



# CLIENT INTAKE FORM

Date: \_\_\_\_\_

## Husband

## Wife

Name (full) \_\_\_\_\_

Name (full) \_\_\_\_\_

Nickname \_\_\_\_\_

Nickname \_\_\_\_\_

a/k/a (if any) \_\_\_\_\_

a/k/a (if any) \_\_\_\_\_

U.S. Citizen?  Yes  No

U.S. Citizen?  Yes  No

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alternate Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:

Home \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Birthdate \_\_\_\_\_

Birthdate \_\_\_\_\_

First Marriage  Yes  No

First Marriage  Yes  No

Prenuptial Agreement  Yes  No

Prenuptial Agreement  Yes  No

Postnuptial Agreement  Yes  No  
(if yes to either pre-or postnuptial, please provide copies)

Postnuptial Agreement  Yes  No  
(if yes to either pre-or postnuptial, please provide copies)

## CHILDREN (full names)

(Please list ALL of your children, including deceased children,  
children born out of wedlock, and children you wish to omit from your estate plan. Identify  
any child who is not a biological or adopted child of both you and your spouse)

1. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

2. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

3. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

4. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

5. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

6. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

7. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

8. Name \_\_\_\_\_  
 Biological/Current Marriage  Biological/Prior Relationship  
 Step Child  Adopted  Deceased  
Gender        M        F  
Address \_\_\_\_\_  
\_\_\_\_\_  
Birthdate \_\_\_\_\_  
Spouse's Name \_\_\_\_\_

Have any children received an advance on their inheritance or are any children financially indebted to you? Is so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any reason NOT to treat your children equally? If so, please explain:

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Do you have any special concerns or objectives regarding your children?

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Do you have any other people (besides children and spouse) that you want to include in your Will?

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**Guardian Designations**

**(If applicable, who should care for your minor children? A guardian has physical and legal control over your children until they reach the age of 18. We advise you each name the same person as Guardian to avoid confusion in the event of simultaneous death)**

Primary Designation (full name)

Relationship of Guardian to H / W (circle one)

Type: \_\_\_\_\_

Name: \_\_\_\_\_

Alternate (second choice) guardians (full name)

Relationship of Guardian to H / W (circle one)

Type: \_\_\_\_\_

Name: \_\_\_\_\_

**Last Will and Testament Designations**

**1. Personal Representative**

(Also called ‘Executor/Administrator.’ A personal representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.)

Primary Personal Representative (typically your spouse)

Name: \_\_\_\_\_

First Alternate/Successor Pers. Representative

Name: \_\_\_\_\_

Relation:

Primary Personal Representative (typically your spouse)

Name: \_\_\_\_\_

First Alternate/Successor Pers. Representative

Name: \_\_\_\_\_

Relation:

**2. Trustee**

If a trust is appropriate to include in your estate plan, either during your life (such as a Revocable Living Trust) or if trust provisions are incorporated in your Last Will and Testament (for example to postpone distributions to children/beneficiaries), you will nominate a Primary Trustee and a succession of Alternate/Substitute Trustees. 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 a specified age. If you do not establish a trust, children automatically inherit at age 18. You may name an individual, bank or trust company, or both to act as Trustee. We advise that you name the same person as Trustee/Alternate Trustee under each of your Last Will and Testaments so that there is no confusion in the event of simultaneous death.

Primary Trustee\*

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

First Alternate Trustee

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

\* In situations where Revocable Living Trusts (i.e. a trust established while you are living, rather than established through your Last Will and Testament) are used in estate plans, people often serve as their own Initial Trustee and designate a succession of Alternate/Substitute Trustees.





*Husband*

*Wife*

**General Power of Attorney (a separate document for financial affairs)** (The “Attorney-in-fact” is the person to whom you are granting powers to act as your agent for financial affairs *while you are living*).

- If you are interested in having this document prepared, please fill out the information below. Otherwise leave blank.

Primary Attorney-in-fact (typically your spouse)

Name (full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Attorney-in-fact (typically your spouse)

Name (full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Alternate/Successor Attorney-in-fact

Name (full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation:

First Alternate/Successor Attorney-in-fact

Name (full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation:

*Husband*

*Wife*

**Healthcare Directive (for health-related decisions)** (The “Agent” is the person to whom you are granting powers to act on your behalf for healthcare-related decisions *while you are living*).

- If you are interested in having this document prepared, please complete the following. Otherwise, leave blank.

