



CLIENT INTAKE FORM

Date: _____

Client Name

Name (full) _____

Nickname _____

a/k/a (if any) _____

U.S. Citizen? Yes No

Address _____

Alternate Address _____

Telephone:

Home _____

Cell _____

Work _____

Fax _____

Employer _____

Occupation _____

Birthdate _____

Previously Married Yes No (Divorce or spouse deceased) _____

Prenuptial Agreement Yes No

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:

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

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

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)

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

Name: _____

Relation:

First Alternate/Successor Personal 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 inherit at age 18. You may name an individual, bank or trust company, or both to act as trustee.

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 under 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.

4. Goals/Other Concerns

Please explain your goals with your estate planning and any other concerns that you have in regards to your will and related documents.

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

Name
(full): _____

Address: _____

Relation:

First Alternate/Successor Attorney-in-fact

Name
(full): _____

Address: _____

Relation:

Healthcare Directive

(a separate document 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 fill out the information below. Otherwise leave blank.

Primary Agent

Name
(full): _____

Address: _____

Relation:

First Alternate/Successor Agent

Name
(full): _____

Address: _____

Relation:

FINANCIAL INFORMATION
(estimates/approximations are sufficient)

1. Investments:

a. Checking Accounts

_____ \$ _____
_____ \$ _____

b. Money Market & Savings

_____ \$ _____
_____ \$ _____

c. Certificates of Deposit

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

d. Brokerage Accounts

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

e. U.S. Government Bonds

_____ \$ _____
_____ \$ _____

f. Certificated Securities

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

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. _____

4. Real Estate:

- a. House \$ _____
- b. Lake Property \$ _____
- c. Oil, Gas & Mineral \$ _____
- d. Other _____ \$ _____
- e. Other _____ \$ _____

5. Closely-held Business Interests:

- a. C Corps \$ _____
- b. S Corps \$ _____
- c. Sole Proprietorships \$ _____
- d. LLC \$ _____
- e. General Partnerships \$ _____
- f. Limited Partnerships \$ _____

6. Other Assets:

(vehicles, RV's, etc. – including any receivables such as loans you made that are/will be repaid to you)

- a. _____ \$ _____
- b. _____ \$ _____
- c. _____ \$ _____
- d. _____ \$ _____
- e. _____ \$ _____
- f. _____ \$ _____
- g. _____ \$ _____

7. Anticipated Inheritances \$ _____

Total Assets \$ _____

8. Liabilities:

a. Mortgage on House	\$ _____
b. Mortgage on Lake Property	\$ _____
c. Vehicle Loans	\$ _____
d. Other _____	\$ _____
e. Other _____	\$ _____
f. Other _____	\$ _____
Total Liabilities	\$ _____
GRAND TOTAL (net asset values)	\$ _____

*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 you 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 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 8 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 7 above)
- Loan Guarantees. Have you guaranteed any loans for your children, grandchildren or any other person? If so, bring details to meeting.