

ESTATE PLANNING

INTAKE FORM

WHEN YOU HAVE COMPLETED THIS FORM, please return it to our office prior to scheduling your office conference. We rely upon the information you provide us to be accurate and complete in all respects. If the information is not accurate and complete, the recommendations we make may not be appropriate for your situation.

1. Testator (Person making will)

Name _____ Date of Birth: _____
First Middle Last

Social Security No. _____ U.S. Citizen: Yes No

Spouse Name _____ Date of Birth: _____
First Middle Last

Social Security No. _____ U.S. Citizen: Yes No

Street Address _____

City _____ State _____ Zip _____

Telephone Number H: _____ Cell: _____

Email Address: _____

2. Children

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan.

NAME OF CHILD <small>First/Middle/Last</small>	DATE OF BIRTH	ADDRESS	CHILD OF

--	--	--	--

Identify any child who is not a natural or adopted child of both you and your spouse.

a. Have any children received an advance on their inheritance or are any children financially indebted to you? Yes No If so, please explain.

b. Is there any reason NOT to treat your children equally? Yes No If so, please explain.

c. Are any of the children under a disability? Yes No

d. Do you have any special concerns or objectives regarding your children? Yes No

e. Guardians. Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

Name: _____

Address: _____

Alternate Guardian: _____

Address: _____

3. Marriage

a. Have you and your spouse signed a Premarital Agreement? Yes No
If you have, please bring a copy of it to the interview.

b. Have you or your spouse been divorced? Yes No
If so, please bring a copy of the divorce decree to the interview.

4. **Personal Representative.** Who should be Personal Representative ("executor") of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

Name: _____

Relationship to you: _____

Address: _____

Alternate Personal Representative: _____

Relationship to you: _____

Address: _____

5. Trusts.

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee.

Name: _____

Address: _____

Alternate Trustee: _____

Address: _____

6. Financial Inventory

Use approximate values under each person showing ownership of each asset. BRING SUPPORTING DATA FOR EACH ASSET, i.e. bank statements, retirement reports, stock and bond account reports, etc. NOTE: If you are entering into a revocable (living) trust, bring copies of deeds to real estate you own.

ASSETS	HUSBAND	WIFE	JOINT
Home			
Other Real Estate			
Checking Account			
Savings Account			
Money Market Account			
Automobile			

Personal Property			
Stocks & Bonds			
Closely Held Business Interest			
Life Insurance (Face):			
On husband's life			
On wife's life			
Retirement Accounts:			
IRA			
Social Security			
Pension			
Profit Sharing/401k			
Other Assets:			
TOTAL			

LIABILITIES	HUSBAND	WIFE	JOINT
Home Mortgage			
Other Mortgages			

Debts To Family			
Other Debts (describe):			
TOTAL LIABILITIES			

7. Beneficiary Designations:

a. Life Insurance:

Policy Name/Number	Face Value	Owner	Beneficiary
1.			
2.			
3.			
4.			
5.			

b. Retirement Plans. Please list your retirement plans/IRAs and the beneficiary of each (see above chart).

8. Personal Property

Describe and give a value of any items of substantial value, such as automobiles, works of art, jewelry, etc. Be sure to include any items listed on an insurance rider.

Description	Approximate Value
Personal Property: _____	
Automobiles: _____	
Collectibles: _____	
Jewelry: _____	
Boats: _____	
Other: _____	

9. Safe Deposit Box

Do you have a safe deposit box? Yes No If so, where?

Does anyone else have access to your box?

10. Future Inheritances

Do you expect any inheritance in the near future? If so please give details: _____

11. Special Requests

Special requests regarding funeral, cremation, or burial instructions are best handled by a Letter of Instruction or other statement (separate from your will) to your family or other responsible person. Organ donation is best handled in a Health Care Directive and noted on the person’s driver’s license.

12. Health Care Directive

This document can also include instructions regarding organ donation. This is a legal document in which an individual designates another person to make health care decisions if he or she is rendered incapable of making their wishes known. The appointed health care agent has, in essence, the same rights to request or refuse treatment that the individual would have if capable of making and communicating decisions. The document also specifies what types of medical treatment the individual desires.

Are you interested in preparing a Health Care Directive appointing someone to make health care decisions for you and/or stating your preferences for health care?

Yes No If Yes, answer questions below.

Do you wish to be cremated? Yes No

Do you wish to donate your organs, tissue and other body parts when you die?

Yes No

Do you wish to include the following provision?

Yes No

Terminal Condition Instructions. If I am in a terminal condition and cannot express my wishes, I wish to be allowed to die naturally and not be kept alive by artificial means or heroic measures. I do not want any medical treatment that will not substantially improve my condition or help me recover, but will only postpone the moment of my death. I want whatever care is appropriate to keep me as comfortable and as free of pain as is reasonably possible, including the administration of pain relieving drugs and surgical or medical procedures calculated to relieve my pain, even if it exceeds accepted protocol or may hasten my death.

After your spouse as your primary health care agent, who do you wish to be your (alternate) health care agent? _____

(Name/Relationship/Telephone Number)

13. Power of Attorney.

Are you interested in preparing a Power of Attorney granting another person the power to act on your behalf to manage your assets and pay your bills if you become incompetent or unable to sign your name? Yes No

This document is a convenient alternative to guardianship. A durable power of attorney is one of the most economical ways of continuing the management of your affairs in the event of your incapacity. The signing party (the "principal") grants authority to one or more individuals (your "attorney(s)-in-fact") to manage your financial affairs on your behalf. You retain the right to modify or revoke the power at any time, and it terminates automatically on your death. The power is "durable" because the document creating it specifically states that it remains in force even if you become disabled or incapacitated. This feature is what gives the power its value in ensuring continuity of your financial management.

Who do you wish to be your attorney-in-fact pursuant to your power of attorney?

(Name/Relationship/Telephone Number)

(Address)

Who do you wish to be the successor attorney-in-fact (if any) pursuant to your power of attorney?

(Name/Relationship/Telephone Number)

(Address)

Do you have any special concerns or objectives in relation to your estate plan?

