



THE LAW OFFICE OF

**Sara K. Yen**

A PROFESSIONAL CORPORATION

CLIENT  
INFORMATION  
SUMMARY

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# STEP

# SIMPLE BACKGROUND INFORMATION

# 1

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

## Client 1 Information

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(Other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address

Never Married  Married  Widowed  Divorced

Are either of your parents still living?  Yes  No

Are either of your grandparents still living?  Yes  No

## Client 2 Information

Full Legal Name \_\_\_\_\_  
(Name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(Other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ County of Residence \_\_\_\_\_

Business Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address

Date of Marriage \_\_\_\_\_ Existing Pre- or Postnuptial Agreement? \_\_\_\_\_

Never Married  Married  Widowed  Divorced

Are either of your parents still living?  Yes  No

Are either of your grandparents still living?  Yes  No

**STEP**

# CHILDREN, GRANDCHILDREN AND OTHER POTENTIAL INDIVIDUAL BENEFICIARIES

## 2

Identify all children and grandchildren. Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes (include additional sheets, if necessary).

**SPECIAL NOTE WHEN IDENTIFYING CHILDREN:** For “Children” use “JT” if both spouses are the parents, “H” if husband is the parent, “W” if wife is the parent, and “S” if a single parent.

Name/Address/Telephone Number	Birth date	Relationship to Client(s)
1 _____ _____	_____	_____
2 _____ _____	_____	_____
3 _____ _____	_____	_____
4 _____ _____	_____	_____
5 _____ _____	_____	_____
6 _____ _____	_____	_____

**Please use the back of this page for additional children, grandchildren and potential beneficiaries.**

- Do any of the above individuals have special educational, medical or physical needs, or receive governmental benefits? . . . . .  Yes  No
- Do any of the above individuals have any potential problems with drug or alcohol abuse? . . . . .  Yes  No
- Are you concerned with any of the above individuals’ ability to handle/manage money? . . . . .  Yes  No
- Have any of the above individuals suffered a divorce? . . . . .  Yes  No
- Are you concerned with your children’s ability to get along with one another? . . . . .  Yes  No

**STEP**

## POTENTIAL CHARITABLE BENEFICIARIES

3

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Whether it is your church, college, social club, or favorite philanthropy, you may have the same desires. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan. Note: Listing a particular organization in this section is not a firm indication of your decision to make a bequest. Rather, it is simply a means of identifying charities or non-profit organizations for discussion purposes.

**Name of Charity or Non-Profit Organization**

**Address**

1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

**STEP**

## PEOPLE WHO ADVISE YOU

4

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Your accountant many need to be consulted relative to income tax matters.

**Name**

**Telephone**

Tax Advisor (CPA, EA, etc.) _____	_____
Family Attorney _____	_____
Life Insurance Agent _____	_____
Financial Advisor _____	_____
Stock Broker _____	_____
Banker _____	_____
Other Advisor _____	_____
Other Advisor _____	_____

**STEP****CONCERNS & ISSUES****5**

Our objective is to assist clients in identifying their concerns and issues. All too often in the planning process, a client will discover that there are other, more pressing concerns than the one that caused them to begin the planning process. Please review the following risks that we frequently hear from clients, identify those risks which concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you.

**If the responses in this section are different as to Client 1 and 2, please indicate those differences.**

**Tax Concerns****Level of Concern**

- Risk of the IRS “inheriting” half the estate when we die. . . . .  None  Low  Medium  High
- Risk of capital gains taxes paid on the sale of property . . . . .  None  Low  Medium  High
- Risk of unnecessary income taxes being paid on investment assets . . . . .  None  Low  Medium  High

**Family Concerns**

- Risk of persons other than those we select gaining custody of any minor children. . . . .  None  Low  Medium  High
- Risk of a poor or abusive guardian obtaining custody of any minor children . . . .  None  Low  Medium  High
- Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying . . . .  None  Low  Medium  High
- Risk of a child or other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse. . . . .  None  Low  Medium  High
- Risk of a child or other beneficiary losing his or her inheritance due to mismanagement of the money . . . . .  None  Low  Medium  High
- Risk that upon the death of a child or other beneficiary, any inheritance received by that person might pass to a spouse (who may later remarry) rather than passing to a grandchild or other preferred heir. . . . .  None  Low  Medium  High
- Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits. . . . .  None  Low  Medium  High
- Risk of estate passing unequally due to nature of assets owned (i.e., when a business or a parcel of real estate comprises most of the value of the estate). . .  None  Low  Medium  High
- Risk that heirs will not fully appreciate the values and virtues used to create the inheritance . . . . .  None  Low  Medium  High
- Risk that parents, who may need financial assistance, are not provided for. . . .  None  Low  Medium  High

**Disability Concerns****Level of Concern**

- Risk of loss of control over your assets in event of your disability. . . . .  None  Low  Medium  High
- Risk of legal guardianship in event of your disability. . . . .  None  Low  Medium  High
- Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peaceably and without pain . . . . .  None  Low  Medium  High
- Risk that health care personnel will not disclose health care information to loved ones due to lack of proper HIPAA releases. . . . .  None  Low  Medium  High
- Risk of an unwanted guardianship proceeding over an incapacitated adult child in order to make health care and financial decisions for that child . . . . .  None  Low  Medium  High
- Risk of a minor child being placed in foster care while a court determines who will be named as temporary guardian . . . . .  None  Low  Medium  High

**Creditor Concerns**

- Risk of lawsuits against you . . . . .  None  Low  Medium  High
- Risk of loss of your assets to a nursing home. . . . .  None  Low  Medium  High
- Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner . . . . .  None  Low  Medium  High

