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Today's Date: _____

Confidential Estate Planning Form

*Please fill out the following items to the best of your knowledge. If there are any terms or sections that you are unfamiliar with and need clarification on before answering (such as personal representative, trustee, health care representative, etc.,) please leave those areas blank until you receive clarification.

Your Name: _____

Married: _____

Divorced: _____

Children:

Name: _____

Address: _____

Adopted/Step?: _____

Name: _____

Address: _____

Adopted/Step?: _____

Name: _____

Address: _____

Adopted/Step?: _____

Name: _____

Address: _____

Adopted/Step?: _____

Name: _____

Address: _____

Adopted/Step?: _____

Name: _____

Address: _____

Adopted/Step?: _____

Disposition Questions:

Do you want your assets to first go to your spouse and then to your children in equal shares?

YES NO (If no, please indicate where the specific assets will go below.)

If a child predeceases you, please choose which of the following scenarios you would like:

For the deceased child's share to go to their own children.

For the deceased child's share to go to my remaining living children.

Do you wish to make any specific cash gifts upon your death? YES NO

If yes, please explain: _____

Do you want organ donation? YES NO

Cremation or Burial? _____

Have you already paid for funeral services/ YES NO

Upon death (and the death of spouse, if married) please choose one of the following:

I want my property sold, and the money divided equally.

I want the property given to each beneficiary with equal claim.

Assets:

*Any assets not provided for in the provisions in your will, will be dispersed as if you deceased without a will at all. It's important to include **all** assets to ensure they are dispersed of in accordance to your preferences.

Primary Residence:

Address: _____

Estimated Value: _____

Secondary Residence / Rental / Vacation Home:

Address: _____

Estimated value: _____

Retirement:

Type #1: _____

Estimated Value: _____

Specified beneficiary on file? (if yes, who?) _____

Is the beneficiary a minor? _____

Type #2: _____

Estimated Value: _____

Specified beneficiary on file? (if yes, who?) _____

Is the beneficiary a minor? _____

Type #3: _____

Estimated Value: _____

Specified beneficiary on file? (if yes, who?) _____

Is the beneficiary a minor? _____

Other Valuable Personal Items:

Type #1: _____

Estimated Value: _____

To whom, upon death (only list if you want an unusual disposition: _____

Type #2: _____

Estimated Value: _____

To whom, upon death (only list if you want an unusual disposition: _____

Type #3: _____

Estimated Value: _____

To whom, upon death (only list if you want an unusual disposition: _____

Type #4: _____

Estimated Value: _____

To whom, upon death (only list if you want an unusual disposition: _____

Appointments:

*If you do not know what these are, please leave them blank and we can discuss further.

These are: **personal representative, power of attorney, and person to make health decisions.**

Do you want the same people to assume all 3 roles stated above?: YES NO

If yes:

First Choice: (Spouse will always be the first choice, unless directed otherwise.)

Name: _____

Address: _____ Phone #: _____

Second Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Third Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

If you do **not** want the same people to assume all 3 roles, please fill out the following.

Power of Attorney:

First Choice: (Spouse will always be the first choice, unless directed otherwise.)

Name: _____

Address: _____ Phone #: _____

Second Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Third Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Personal Representative:

First Choice: (Spouse will always be the first choice, unless directed otherwise.)

Name: _____

Address: _____ Phone #: _____

Second Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Third Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Person to make Health Decisions:
(End of life care)

First Choice: (Spouse will always be the first choice, unless directed otherwise.)

Name: _____

Address: _____ Phone #: _____

Second Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Third Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

If you have minor children:

Guardian:

First Choice:

Name: _____

Address: _____ Phone #: _____

Second Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____

Trustee:

First Choice: (leave blank if you would like the same people elected for Guardian above)

Name: _____

Address: _____ Phone #: _____

Second Choice (if no second choice, please leave blank):

Name: _____

Address: _____ Phone #: _____