



PM LAW
PRESTON MADDOUX LLC

Date: _____

Your Full Legal Name: _____

Residence Address: _____

Residence Phone: _____ Business Phone: _____

Email: _____ Preferred Method of Contact: _____

Marital Status: Single Married Oregon Registered Domestic Partner Divorced
 Widow / Widower Year married: _____

Do you have a Prenuptial Agreement in effect? _____

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

	Client	Spouse
Full Legal Name		
Former/Other Name		
S.S. No.		
Birth Date		
Previous Marriages		
Former Spouse(s) Name		

Children			
Of this Marriage		Of a Previous Marriage	
Names(s)	Age	Name(s)	Age

12901 SE 97th Avenue, Suite 330
Clackamas, Oregon 97030

P (503) 666-7114
F (503) 512-8112

Personal Representative (carries out the terms of your Will):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Conservator (to make financial decisions for your minor children):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Guardian (to care for minor children):

1st Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

2nd Choice: _____ Relationship: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Generally, to whom do you want to leave your assets:

Special Bequests (specific items you wish to give to people):

Name	Address	Phone	Item or Amount	Relationship
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Other Special Provisions Desired (e.g. Funeral Arrangements)

Important Family Questions:

- Do any of your children have special medical or physical needs? Yes No
- Are any of your children institutionalized? Yes No
- Do you provide primary or other major financial support to adult children? Yes No
- Have either you been divorced? Yes No
- Do you have any ongoing requirements for your ex-spouse or children, such as maintaining a life insurance policy on your life? Yes No
- Have you or your spouse ever signed a pre or post marriage contract? Yes No
(Please furnish a copy)
- Have you or your spouse been widowed? *(If a federal estate tax return or a state death tax return was filed, please furnish a copy)* Yes No
- In what states have you lived while married to your current spouse? _____
During what periods of time did you live there? _____
- Have you or your spouse ever filed a federal or state gift tax return? Yes No
- Have you or your spouse completed wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies).* Yes No
- Are you a member of an Oregon registered domestic partnership? Yes No