

**CONFIDENTIAL  
ESTATE PLANNING  
INTAKE INFORMATION  
Family Information  
Asset Summary  
Objectives**

Please Read Carefully and Sign Below

This estate planning intake form and the initial consultation does not form an attorney client relationship. Unless and until both of us sign a Legal Services Agreement, neither I nor the firm represent you on matters described in this client intake form or discussed during the initial consultation. No action of any kind will be taken on your behalf until you authorize us to do so by our both signing a Legal Services Agreement.

Signature:

Date:

**Estate Planning Questionnaire**

1. Full Name (as you use on legal documents)
2. Alias (are you known by other names)
3. Home Address
4. City and Zip Code
5. Telephone Number Cell Work Home
6. Email:
7. Occupation
8. Are you disabled? Yes No
9. Are you a Veteran? Yes No
10. U.S. Citizen? Yes No If No, what country?
11. Date of Birth:
12. Prior Marriage? Yes No

**CHILDREN**

**Full Name**

**Date of Birth**

**Special Needs?**

Are there any deceased children? Yes No

Do you have grandchildren? Yes No If “Yes”, how many grandchildren?

Are any of your grandchildren special needs? Yes No

Are any of your grandchildren adopted? Yes No

**SIBLINGS**

**Full Name**

**Date of Birth**

**NIECES AND NEPHEWS**

**Full Name**

**Date of Birth**

**EXISTING ESTATE PLANNING DOCUMENTS**

Do you have any existing documents (please check yes or no). If yes, please provide a copy of the document.

<b>Document</b>	<b>Client</b>	
Last Will and Testament	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trusts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Power of Attorney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TAX INFORMATION**

1. Do you have any outstanding federal or state income tax liabilities?  Yes  No If you answered Yes, please provide details:

2. Have you ever filed a federal gift tax return—Form 709?  Yes  No If Yes, please provide copies of all gift tax returns.

**EXPECTED INHERITANCES**

Do you expect an inheritance?  Yes  No. If Yes, please provide details.

Are you the beneficiary of a trust?  Yes  No. If Yes, please provide a copy of the trust instrument.

**PLEASE TELL US ABOUT THE PROPERTY THAT YOU OWN**

**IMPORTANT:** Unless requested to do so in writing, your attorney will not independently verify the ownership, value, or title of any of your property and will take no responsibility or assume any liability for errors or damages that result from inaccurate information. It is important, however, that you understand that this information is crucial to your estate planning and, if incorrect, can dramatically alter the results.

**INSTRUCTIONS**

1. If a bank account has a pay-on-death designation, please indicate in the appropriate column.
2. If an investment account has a transfer-on-death designation, please indicate in the appropriate column.
3. If any assets are held in a foreign country, please indicate.
4. If any assets are held in a revocable trust, please indicate.
5. If more space is needed, please attach additional sheets.
6. Rounded values are fine, for example, if your checking account balance is \$4,532.45, then \$4,500 is fine.

**BANK ACCOUNTS**

(Checking, Savings, CDs)—Please fill out this section for bank accounts. If the account is a POD account (payable on death), please mark the POD column with a Y.

Description	Sole Name	Joint with Another Person	Pay on Death (Y/N)
<b>Ex: Bank of America Checking</b>		<b>\$50,000</b>	

**INVESTMENT ACCOUNT**

Please fill out this section for your investment accounts that are NOT retirement accounts. If the account is a TOD account (transfer on death), please mark the TOD column with a Y.

Description	Sole Name	Joint with Another Person	Pay on Death (Y/N)
<b>Ex: Fidelity</b>		<b>\$25,000</b>	

## RETIREMENT ACCOUNTS

(IRA, 401(k), TSP, etc.)—If you are not sure who the beneficiary is, please contact your financial institution and get the information. This information is extremely important.

<b>Account Type</b>	<b>Value</b>	<b>Primary Beneficiary</b>	<b>Secondary Beneficiary</b>
<b>Ex: IRA</b>	<b>\$50,000</b>	<b>Son, John</b>	

## REAL PROPERTY

If you are not sure who is on the deed, please provide a copy of the deed.

<b>Address</b>	<b>Estimate of FMV</b>	<b>Mortgage Amount</b>	<b>Who is on the Deed (Sole Name, Joint with another)</b>
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## LIFE INSURANCE

If you are not sure who the beneficiary is, please contact your life insurance company and find out. This information is extremely important.

