

VINCENT J. BERNABEI, LLC.

ATTORNEY AT LAW

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PERSONAL AND FAMILY INFORMATION

Legal name _____ United States Citizen ___ Yes ___ No

Home address _____ County _____

City _____ State _____ Zip _____ Birthdate _____

Home telephone _____ Social security number _____

Employer _____ Business telephone _____

Spouse (Legal name) _____ United States Citizen ___ Yes ___ No

Birthdate _____ Social security number _____

Employer _____ Business telephone _____

Record of prior Marriages--How Terminated (state husband or wife)

| Name | Husband/Wife | Death/Divorce | Date | City | State |
|-------|--------------|---------------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Do you have any written prenuptial agreements? ___ Yes ___ No

FAMILY MEMBERS TO BE CONSIDERED IN PLANNING

| Child's Name | Birthdate | Address and telephone number | This Marriage | Husband Prior Marriage | Wife Prior Marriage |
|--------------|-----------|------------------------------|---------------|------------------------|---------------------|
| | | | This Marriage | Husband Prior Marriage | Wife Prior Marriage |
| | | | This Marriage | Husband Prior Marriage | Wife Prior Marriage |
| | | | This Marriage | Husband Prior Marriage | Wife Prior Marriage |
| | | | This Marriage | Husband Prior Marriage | Wife Prior Marriage |
| | | | This Marriage | Husband Prior Marriage | Wife Prior Marriage |

OTHERS TO BE CONSIDERED IN PLANNING

| Person's Name | Birthdate | Address and telephone number | Relationship |
|---------------|-----------|------------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Name of Deceased Child (if any)

Date of Death

ADVISORS

Telephone Number

Accountant _____

Attorney _____

Stockbroker _____

Referred to our firm by _____

CURRENT FINANCIAL ASSETS

BANK ACCOUNTS

* Please use these codes under TYPE column for your bank account assets.

Checking Account (CA), Savings Account (SA), Certificate of Deposit (CD), Money Market (MM)

| Type | Description | Owner | Asset Value |
|------|-------------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

RETIREMENT

(In lieu of filling out the following chart, you may bring copies of a recent statement.)

Please use these descriptions in the TYPE column for your Retirement assets.

401K

IRA

SEP/IRA

403b

Qualified Plan

Other

| Type | Description | Owner | Beneficiary | Asset Value |
|------|-------------|--------------------------|-------------|-------------|
| | | Co-Owned Husband Wife | | |
| | | Co-Owned Husband Wife | | |
| | | Co-Owned Husband Wife | | |
| | | Co-Owned Husband Wife | | |
| | | Co-Owned Husband Wife | | |
| | | Co-Owned Husband Wife | | |

BONDS
Description (U.S. Savings Bonds, corporate, municipal, etc.)

| Type | Description | Owner | Asset Value |
|------|-------------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

STOCKS

Please list all stock ownership in publicly owned corporations (stock traded on an exchange or over the counter). Stock owned in family or nonpublicly traded companies, should be listed under the corporate business section. Use a separate sheet if necessary.

| Type | Description | Owner | Asset Value |
|------|-------------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

BROKERAGE ACCOUNTS

If any of your shares are held in a street name account with your broker, please furnish us with the following information, or copies of a recent statement from the broker:

Name of Brokerage Company _____
 Account Number _____ Value of Account:\$ _____

Name of Brokerage Company _____
 Account Number _____ Value of account:\$ _____

NOTES RECEIVABLE

Please bring a copy of the note with you to your appointment

| Name of Debtor | Date of Note/Date Due | Owed to | Current Balance Owed |
|----------------|-----------------------|---------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

BUSINESS

Please use these descriptions in the TYPE column for your Business assets:
General Partnership C Corporation Sole Proprietorship
Ltd. Partnership S Corporation LLC

| Type | Description | Owner | Asset Value |
|------|-------------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

LIABILITIES

Please use these descriptions in the TYPE column for your liability accounts.
Mortgage Personal Loan Other Loan

| Type | Description | Owner | Amount Owed |
|------|-------------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

REAL ESTATE

Where you have either a deeded or land contract interest (land or buildings that you own in partnership with someone else should be listed under the partnership section).

Please bring copies of deeds and/or contracts.

| Type | Address | Owner | Asset Value |
|------|---------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

VEHICLES

| Make and Model | Year | Owner | Asset Value |
|----------------|------|-----------------------|-------------|
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |
| | | Co-Owned Husband Wife | |

LIFE INSURANCE POLICIES

Note: Indicate type*: Term, whole life, split dollar, group life, or annuity.

