

Estate Planning Intake Sheet

Husband:	First	M.I.	Last	Date of Birth		
Wife:	First	M.I.	Last	Date of Birth		
Address			City	State	Zip	Telephone (Home)
Husband's Social Security Number			Wife's Social Security Number		Telephone (Work)	

Children/Beneficiaries:

First	M.I.	Last	City/State of Residence	DOB/Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	DOB/Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	DOB/Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	DOB/Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	DOB/Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	DOB/Relationship	<input type="checkbox"/> F <input type="checkbox"/> M

If any of your children are minors, who would you like to be the Guardian(s) of their Person and Estate in the event that you and your spouse should pass away? The Guardian of the Person would have custody of the child and provide for the child's care and education. The Guardian of the Estate would control, manage and invest any property or assets of the child. One person may act as both Guardian of the Person and Estate. Please list at least one successor.

Person:

First	M.I.	Last	City/State of Residence	Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	Relationship	<input type="checkbox"/> F <input type="checkbox"/> M

Estate:

First	M.I.	Last	City/State of Residence	Relationship	<input type="checkbox"/> F <input type="checkbox"/> M
First	M.I.	Last	City/State of Residence	Relationship	<input type="checkbox"/> F <input type="checkbox"/> M

Are there any special bequests of specific items that you would like to make to a particular person or organization?

_____ Description of Item	_____ Name of Recipient	_____ Relationship	_____ City of Residence
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Assets:

1. Real Estate

_____ Address	_____ Approx. Value	_____ Approx. Equity
_____ Legal Owners	<input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common

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_____ Legal Owners	<input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Joint Tenants	<input type="checkbox"/> Tenants in Common

2. Life Insurance

_____ Owner	_____ Insured	_____ Provider	<input type="checkbox"/> Whole <input type="checkbox"/> Term
_____ Face Value	_____ Cash Value	_____ Beneficiaries	

_____ Owner	_____ Insured	_____ Provider	<input type="checkbox"/> Whole <input type="checkbox"/> Term
_____ Face Value	_____ Cash Value	_____ Beneficiaries	

_____ Owner	_____ Insured	_____ Provider	<input type="checkbox"/> Whole <input type="checkbox"/> Term
_____ Face Value	_____ Cash Value	_____ Beneficiaries	

3. Pension/Employee Plans

<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____ Type of Plan	_____ Employer	_____ Value/Amount
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____ Type of Plan	_____ Employer	_____ Value/Amount
<input type="checkbox"/> Husband <input type="checkbox"/> Wife	_____ Type of Plan	_____ Employer	_____ Value/Amount

4. Stocks and Bonds/Brokerage Accounts

Owner	Broker/Stock	Value
Owner	Broker/Stock	Value
Owner	Broker/Stock	Value

5. Bank Accounts

Owner	Bank/Institution	Value
Owner	Bank/Institution	Value
Owner	Bank/Institution	Value

6. Vehicles/Watercraft

Owner	Description	Value
Owner	Description	Value
Owner	Description	Value
Owner	Description	Value
Owner	Description	Value

7. Other

Owner	Item	Value
Owner	Item	Value
Owner	Item	Value
Owner	Item	Value

Who would you like to act as the Executor of your estate? Any U.S. resident age 18 or older, including your spouse and children, may act as Executor. Please list at least one Executor and one successor.

Husband:

_____ Name	_____ Relationship	_____ City/State of Residence
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_____ Name	_____ Relationship	_____ City/State of Residence
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_____ Name	_____ Relationship	_____ City/State of Residence
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Wife:

_____ Name	_____ Relationship	_____ City/State of Residence
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_____ Name	_____ Relationship	_____ City/State of Residence
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_____ Name	_____ Relationship	_____ City/State of Residence
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Organ Donation:

You may specify whether or not you would like to have any of your organs donated upon your death.

- I do not wish to donate any of my organs upon my death.
- I wish to donate the following organs upon my death: _____

- I wish to donate any of my organs upon my death.
-

Funeral Arrangements:

Please indicate whether you would like to include any special provisions regarding your funeral or burial arrangements, such as providing for cremation:

Powers of Attorney:

There are two types of powers of attorney. The power of attorney for property gives your agent power over your assets should you become incompetent. The power of attorney for health care gives your agent power to make decisions regarding your health care, including the use of life-sustaining treatment and organ donation, as limited by your express wishes.

Any U.S. resident age 18 or older, including your spouse and children, may act as Agent. Please list at least one Agent and one successor.

**Power of Attorney for Property
Husband:**

_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence

Wife:

_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence

**Power of Attorney for Health Care
Husband:**

_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence

Wife:

_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence
_____ Name	_____ Relationship	_____ City of Residence

Living Will:

A Living Will states that should you have an incurable and irreversible injury, disease, or illness that your attending physician believes to be a terminal condition, with your death being imminent except for death delaying procedures, you direct:

1. that such procedures which would only prolong the dying process be withheld or withdrawn; and
2. that you be permitted to die naturally with only the administration of medication, sustenance, or the performance of any medical procedure deemed necessary by your attending physician to provide you with comfort care.

Do you wish to execute such a document?

Husband:

Yes

No

Wife: Yes

No

Questions/Concerns:

Thank you for completing this intake. One of our attorneys will review this information and will discuss these matters and other estate planning options with you in more detail.

Notes