**Post-Death Concerns**

- Risk of unnecessary costs and delays associated with the estate passing through probate. . . . .  None  Low  Medium  High
- Risk of a minor child being placed in foster care while a court determines who will be named as permanent guardian. . . . .  None  Low  Medium  High
- Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes and expenses. . . . .  None  Low  Medium  High
- Risk that the person(s) charged with managing your affairs after you've passed will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes. . . . .  None  Low  Medium  High
- Risk of private matters unnecessarily being made public . . . . .  None  Low  Medium  High
- Risk that property you intend to preserve in the family will have to be sold upon your death. . . . .  None  Low  Medium  High

**Business Concerns*****Level of Concern***

Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, officers elected, etc. . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk of lawsuits by employees due to out-of-date or non-existent employee agreements. . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk of business failure due to the lack of a business succession plan . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk of unintended financial results stemming from a Buy/Sell Agreement that is out of date and/or under-funded . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk that your business will fail on your disability or death . . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk that key employees will leave the business on your disability or death. . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Risk that the business will not sell for full value after your disability or death . . . .	<input type="checkbox"/> None	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

**STEP****APPOINTMENTS – PEOPLE TO ASSIST YOU****6**

One of the most important aspects of any estate plan is the “appointment” of various persons to assist you and your family in times of need – particularly when death or disability strikes. These appointed “helpers” are called by different names depending on the type of estate plan you elect to implement. In this section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

**Successors to You**

Who will serve as guardian for your minor children (if any)?

		<b>Client 1 Responses</b>	<b>Client 2 Responses</b>
<b>Guardians</b>	First Choice		
	Second Choice		
	Third Choice		

If you were incapacitated for any period of time, who would you choose to handle your financial affairs?

		<b>Client 1 Responses</b>	<b>Client 2 Responses</b>
<b>Financial Successor</b>	First Choice		
	Second Choice		
	Third Choice		

If you were incapacitated for any period of time, who would you choose to make health care decisions for you?

		<b>Client 1 Responses</b>	<b>Client 2 Responses</b>
<b>Health Care Successor</b>	First Choice		
	Second Choice		
	Third Choice		

If you were (both) deceased, who would you choose to administer and distribute your estate?

		<b>Client 1 Responses</b>	<b>Client 2 Responses</b>
<b>Executor</b>	First Choice		
	Second Choice		
	Third Choice		

**STEP****ASSET ASSESSMENT****7**

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title “ownership” is important for tax and transfer matters. The “value” will be significant in determining potential tax liability. The “character” is relevant in assessing the manner by which the asset can transfer.

**Asset Information**

The financial values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of this paper to continue a list in each category of asset.

To identify the Owner of an asset, use “JT/S” for joint ownership with spouse; “JT/O” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a revocable trust that you have created.

**Bank and Savings Accounts:** To identify type of account, use “CHK” for checking account; “SAV” for savings account; “CD” for certificate of deposit; “MM” for money market account. *Do not include IRAs, retirement plans or 401(k)s here.*

Financial Institution	Owner	Market Value	Type of Account	Account #
1.				
2.				
3.				
4.				
5.				

**Stocks, Bonds or Investment Accounts:** List any and all stocks and bonds you own. If held in a brokerage account, group them together under each account. *Do not include IRAs, 401(k)s, or other retirement plan assets.*

Stock, Bond, Mutual Fund, or Other Investment Account	Owner	Market Value	Type of Account	Account #
1.				
2.				
3.				
4.				
5.				

**Retirement Accounts:** To identify type of account, use “P” for pension; “PS” for profit sharing; “DC” for deferred compensation; IRA, Roth IRA, SEP, or 401(k).

Name of Bank, Brokerage, etc.	Owner	Market Value	Type of Account	Account #
1.				
2.				
3.				
4.				
5.				

**Real Estate:**

Address (include City & State)	Owner	Market Value	Purchase Price	Mortgage Balance
1. Personal Residence				
2.				
3.				
4.				
5.				

**Personal Property:** List jewelry, art, collectibles, autos, etc., of value greater than \$5,000:

Description	Owner	Market Value	Mortgage Balance
1.			
2.			
3.			
4.			
5.			

## STEP 7 ASSET ASSESSMENT (continued)

**Life Insurance Policies and Annuities:** List the issuing company. To identify type of contract, use “T” for term insurance, “CV” for insurance policies having a cash value, “A” for annuities.

Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
1.					
2.					
3.					
4.					
5.					

**Other Property:** List other property that you have that does not fit into any other listed category. This may include non-deeded timeshare contracts, monies owed to you, etc.

Description	Owner	Market Value
1.		
2.		
3.		
4.		
5.		

**Business Interests:** List closely held corporations, privately held businesses, partnerships or LLCs, and any ownership percentage you own in them.

Entity Name	Owner	Type	Ownership %	Value of Interest
1.				
2.				
3.				
4.				
5.				

**STEP****ABOUT YOUR GOALS & OBJECTIVES****8**

Before we meet, it is important to us to better understand what prompted you to schedule this appointment. Don't focus on the tools to be used but rather on the outcomes to be achieved.

**About Your Goals & Objectives**

Goals	Consequences if Goal Isn't Accomplished
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**Additional Documentation**

**General Document Request.** In some instances, it is necessary for us to review other documents before we can make planning recommendations. If possible, please bring with you to the initial interview the following documentation:

1. Copies of existing planning documents, including wills, trusts, powers of attorney, health care directives, etc.
2. Copies of all deeds to real estate owned by you.
3. Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
4. Copies of any stock or bond certificates
5. Pre or Postnuptial Agreement (if applicable).
6. Long-term care policies (if any).
7. Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.

**Congratulations on completing this questionnaire.  
We look forward to working with you.**



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