

ESTATE PLANNING CLIENT INTAKE FORM

GENERAL INFORMATION:

Client 1		Client 2	
Name:	MI:	Name:	MI:
Street/Route:		Street/Route:	
City:		City:	
State:	Zip:	State:	Zip:
Home Phone:		Home Phone:	
Social Security #:		Social Security #:	
Birth Date:		Birth Date:	
Birth Place:		Birth Place:	
Occupation:		Occupation:	
Employer:		Employer:	
Work Phone:	Ext:	Work Phone:	Ext:

	<u>Client 1</u>	<u>Client 2</u>
Are You:		
1. Married:	Yes No	Yes No
2. A citizen of another country?	Yes No	Yes No
3. A beneficiary of a trust?	Yes No	Yes No
Do You Now Have:		
1. A will and/or trust?	Yes No	Yes No
2. A durable power of attorney for health care?	Yes No	Yes No
3. A power of attorney?	Yes No	Yes No
4. Any mineral interest?	Yes No	Yes No
Do you own any property with another person (other than your spouse)?	Yes No	Yes No
Have you ever filed a Federal Gift Tax Return?	Yes No	Yes No
Were you ever previously married?	Yes No	Yes No
If "yes" did the marriage end by	Death Divorce	Death Divorce
Date of death/divorce	_____	_____
Place of death/divorce	_____	_____
Late/former spouse's full name	_____	_____

PERSONAL REPRESENTATIVE:

Your Personal Representative is the person who will work with your attorney to probate your will or otherwise distribute your estate at the time of your death. A spouse, friend, relative, bank or trust company are generally chosen to fill this role.

Personal Representative		Alternate Personal Representative	
Name:		Name:	
Street/Route:		Street/Route:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Spouse:		Spouse:	

TRUSTEE:

Your Trustee is the person who will administer your money or other property according to the directions set forth in your trust agreement if a trust is part of your estate plan. A trustee is typically a spouse, relative, friend, bank or trust company.

Primary Trustee		Alternate Trustee	
Name:		Name:	
Street/Route:		Street/Route:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Spouse:		Spouse:	

OTHER PROFESSIONALS:

Insurance Agent		Accountant		Doctor	
Name:		Name:		Name:	
Firm:		Firm:		Firm:	
Address:		Address:		Address:	
City:		City:		City:	
State:	Zip:	State:	Zip:	State:	Zip:
Phone:		Phone:		Phone:	

FAMILY INFORMATION:

- | | | | |
|-----|---|-----|----|
| 1. | Have you ever been the acknowledged parent (or alleged father of a child born out of wedlock? | Yes | No |
| 2. | Are any of your children adopted? | Yes | No |
| 3. | Have you ever given up a child for adoption? | Yes | No |
| 4. | Are you raising (or have you raised) any child not born to you or adopted by you whom you treat like your own child and wish to have inherit from you as though they were your child? | Yes | No |
| 5. | Are any of the children listed below from prior marriages? | Yes | No |
| 6. | Do you have any deceased children?
If yes, did that child have any children? | Yes | No |
| 7. | Are any of your children under any disability which requires special provisions in your will/trust? | Yes | No |
| 8. | Are you afraid any of your children cannot handle money? | Yes | No |
| 9. | Have any of your children received an advance on their inheritance or are any of your children indebted to you? | Yes | No |
| 10. | Do you want to exclude any of your children from your will/trust? | Yes | No |
| 11. | Is there any reason to treat any of your children other than equally? | Yes | No |

If you answered “yes” to any of the above questions, please bring any relevant documents with you if you have them. Please do not reschedule your appointment due to the lack of any of these documents.

CHILDREN:

1.	2.	3.
Full Name:	Full Name:	Full Name:
Address:	Address:	Address:
City:	City:	City:
State: Zip:	State: Zip:	State: Zip:
Phone:	Phone:	Phone:
Birth Date:	Birth Date:	Birth Date:
4.	5.	6.
Full Name:	Full Name:	Full Name:
Address:	Address:	Address:
City:	City:	City:
State: Zip:	State: Zip:	State: Zip:
Phone:	Phone:	Phone:
Birth Date:	Birth Date:	Birth Date:

GUARDIANS:

Your Guardian is the person who will be responsible for taking care of your children if you and your spouse are both deceased. The Alternate (second Choice) guardian is optional. However, if your guardian is quite old, naming an alternate is a good idea.

Guardian		Alternate Guardian	
Name:		Name:	
Street/Route:		Street/Route:	
City:		City:	
State:	Zip:	State:	Zip:
Phone:		Phone:	
Spouse:		Spouse:	

FAMILY DISASTER PROVISION:

A “Family Disaster” provision assumes that both you and your spouse and all children (and grandchildren) are deceased. Most commonly, this concern would arise out of a common accident and is most appropriate for families with young children who regularly travel together. Although the possibility of the death of both parents and all children (and grandchildren) is very remote, it is a contingency for which provision should be made. Common alternative include:

1. One-half (½) to husband’s heirs and one-half (½) to wife heirs;
2. One-half (½) to husband’s nephews and nieces and one-half (½) to wife’s nephews and nieces;
3. Equally among the siblings of husband and wife;
4. Equally to the nephews and nieces of husband and wife;
5. All to _____’s heirs; or,
6. All to _____’s nephews and nieces.

DOCUMENTS TO BRING TO THE INITIAL ESTATE PLANNING CONFERENCE:

1. Any estate planning documents you may now have including wills, trusts, powers of attorney, and living wills.
2. Any other document you believe to be important including deeds, contracts for deed, life insurance policies, marriage agreements, divorce decrees, and adoption papers.
3. If you have inherited property from a deceased spouse, your spouse’s estate tax return, affidavit of survivorship and/or decree of distribution from your spouse’s estate.

MISCELLANEOUS:

Where do you plan to keep your will and other estate planning documents? _____
Where is your safe deposit box located? _____

PERSONAL FINANCIAL STATEMENT

INCOME:			
Husband	\$		
Wife	\$		
	OWNED BY:		
CASH & EQUIVALENTS:	Husband	Wife	Joint
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
Money Market Accounts	\$	\$	\$
Cash Value Life Insurance	\$	\$	\$
INVESTMENTS:			
Certificates of Deposit	\$	\$	\$
Government Securities	\$	\$	\$
Municipal Bonds	\$	\$	\$
Corporate Bonds	\$	\$	\$
Individual Issue Stocks	\$	\$	\$
Mutual Funds	\$	\$	\$
Annuities	\$	\$	\$
Real Estate	\$	\$	\$
Limited Partnerships	\$	\$	\$
Business Assets	\$	\$	\$
Notes & Accounts Receivables	\$	\$	\$
Other	\$	\$	\$
RETIREMENT PLANS:			
IRA, TSA (403-b)	\$	\$	\$
	\$	\$	\$
Salary Saving: (401-k)	\$	\$	\$
	\$	\$	\$
Pension/Profit Sharing	\$	\$	\$
	\$	\$	\$
PERSONAL USE ASSETS:			
Residence (Homestead)	\$	\$	\$
Other Real Estate	\$	\$	\$
Personal Property	\$	\$	\$
Autos, Boats, Etc.	\$	\$	\$
LIABILITIES:			
Notes Payable: (Secured)	\$	\$	\$
(Unsecured)	\$	\$	\$
Consumer Credit	\$	\$	\$
Current Bills	\$	\$	\$
Taxes Due	\$	\$	\$
All Other	\$	\$	\$
LIFE INSURANCE:			
Husband	\$	\$	\$
Wife	\$	\$	\$