your Mother		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your mother by	☐ Birth ☐ Adoptiv	ve □ Step
Your Mother		
Street		
City/State/Zip		
Phone		
Who is the child of		
Who is your mother by	☐ Birth ☐ Adoptiv	ve 🗆 Step
J	1	1
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
N		
Name		
Street	_	
City/State/Zip		

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Phone Child of		
d Generation (ie. Your Sil	olings - Cousins)	
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip		
Phone		
Child of		
Name		
Street		
City/State/Zip	-	
Phone		
Child of		
Name		
Street		
City/State/Zip		
City/State/Zip		

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Phone	
Child of	

Fourth Generation (ie. Your Children – Nieces/Nephews)

Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	□ Birth □ Adoptive □ Step
Who is your office by	L Bitti L Adoptive L Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	☐ Birth ☐ Adoptive ☐ Step
•	•
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is your child by	□ Birth □ Adoptive □ Step

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Fifth Generation (ie. Your GrandChildren – GrandNieces/Nephews)

Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step

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Fifth Generation (ie. Your GreatGrandChildren – GreatGrandNieces/Nephews)

Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
who is a child by	ы Виш ы Adopuve ы Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
City/State/Zip	
Phone	
Child of	
Who is a child by	□ Birth □ Adoptive □ Step
Name	
Street	
	-
City/State/Zip	
Phone	
Child of	
Who is a child by	☐ Birth ☐ Adoptive ☐ Step

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THOSE WHO WILL INHERIT

Name						D	Male	Female
	Child of		Client	Spouse	Other _			
	Sibling of		Client	Spouse	Other _			
	Parent of		Client	Spouse	Other _			
	Friend of		Client	Spouse				
	Other Relations	hip_						
	This person		Is a Minor	Is Decease	d 🗆	Cannot manage money		
	Street							
	City			S	tate	Zip		
	Email							
	Home Phone _			C	ell Phone			
Name						□ 1	Male	Female
	Child of		Client	Spouse	Other _			
	Sibling of		Client	Spouse	Other _			
	Parent of		Client	Spouse	Other _			
	Friend of		Client	Spouse				
	Other Relations	hip_						
	This person		Is a Minor	Is Decease	d 🗆	Cannot manage money		
	Street							
	City			S	tate	Zip		
	Email							
	Home Phone _			C	ell Phone			
Name						🗆 1	Male	Female
	Child of		Client	Spouse	Other _			
	Sibling of		Client	Spouse	Other _			
	Parent of		Client	Spouse	Other _			
	Friend of		Client	Spouse				
	Other Relations	hip_						
	This person		Is a Minor	Is Decease	d 🗆	Cannot manage money		
	Street							
	City			S	tate	Zip		

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Email	
Home Phone	Cell Phone

Name							□ Male		Female
	Child of		Client	Spouse	Other _				
	Sibling of		Client	Spouse	Other _				
	Parent of		Client	Spouse	Other _				
	Friend of		Client	Spouse					
	Other Relations	ship _							
	This person		Is a Minor	Is Dece	ased \square	Cannot manage	money		
	Street								
	City				State	Zip			
	Email								
	Home Phone _				Cell Phone				
Name							☐ Male	П	Female
rame	Child of		Client	Spouse		_			
	Sibling of		Client	-					
	Parent of		Client	•					
	Friend of		Client	Spouse	Other _				
				-					
						Cannot manage			
	•						•		
	City					Zip			
	Email								
	Home Phone _								
					con i none				
Charity									
Notes									

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YOUR DECISION MAKERS

Name				_ 🗆	Male	Female
	☐ Financial decision maker					
	☐ Health Care decision maker					
	☐ Guardian for Minor Child					
	Relationship					
	Street					
	City	State	Zip			
	Email					
	Telephone	Cell Pho	ne			
Name					Male	Female
	☐ Financial decision maker					
	☐ Health Care decision maker					
	☐ Guardian for Minor Child					
	Relationship					
	Street					
	City	State				
	Email					
	Telephone	Cell Pho				
Name					Male	Female
- 100	☐ Financial decision maker					
	☐ Health Care decision maker					
	☐ Guardian for Minor Child					
	Relationship					
	Street					
	City					
	Email		_			
	Telephone	Cell Pho	ne			

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Name				_ 🗆	Male		Female
	☐ Financial decision maker						
	☐ Health Care decision maker						
	☐ Guardian for Minor Child						
	Relationship						
	Street						
	City	State	Zip				
	Email						
	Telephone	Cell Phone	·				
Name					Male	П	Female
Ttame	☐ Financial decision maker				water	_	Temate
	☐ Health Care decision maker						
	☐ Guardian for Minor Child						
	Relationship						
	Street						
	City						
	Email						
	Telephone						
Name				_ 🗆	Male		Female
	☐ Financial decision maker						
	☐ Health Care decision maker						
	☐ Guardian for Minor Child						
	Relationship						
	Street						
	City	State	Zip				
	Email						
	Telephone	Cell Phone	·				

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YOUR ADVISERS

Personal Attorney:	Name						
	Name of Firm						
	Street						
	City	State	Zip:				
	Telephone	Fax					
	Email						
Business Attorney:	Name						
Business recorney.	Name of Firm						
	Street						
		State	Zip:				
			<u></u>				
	Email						
Accountant:	Name						
	Name of Firm						
	Street						
	City	State	Zip:				
	Telephone	Fax					
	Email						
Financial Planner:	Name						
	Name of Firm						
	Street						
	City	State	Zip:				
	Telephone	Fax					
	Email						

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Stock Broker:	Name		
	Name of Firm		
	Street		
	City	State Zip:	
	Telephone	Fax	
	Email		
Life Insurance:	Name		
Ene insurance.	Name of Firm		
	Street		
		State Zip:	
	Telephone	Fax	
	Email		
	Web site:		
Physician (Client):	Name		
	Name of Clinic		
	Street		
	City	State Zip:	
	Telephone	Fax	
	Email		
Physician (Spouse):			
	Name of Clinic		
	Street		
	City	State Zip:	
	Telephone	Fax	
	Email		

YOUR WEALTH, INCOME AND EXPENSES

Type	Ownership: Ch	eck all that app	Total value for each Type		
	Client	Spouse	Joint	Use approximate values	
Stocks, Bonds, Mutual Fund	s 🗆			\$	
Brokerage				\$	
Checking, Saving, M-Marke	t 🗆			\$	
Certificates of deposit				\$	
Real Property in State				\$	
Real Property out of State				\$	
Business – Farm				\$	
Life insurance death benefit				\$	
Personal Property				\$	
Potential inheritance				\$	
Stock options				\$	
Standard Annuities				\$	
IRAs, 401ks, SEPs, TSAs.				\$	
IRAs, 401ks, SEPs, TSAs				\$	
Real Property Debt				- \$	
Assets held jointly with som	eone <u>other than</u> yo	our spouse:		\$	
Total Current Wealth				\$	
Income (annual)				\$	
Expenses (annual) Page 24 Bearman Law 388 State Street S.E., Suite 4	□ .70. Salem. OR 9'			\$ Worksheet Initial Consult 800-873-1991 Facsimile 503-363-7137	