Primary Agent (typically your spouse)

Name  
(full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Alternate/Successor Agent

Name  
(full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation:

Primary Agent (typically your spouse)

Name  
(full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Alternate/Successor Agent

Name  
(full): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relation:





**FINANCIAL INFORMATION**  
**(estimates/approximations are sufficient)**

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
1. <u>Investments:</u>			
a. Checking Accounts			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
b. Money Market & Savings			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
c. Certificates of Deposit			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
d. Brokerage Accounts			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
e. U.S. Government Bonds			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
f. Certificated Securities	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

g. Other

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

2. Retirement Plans:

a. IRA _____	\$ _____	\$ _____	\$ _____
Benef. _____			
b. 401(K) _____	\$ _____	\$ _____	\$ _____
Benef. _____			
c. Other _____	\$ _____	\$ _____	\$ _____
Benef. _____			

3. Life Insurance:

a. On the life of _____	\$ _____	\$ _____	\$ _____
Company _____			
Benef. _____			
b. On the life of _____	\$ _____	\$ _____	\$ _____
Company _____			
Benef. _____			
c. On the life of _____	\$ _____	\$ _____	\$ _____
Company _____			
Benef. _____			

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
4. <u>Real Estate:</u>			
a. House	\$ _____	\$ _____	\$ _____
b. Lake Property	\$ _____	\$ _____	\$ _____
c. Oil, Gas & Mineral	\$ _____	\$ _____	\$ _____
d. Other _____	\$ _____	\$ _____	\$ _____
e. Other _____	\$ _____	\$ _____	\$ _____
5. <u>Closely-held Business Interests:</u>			
a. C Corps	\$ _____	\$ _____	\$ _____
b. S Corps	\$ _____	\$ _____	\$ _____
c. Sole Proprietorships	\$ _____	\$ _____	\$ _____
d. LLC	\$ _____	\$ _____	\$ _____
e. General Partnerships	\$ _____	\$ _____	\$ _____
f. Limited Partnerships	\$ _____	\$ _____	\$ _____
6. <u>Other Assets:</u>			
<i>(vehicles, RV's, etc. – including any receivables such as loans you made that are/will be repaid to you)</i>			
a. _____	\$ _____	\$ _____	\$ _____
b. _____	\$ _____	\$ _____	\$ _____
c. _____	\$ _____	\$ _____	\$ _____
d. _____	\$ _____	\$ _____	\$ _____
e. _____	\$ _____	\$ _____	\$ _____
f. _____	\$ _____	\$ _____	\$ _____
g. _____	\$ _____	\$ _____	\$ _____
7. Anticipated Inheritances	\$ _____	\$ _____	\$ _____
Total Assets	\$ <u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>

	<u>Husband</u>	<u>Wife</u>	<u>Joint</u>
8. <u>Liabilities:</u>			
a. Mortgage on House	\$ _____	\$ _____	\$ _____
b. Mortgage on Lake Property	\$ _____	\$ _____	\$ _____
c. Vehicle Loans	\$ _____	\$ _____	\$ _____
d. Other _____	\$ _____	\$ _____	\$ _____
e. Other _____	\$ _____	\$ _____	\$ _____
f. Other _____	\$ _____	\$ _____	\$ _____
Total Liabilities	\$ <u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>
 GRAND TOTAL (net asset values)	\$ <u>_____</u>	\$ <u>_____</u>	\$ <u>_____</u>

\*Attach additional schedules if space provided is insufficient.

#### Discussion Issues

Some of the issues to consider, which we will discuss in additional detail, include:

- Current Will. Do you now have a will or revocable trust? If so, provide a copy.
- Predeceased Child. If any child should predecease parent, should his/her share pass through to his/her children? If so, please indicate grandchildren, if any.  
Do you wish to include grandchildren born out of wedlock? Yes\_\_\_\_\_ No \_\_\_\_\_.
- Trusts. Do you wish to have a trust established for the benefit of your spouse and/or children?
- Specific Gifts. Do you wish to make any specific bequests to charities or individuals?
- No Family Survives. How should your estate be distributed if your spouse and/or children do not survive you? (For example: family, charity, etc.)
- If no Children. If you do not have children, to whom should your estate pass (beyond a spouse, if any)?
- Health Care Directive. 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? This document can also include instructions regarding organ donation. (see page 9 above)
- 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? (see page 10 above)
- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.