

**Salem Fire Foundation
Wills for Heroes
Preparation Questionnaire**



PO Box 2920, Salem, Oregon 97308-2920

www.SalemFireFoundation.org

CONFIDENTIAL FAMILY INFORMATION SHEET

I have watched the Wills for Heroes video on www.SalemFireFoundation.org website on _____ (date).

Today's date: _____

Your Full Legal Name: _____

Former/Other Name(s): _____

Residence Address: _____

City _____ State _____ Zip Code _____

Residence Phone: _____ Business Phone: _____

Cell Phone: _____ Text OK? Yes No

Email: _____

How do you prefer to be contacted? _____

Date of Birth: _____ SSN: _____
Mm/dd/year

Birthplace: _____ Citizenship: _____

Marital Status: Single Married Divorced Widow/Widower

Year married: _____

Do you have a Prenuptial Agreement in effect? Yes No

Spouse's Full Legal Name: _____

Former/Other Name(s): _____

Email: _____

Cell Phone: _____ Business Phone: _____

Date of Birth: _____ SSN: _____
Mm/dd/year

Birthplace: _____ Citizenship: _____

CHILDREN OF THIS MARRIAGE
(Including adopted children)

1. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State: _____ Zip Code _____

Phone: _____ Email _____

2. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email _____

3. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email _____

4. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email _____

**CHILDREN OF
FORMER MARRIAGE(S)**

1. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State: _____ Zip Code _____

Phone: _____ Email: _____

2. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email _____

3. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email _____

4. Name: _____ DOB: _____
Mm/dd/year

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Email _____

We will discuss how to select Personal Representatives, Guardians, and Trustees in our meeting. Please insert your tentative choices below.

***Personal Representative
(Carries out the terms of your will):***

1st Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

2nd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

3rd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

POA
**(Power of Attorney to handle your financial affairs if you are
unable):**

1st Choice

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

2nd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

3rd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Health Care Representative
(Makes health care decisions when you are unable):

1st Choice

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

2nd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

3rd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Trustee
**(To manage funds for minor children, disabled beneficiary,
or other beneficiary):**

1st Choice

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

2nd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

3rd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

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

**Special Bequests
(Specific items you wish to give to people):**

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Relationship: _____

Item or Amount: _____

2. Name _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone:: _____ Relationship: _____

Item or Amount: _____

3. Name _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Relationship: _____

Item or Amount: _____

Charitable Bequests
(Gifts you wish to make to charitable organizations):

1. Name of Organization: _____

Address _____

City: _____ State: _____ Zip Code _____

Item or Amount _____

2. Name of Organization: _____

Address _____

City: _____ State: _____ Zip Code _____

Item or Amount _____

3. Name of Organization: _____

Address _____

City: _____ State: _____ Zip Code _____

Item or Amount _____

Residue of Estate
**(List who is to receive estate after you have made your general,
specific, and charitable gifts):**

1. Name _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Percentage: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Percentage: _____

3. Name _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: _____ Percentage: _____

Contingent Beneficiaries
(In the event of common disaster):

1st Choice

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

2nd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

3rd Choice:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Other Special Provisions Desired:

Important Family Questions:

1. Do you have a child with a learning disability? Yes No
2. Do any of your family members receive government support/benefits? Yes No
3. Do you have adopted children? Yes No
4. Do any of your children have special education, medical, or physical needs? Yes No
5. Are any of your children institutionalized? Yes No
6. Are you or your spouse receiving social security, disability, or other governmental benefits? Yes No
7. Do you provide primary or other major financial support to adult children? Yes No
8. Have either of you been divorced? Yes No
9. Are you making payments pursuant to a divorce or property settlement agreement? Yes No
10. Have you and your spouse ever signed a pre-or post-marriage contract
(Please furnish a copy) Yes No
11. 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
12. In what states have you lived while married to your current spouse?
During what periods of time did you reside there? Yes No
13. Have you or your spouse ever filed federal or state gift tax returns?
(Please furnish copies of these returns) Yes No
14. Have you or your spouse completed previous wills, trusts, powers of attorney or other estate planning arrangements? *(Please furnish copies of these documents)* Yes No
15. Are both you and your spouse United States citizens? Yes No
If you answered no, are either you or your spouse a resident or a nonresident alien? Yes No
16. Do you want specific funeral arrangements? Yes No
Specify, if applicable:

Other Information or Comments:

Thank you for taking the time to fill out this form. It makes our meeting more productive.

Please return this document to Monica Pacheco. You will receive confirmation. If you do not receive confirmation of receipt, please call 503-364-7000.

Mail or deliver to:

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This program is made possible by generous donors to the Salem Fire Foundation and the attorneys who volunteer for the Wills for Heroes Program. www.SalemFireFoundation.org