<b>Owner</b>	<b>Name of Insured</b>	<b>Face Value (death benefit)</b>	<b>Primary Beneficiary</b>
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**PERSONAL PROPERTY**

for example, jewelry, antiques, artwork, or other tangible items.

**Description**

**Sole Name**

**Joint with Another Person**

Example: Jewelry

**CLOSELY HELD BUSINESS INTEREST**

if you own an interest in a closely held business, for example, a corporation, partnership, or limited liability company, please describe here:

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**DEBTS**

Please provide details on debts not mentioned above.

**Description**

**Sole Name**

**Joint Name**

Example: credit card

\$5,000

If you own any other property not accounted for above, please explain here:

**PLEASE TELL US ABOUT YOUR OBJECTIVES**

Please describe in your own words who should receive your property at your death and any other concerns or questions you would like to discuss with the attorney.

**PLEASE TELL US ABOUT THE PEOPLE WHO WILL HELP IMPLEMENT YOUR  
PLAN**

**Important Points:**

- 1.The people you pick must be US citizens.
- 2.The people you pick must be 18 years of age or older.
- 3.You can pick a corporation to serve as executor or trustee, for example, a bank or trust company.

### **Personal Representative (i.e. Executor)**

This is the person or entity who gathers your assets upon your death, pays your debts, and distributes your assets to the beneficiaries of your last will and testament. Please provide full name, address, and telephone number. Please name a first choice and a second choice.

#### **First Choice**

#### **Second Choice**

Name

Full Address

Phone Number

### **Guardians**

If you have minor children, then you will need to choose a guardian to care for the person of your child in the event there are no natural parents. Please name a first choice and a second choice. Please provide full name, address, and telephone number.

#### **First Choice**

#### **Second Choice**

Name

Full Address

Phone Number

### **Trustees**

If you have minor children, you will need to choose a trustee to manage the assets you leave to your children. In most cases, the trustee can be the same person as the guardian, but this is not required.

If your estate plan involves the creation of a revocable living trust, the initial trustee will be yourself, but you will need to choose a successor trustee to manage the assets held in trust if you become incapacitated.



The trustee should be trustworthy, detail oriented, and able to meet deadlines. Please name a first choice and a second choice. Please provide full name, address, and telephone number.

**First Choice**

**Second Choice**

Name

Full Address

Phone Number

**PLANNING FOR INCAPACITY**

Planning for incapacity means choosing a person (called an “agent” or “attorney-in-fact”) who can make decisions on your behalf while you are still alive but, for any number of reasons, you are unable to make decisions for yourself. The two documents that deal with these issues are called: Durable Power of Attorney for Property, and Durable Power of Attorney for Health Care (or Advance Medical Directive).

A **Durable Power of Attorney** is a document in which you designate an agent to act on your behalf and make the decisions necessary to manage your financial affairs. Powers of attorney can be created to become effective right when they are created (an “immediate” power of attorney) or they can be limited to take effect only if you become incapacitated (a “springing” power of attorney).

Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

**Agent under Durable Power of Attorney for Property**

**First Choice**

**Second Choice**

Name

Full Address

Phone  
Number

An **Advance Medical Directive** designates an agent who will make health care decisions for you in the event your treating physician determines you no longer possess the capacity to make those decisions for yourself. You retain the right to make all your health care decisions as long as your

attending physician determines you have the capacity to do so. The spouse of the incapacitated person is usually named as the primary agent.

Whom do you want to serve as your designated agent? Please indicate a successor if your designated agent is unable to serve.

**Agent under Medical Power of Attorney**

**First Choice**

**Second Choice**

Name

Full  
Address

Phone  
Number

**End of Life Instructions**

The first part of the **Advance Medical Directive** will contain your end of life instructions. If you have a terminal condition where the application of life-prolonging procedures—including artificial respiration, cardiopulmonary resuscitation, artificially administered nutrition, and artificially administered hydration—would serve only to artificially prolong the dying process, then what are your desires? Please check a box below indicating your wishes currently.

Do you want life-prolonging procedures                      Yes       No

Do you want to donate your organs      Yes       No

Do you have other instructions you would like your family and friends to consider?