



ESTATE PLANNING INTAKE

Date: _____

CONFIDENTIALITY: The information you enter in this questionnaire is confidential and protected by Attorney-Client Privilege. The information will not be disclosed to anyone outside of this office, except in the course of rendering legal services on your behalf or as otherwise provided by law.

How were you referred to our office? _____

Family Information

You

Spouse/Partner

Full Name:

Full Name:

Name you want on your documents

Name you want on your documents

Home Address:

Home Address:

E-mail _____

E-mail _____

Home Phone _____

Home Phone _____

Cell _____

Cell _____

Do we have your permission to e-mail drafts of your documents? Yes No

Important Questions

Do any of your children/beneficiaries receive government support or benefits because of a disability or handicap? YES NO

Do any of your children/beneficiaries have special educational, medical or physical needs?

YES NO

Do you have any adopted children?

YES NO

Do you have any deceased children?

YES NO

Have you or your spouse/partner ever signed a pre or post marital agreement? YES NO

Have you or your spouse/partner ever been divorced? YES NO

Have you or your spouse/partner ever been widowed? YES NO

If you are married now, do you or your spouse/partner have children from a previous marriage?

YES NO

Have you or your spouse/partner ever lived in a community property state (i.e., LA, TX, NM, AZ, CA, WA, NV, WI, AK)

YES NO

Do you own or operate a family business?

YES NO

Do you have the deeds to your real property?

YES NO

Do you have any specific memorial or burial requests?

Yes No

If you answered YES to any of these questions or have any SPECIAL concerns, please share any details which you think would be helpful.

For Your Will and/or Trust:

Children

Full Name:	Age:	Parent Name: (Husband, Wife, Both)

Real Property

Address:	Title on Deed:	Approx Value:	Mortgage Balance:

Bank Accounts

Bank Account/Type:	Owner:	Approx. Balance:

Retirement Accounts (Qualified plans: IRA, 401K, etc.)

Institution/Type:	Beneficiary:	Owner:	Approx. Balance:

Brokerage Accounts (Taxable)

Institution/ Type:	Owner:	Approx. Value:

Life Insurance Policies

Institution/ Type:	Owner:	Beneficiary:	Approx. Balance:

Business Interests

Name of Business:	Type of Business:	Ownership Interest:	Approx. Value:

Motor Vehicles, Golf Carts, Boats, Recreational Vehicles:

Make/ Model/ Year:	Owner Shown on Title:	Approx. Value:

Personal Property, Collectables, Jewelry, and other Significant Assets

Description:	Owner:	Approx. Value:

Please designate who will be your beneficiaries with regards to Real Estate:

Please designate who will be your beneficiaries with regards to your liquid assets, such as Bank Accounts, Brokerage Accounts, etc:

Please designate who will be your beneficiaries of your retirement accounts?

Please designate who will be your beneficiaries with regards to any property not specifically mentioned (this will be the residue of your estate):

Please designate who will be your beneficiaries if none of the above survives you:

Please designate any charitable contributions you wish to make in your Will or Trust:

Do you have any pets? YES NO

Do you wish to make any provisions in your Will for your pets? _____

If any portion of your Estate might be passed to a minor person (under the age of 18), do you wish to designate a later age? _____

If any of you children or dependents are under the age 18, whom do you wish to name as guardian?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please indicate whom you would choose to act as your Personal Representative (Executor) as well as successor representativeness (your spouse/partner is usually your first representative). This is the person who will take care of the affairs of the estate.

Representative/Successor Representative(s) (Trustees)

1. _____

2. _____

Durable Power of Attorney

This is the document where you appoint another person (agent) to act on your behalf with regard to legal and financial affairs. This document is most commonly used if you become ill or incapacitated. This document is used when you are alive. (The Will controls your property when you are no longer alive.) It is very important to appoint individuals whom you TRUST.) Whom do you wish to appoint as your first agent? (Usually a spouse/partner is first)

SPOUSE #1 Agents Information – PLEASE FILL OUT COMPLETELY!!!

Name: _____ _____	Name: _____ _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

SPOUSE #2 Agents Information – PLEASE FILL OUT COMPLETELY!!!

Name: _____ _____	Name: _____ _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Designation of Health Care Surrogate

This is the document where you appoint someone (agent) to make health care and medical decisions for you **if you are unable to do so yourself**. This person can also obtain your medical records under HIPPA privacy laws.

SPOUSE #1 INFORMATION- PLEASE FILL OUT COMPLETELY!!!

Name: _____ _____	Name: _____ _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

SPOUSE #2 INFORMATION – PLEASE FILL OUT COMPLETELY!!!

Name: _____ _____	Name: _____ _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____

Living Will

This is the document where you decide if you want to be kept alive artificially when you are at and end stage of life, have a terminal condition, or are in a persistent vegetative state and there is **no hope for recovery**.

Do you want a Living Will?

Person 1	YES	NO
Person 2	YES	NO