

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



PO Box 2920, Salem, Oregon 97308-2920

[www.SalemFireFoundation.org](http://www.SalemFireFoundation.org)

## CONFIDENTIAL FAMILY INFORMATION SHEET

I have watched the Wills for Heroes video on [www.SalemFireFoundation.org](http://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):**

1<sup>st</sup> 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:**

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**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:

Monica D. Pacheco  
Douglas, Conroyd, Gibb and Pacheco, PC  
528 Cottage ST NE #200  
Salem, OR 97301

Email: [monica@dcm-law.com](mailto:monica@dcm-law.com)

Fax: 503-585-0699



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](http://www.SalemFireFoundation.org)