

GUARDIANSHIP AND CONSERVATORSHIP INTAKE FORM

YOUR INFORMATION

Legal Name: _____
Address: _____
Phone #: _____ Email: _____
How were you referred to our office? _____

PROTECTED PERSON'S INFORMATION

Legal Name: _____
Residence Address: _____
Current Address: _____
Date of Birth: _____ SSN: _____
Spouse (if deceased, list date of death): _____
Does the Protected Person have estate planning documents? ___ Yes ___ No
If yes, please bring all original documents to your first appointment.

FAMILY INFORMATION

Please list the full legal names and ages of all persons closely related to the Protected Person.

Legal Name and Relation	Contact Information	Age	Living? (Y/N)

SUMMARY OF ASSETS (1 of 2)

REAL PROPERTY

Please list all of the Protected Person's assets on the below form. You may use "ballpark" figures, but it is important that this list is filled out completely, including an indication of the ownership of each asset. If something does not apply, please write N/A.

Address	Owner(s) (list all)	Purpose? (rental, home, etc.)	Mortgage? (Y/N)

INVESTMENTS (retirement accounts, mutual funds, stocks, bonds, annuities, etc.)

Company	Owner(s)	Estimated Value	

SUMMARY OF ASSETS (2 of 2)

BANK ACCOUNTS (checking, savings, etc.)

Company	Owner(s)	Estimated Value	

BUSINESS INTERESTS

Company	Owner(s)	Ownership %

PERSONAL PROPERTY OF VALUE (vehicles, jewelry, guns, antiques, collectibles, etc.)

Item	Owner(s)

ESTATE ASSETS

Please check if any of the following apply:

REAL PROPERTY

- Protected Person owns real property in state other than Oregon
- Protected Person owns rental or other income-producing property
- Protected Person owns mineral or other subsurface rights

CREDITOR ISSUES

- Protected Person has known creditors
If so, please list with estimated amount owed (attach additional paper as necessary):

- Protected Person received private care by family or other non-paid worker prior to incapacity
If so, please list name and relationship to Protected Person:

FAMILY/CARE ISSUES:

- Protected Person has minor or disabled children or grandchildren
If so, please list name and relationship to Protected Person:

- Client believes that controversy may arise among family members or other family has already hired attorney. If so, please list name(s) of family member(s): _____

- Protected Person has a trust of any kind
- Money may have been withdrawn without Protected Person's consent prior to incapacity
- Client or other person served as agent under Power of Attorney

If so, please list name of other person: _____

- Protected Person is a veteran of the armed forces

If so, please list any benefits collected: _____

- Protected Person receives money from the state or federal government

If so, please list why money is received: _____