

ANDREW M. RICH PC

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Date: \_\_\_\_\_

**PERSONAL INFORMATION**

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**

1- Company: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Ownership of Policy: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Beneficiary or Beneficiaries: \_\_\_\_\_

Contingent Beneficiary or Beneficiaries: \_\_\_\_\_

\_\_\_\_\_

2 - Company: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Ownership of Policy: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Company: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Ownership of Policy: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Beneficiary or Beneficiaries: \_\_\_\_\_

Contingent Beneficiary or Beneficiaries: \_\_\_\_\_

\_\_\_\_\_

3 - Company: \_\_\_\_\_ Death Benefit: \_\_\_\_\_

Ownership of Policy: \_\_\_\_\_ Type of Insurance: \_\_\_\_\_

Beneficiary or Beneficiaries: \_\_\_\_\_

Contingent Beneficiary or Beneficiaries: \_\_\_\_\_

\_\_\_\_\_

**RETIREMENT**

HUSBAND:

1 - Type, i.e. IRA, 401(k), etc. \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Contingent Beneficiaries: \_\_\_\_\_

2 - Type, i.e. IRA, 401(k), etc. \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Contingent Beneficiaries: \_\_\_\_\_

3 - Type, i.e. IRA, 401(k), etc. \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Contingent Beneficiaries: \_\_\_\_\_

WIFE:

1 - Type, i.e. IRA, 401(k), etc. \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Contingent Beneficiaries: \_\_\_\_\_

2 - Type, i.e. IRA, 401(k), etc. \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Contingent Beneficiaries: \_\_\_\_\_

3 - Type, i.e. IRA, 401(k), etc. \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiaries: \_\_\_\_\_

Contingent Beneficiaries: \_\_\_\_\_

**PRIMARY BANK**

Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REAL PROPERTY INFORMATION**

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 \_\_\_\_\_

**FIDUCIARIES**

(Persons you want to act as your personal representative, attorney in fact,  
health care representative and guardian of minor children)

Please list, in order of preference, who you would like to serve as your personal representative and attorney in fact:

HUSBAND:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

WIFE:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

HUSBAND:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

WIFE:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

First Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Second Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list, in order of preference, who you would like to serve as your health care representative:

HUSBAND:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

First Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

Second Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

WIFE:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

First Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_

Second Alternate Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Nos.: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail: \_\_\_\_\_