1. Insurance Company _____

Type* _____ Insured _____

Owner _____ Primary beneficiary _____

Secondary _____ Cash value \$ _____

Death benefit: \$ _____

2. Insurance Company _____

Type* _____ Insured _____

Owner _____ Primary beneficiary _____

Secondary _____ Cash value \$ _____

Death benefit: \$ _____

PERSONAL EFFECTS AND OTHER ASSETS

(Furniture, jewelry, collectibles and other personal assets of more than nominal value)

Total estimated fair market value _____

ANTICIPATED INHERITANCE, GIFT OR LAWSUIT JUDGMENT

Description _____

Total estimated value _____

OTHER INFORMATION

Further information that will be valuable to your planners and attorney in making your Will and Estate Plan:

*If you have a Will in force, please attach a copy

*If you have an existing trust, please attach a copy

*If you have a prenuptial agreement, please attach a copy

*If you have granted a Power of Attorney, please attach a copy

****Note:** If copies are not available, please furnish basic details of these documents.

Are there any relatives or other parties whom you think might attempt to contest your will?

Name _____ Relationship _____

Name _____ Relationship _____

HOW DO YOU WANT YOUR ESTATE DISTRIBUTED?

1. Upon the death of you and your spouse, who would you like to benefit from your estate?

Children: _____

Other Family Members: _____

Charities: _____

Other: _____

2. In the event of the death of your entire immediate family, who would you like to benefit from your estate?

PERSONS TO NAME

Personal Representative/Executor

(The person to administer your will, if needed)

Relationship

1st Choice _____

Alternate _____

Trustee:

(The person to administer your Trust after you and/or spouse)

1st Choice _____

Alternate _____

Guardian:

(Only if you have children under the age of 18)

1st Choice _____

Alternate _____

Attorney in Fact for Health Care Decisions

(Who makes medical care decisions for you if you or your spouse cannot)

Husband's: (Spouse will be named first to make decisions)

Alternate Name: _____ Address: _____

_____ Telephone: (____) _____

Wife's: (Spouse will be named first to make decisions)

Alternate Name: _____ Address: _____

_____ Telephone: (____) _____

Power of Attorney:

(Who makes financial decisions for you personally if you cannot)

1st Choice _____

Alternate _____

LIFESTYLE DECISIONS (optional)

1. Should the primary purpose of the trust be to provide for your lifestyle?
 ___ Yes ___ No (preserve assets for your beneficiaries)

2. Would you rather be cared for in your home rather than a nursing home?
 ___ Yes ___ No

3. Should the Trustee have the power to hire a "Geriatric Care Manager" to assist the trustee with assessment and identification of your health and psychosocial needs and to make recommendations?
 ___ Yes ___ No
 - a. Should the Care Manager establish & supervise home care for you?
 ___ Yes ___ No
 - b. Should the Care Manager's recommendations bind on the Trustee?
 ___ Yes ___ No

4. Should your Trustee be authorized to provide additional services and care monitoring if you become hospitalized or require residence in a long-term care facility?
 ___ Yes ___ No

5. Should my trustee provide me with appropriate recreational and sports activities?
 ___ Yes ___ No

6. Should my Trustee employ or arrange for volunteer companions when necessary to enhance my quality of life to assist me in my own residence and avoid institutionalization?
 ___ Yes ___ No

7. Should my Trustee provide for the involvement of clergy or spiritual leaders in my care?
 ___ Yes ___ No

8. Should my Trustee continue to provide for my involvement and membership in any social, political or spiritual groups or organizations I was affiliated with prior to my incapacity?
 ___ Yes ___ No

9. If I request, my Trustee should retain, at trust expense, an attorney who will act as my individual counsel?
 ___ Yes ___ No

10. Other: _____

SUMMARY OF VALUES

ASSETS

| | Amount |
|--|-----------------|
| Cash | \$ _____ |
| Notes receivable | _____ |
| Bonds/Stocks | _____ |
| Real estate | _____ |
| Corp. business interest | _____ |
| Partnership interests | _____ |
| Anticipated inheritance, gift, or lawsuit judgment | _____ |
| Retirement plans | _____ |
| Life insurance face amounts | _____ |
| Personal effects, other | _____ |
| Total assets | \$ _____ |

LIABILITIES

| | |
|------------------------------|-----------------|
| Loans Payable | \$ _____ |
| Accounts payable | _____ |
| Mortgages payable | _____ |
| Contingent liabilities | _____ |
| Loans against life insurance | _____ |
| Unpaid taxes | _____ |
| _____ | _____ |
| _____ | _____ |
| Total liabilities | \$ _____ |

NET ESTATE **\$ _____**