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phone 503.648.3193
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Date: _____

HUSBAND:

Full Legal Name: _____

Former Name(s), if any: _____

Residence Street Address: _____

Residence Mailing Address (if different) _____

City: _____ State _____ Zip _____

Residence Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Marital Status: Single ___ Married ___ Divorced ___ Widower ___ Year married: _____

If divorced: Year of Divorce _____ Is copy of Judgment available? _____

Name(s) of Former Spouse(s): _____

Do you have a Prenuptial Agreement in effect? _____ Is a copy available? _____

Social Security Number: _____ Date of Birth: _____ Citizenship: _____

Occupation: _____

Do you want you and your spouse to be jointly represented by this firm? _____

WIFE:

Full Legal Name: _____

Former Name(s), if any: _____

Residence Street Address: _____

Residence Mailing Address (if different) _____

City: _____ State _____ Zip _____

Residence Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Marital Status: Single ___ Married ___ Divorced ___ Widower ___ Year married: _____

If divorced: Year of Divorce _____ Is copy of Judgment available? _____

Name(s) of Former Spouse(s): _____

Do you have a Prenuptial Agreement in effect? _____ Is a copy available? _____

Social Security Number: _____ Date of Birth: _____ Citizenship: _____

Occupation: _____

Do you want you and your spouse to be jointly represented by this firm? _____

CHILDREN OF THIS MARRIAGE (including adopted children)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

CHILDREN OF HUSBAND FROM FORMER MARRIAGE(S)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

CHILDREN OF WIFE FROM FORMER MARRIAGES(S)

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

ADVISORS

ACCOUNTANT:

Firm: _____

Name: _____

Mailing Address _____

City: _____ State _____ Zip _____

Business Phone: _____ Email: _____

FINANCIAL ADVISER:

Firm: _____

Name: _____

Mailing Address _____

City: _____ State _____ Zip _____

Business Phone: _____ Email: _____

STOCK BROKER:

Firm: _____

Name: _____

Mailing Address _____

City: _____ State _____ Zip _____

Business Phone: _____ Email: _____

LIFE INSURANCE AGENT:

Firm: _____

Name: _____

Mailing Address _____

City: _____ State _____ Zip _____

Business Phone: _____ Email: _____

Life Insurance Policies:

Company: _____ Death Benefit: _____

Ownership of Policy: _____ Type of Insurance: _____

Company: _____ Death Benefit: _____

Ownership of Policy: _____ Type of Insurance: _____

Company: _____ Death Benefit: _____

Ownership of Policy: _____ Type of Insurance: _____

Company: _____ Death Benefit: _____

Ownership of Policy: _____ Type of Insurance: _____

RETIREMENT:

HUSBAND:

Type, i.e. IRA, 401(k), etc. _____ Amount _____

Beneficiaries: _____

Type, i.e. IRA, 401(k), etc. _____ Amount _____

Beneficiaries: _____

Type, i.e. IRA, 401(k), etc. _____ Amount _____

Beneficiaries: _____

WIFE:

Type, i.e. IRA, 401(k), etc. _____ Amount _____

Beneficiaries: _____

Type, i.e. IRA, 401(k), etc. _____ Amount _____

Beneficiaries: _____

Type, i.e. IRA, 401(k), etc. _____ Amount _____

Beneficiaries: _____

ATTORNEY:

Firm: _____

Name: _____

Mailing Address _____

City: _____ State _____ Zip _____

Business Phone: _____ Email: _____

PRIMARY BANK:

Firm: _____

Name: _____

Mailing Address _____

City: _____ State _____ Zip _____

Business Phone: _____ Email: _____

PROPERTY INFORMATION:

REAL PROPERTY:

1 - Description/Location _____

Is this residential property? _____

How do you own this property? (Husband and Wife, tenants in common, etc.) _____

Market Value _____ Loan _____ Net Equity _____

2 – Description/Location _____

Is this residential property? _____

How do you own this property? (Husband and Wife, tenants in common, etc.) _____

Market Value _____ Loan _____ Net Equity _____

3 – Description/Location _____

Is this residential property? _____

How do you own this property? (Husband and Wife, tenants in common, etc.) _____

Market Value _____ Loan _____ Net Equity _____

4 – Description/Location _____

Is this residential property? _____

How do you own this property? (Husband and Wife, tenants in common, etc.) _____

Market Value _____ Loan _____ Net Equity _____

CASH ACCOUNTS:

1 - Name of Institution _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

2 - Name of Institution _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

3 - Name of Institution _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

4 - Name of Institution _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

5 - Name of Institution _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

SAFE DEPOSIT BOX:

Safe Deposit Box: _____ Name of Institution _____

Branch _____ Box No. _____ : Ownership: (Joint, etc.) _____

Others listed on box: _____

INVESTMENTS: (Stocks, Bonds, etc. If held in street name with Broker, just list the Brokerage Account)

1 – Name of Brokerage _____

Type of Account (Mutual Fund, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

2 – Name of Brokerage _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

3 – Name of Brokerage _____

Type of Account (Checking, CD, Savings, etc.) _____

Ownership (joint with right of survivorship, sole, etc.) _____

Balance _____

Please list, in order of preference, who you would like to serve as Personal Representative of your Estate:

HUSBAND:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

WIFE:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Please list, in order of preference, who you would like to serve as guardian of any minor children:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Please list, in order of preference, who you would like to serve as Trustee of any trust:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____