

ESTATE PLANNING INTAKE FORM

PERSONAL INFORMATION

NAME	ADDRESS
TELEPHONE	EMAIL
BIRTH DATE	US CITIZEN?
OCCUPATION	ANNUAL INCOME
<p>MARITAL STATUS <i>Please include date of marriage.</i></p> <p><i>Do you have a prenuptial agreement? Y / N. Please also indicate any previous marriages, and whether ended in death or divorce.</i></p>	

WHAT ASSETS DO YOU OWN? *Please give "ballpark" values. Please indicate financial institution, but no need for acct no.*

RETIREMENT ACCOUNTS	<i>Who is the beneficiary?</i>
LIFE INSURANCE	<i>On whose life? Who is the beneficiary?</i>
REAL ESTATE	<i>Coop? Condo? Owned Jointly? In Corporation? In Trust?</i>
CASH ACCOUNTS	<i>Owned Jointly? In Corporation? In Trust?</i>
OTHER INVESTMENTS	<i>Owned Jointly? In Corporation? In Trust?</i>
BUSINESSES / INTELLECTUAL PROPERTY	<i>Owned Jointly? In Corporation? In Trust?</i>

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WHO ARE YOUR CLOSEST LIVING RELATIVES?

Please include people from whom you are estranged. Too complicated to describe here? We'll discuss in person.

SPOUSE
CHILDREN <i>Include those adopted or born out of wedlock.</i>
PARENTS <i>Include adoptive parents, but not stepparents.</i>
SIBLINGS <i>Include half-siblings, but not step-siblings.</i>

WHO SHOULD HANDLE YOUR AFFAIRS? *Please provide all contact information, either here, or in separate page or email.*

EXECUTOR <i>In charge of settling your estate after your death.</i> Primary: _____ Alternate(s): _____
POWER OF ATTORNEY <i>Able to handle your personal business during your life in the event of incapacity or other circumstances.</i> Primary: _____ Alternate(s): _____
HEALTH CARE PROXY <i>Makes medical decisions for you if you are unable to make them for yourself.</i> Primary: _____ Alternate(s): _____
GUARIDAN <i>Would have custody of your children if you are deceased or incapacitated.</i> Primary: _____ Alternate(s): _____

WHO WOULD YOU LIKE TO RECEIVE YOUR ESTATE? *Note that the disposition of specific items of personal property, and electronic files, can be directed in a separate memorandum, rather than in your will.*

NAME	Current Age	Relation to you	Specific Asset?	Gift to be held in trust?

DO YOU HAVE ANY HEALTH ISSUES?
FUNERAL / BURIAL WISHES:
SPECIAL CIRCUMSTANCES OR CONCERNS?

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HOW DID YOU HEAR ABOUT US?

Referral? Google? Social Media? Other? (Please elaborate.)