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Today's Date: _____

Confidential
Estate Planning Form – MARRIED COUPLE

*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. This form is not meant to cover every circumstance, and if you want something other than what is listed, please discuss directly with Katie Ireland.

Wife's Name: _____

Husbands Name: _____

Children:

Are these children biological to both husband and wife? YES NO

If no: please indicate whose children are whose.

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? **HUSBAND:** YES NO **WIFE:** YES NO

Cremation or Burial? **HUSBAND:** _____ **WIFE:** _____

Have you already paid for funeral services? **HUSBAND:** YES NO **WIFE:** YES NO

Upon death (and the death of spouse) 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:

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: _____

If you do not want the same people to assume all 3 roles, please list who you would like appointed for each role.

If husband and wife's appointments are matching, you need only fill out only one side of the list.

Power of Attorney:

HUSBAND	WIFE
<p><u>First Choice:</u> (Spouse will always be the first choice, unless directed otherwise.)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>	<p><u>First Choice:</u> (Spouse will always be the first choice, unless directed otherwise.)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>
<p><u>Second Choice:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>	<p><u>Second Choice:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>
<p><u>Third Choice:</u> (if no third choice, please leave blank)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>	<p><u>Third Choice:</u> (if no third choice, please leave blank)</p> <p>Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p>

Personal Representative:

HUSBAND	WIFE
<p style="text-align: center;"><u>First Choice:</u> (Spouse will always be the first choice, unless directed otherwise.)</p> Name: _____ Address: _____ Phone #: _____	<p style="text-align: center;"><u>First Choice:</u> (Spouse will always be the first choice, unless directed otherwise.)</p> Name: _____ Address: _____ Phone #: _____
<p style="text-align: center;"><u>Second Choice:</u></p> Name: _____ Address: _____ Phone #: _____	<p style="text-align: center;"><u>Second Choice:</u></p> Name: _____ Address: _____ Phone #: _____
<p style="text-align: center;"><u>Third Choice:</u> (if no third choice, please leave blank)</p> Name: _____ Address: _____ Phone #: _____	<p style="text-align: center;"><u>Third Choice:</u> (if no third choice, please leave blank)</p> Name: _____ Address: _____ Phone #: _____

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

HUSBAND	WIFE
<p style="text-align: center;"><u>First Choice:</u> (Spouse will always be the first choice, unless directed otherwise.)</p> Name: _____ Address: _____ Phone #: _____	<p style="text-align: center;"><u>First Choice:</u> (Spouse will always be the first choice, unless directed otherwise.)</p> Name: _____ Address: _____ Phone #: _____
<p style="text-align: center;"><u>Second Choice:</u></p> Name: _____ Address: _____ Phone #: _____	<p style="text-align: center;"><u>Second Choice:</u></p> Name: _____ Address: _____ Phone #: _____
<p style="text-align: center;"><u>Third Choice:</u> (if no third choice, please leave blank)</p> Name: _____ Address: _____ Phone #: _____	<p style="text-align: center;"><u>Third Choice:</u> (if no third choice, please leave blank)</p> 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: (only if you are creating a trust)

First Choice:

Name: _____

Address: _____ Phone #: _____

Second Choice:

Name: _____

Address: _____ Phone #: _____