

CLIENT INFORMATION SHEET

Estate Planning Intake — Single

DATE:

DOCUMENTS REQUESTED:

Will Power of Attorney HC Proxy
HC Directive

(For Internal Use Only) FILE NO.: Date Opened: Date Closed: Referred by: Type of Case: Estate Planning NJ NY
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YOUR NAME:

DOB:

HOME PHONE:

CELL PHONE:

ADDRESS:

EMAIL ADDRESS:

BENEFICIARIES — CHILDREN AND/OR OTHERS

Name	Date of Birth	Address (if other than above)
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SIBLINGS

Name(s)	Address & Telephone
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PARENTS

Name(s)	Address & Telephone
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EXECUTOR

Executor: Address & Tel:

Alternate: Address & Tel:

POWER OF ATTORNEY

Agent: Address & Tel:

Alternate: Address & Tel:

HEALTH CARE PROXY / LIVING WILL

Proxy: Address & Tel:

Alternate: Address & Tel:

GUARDIAN FOR MINOR CHILDREN

Guardian: Address & Tel:

TRUSTEE(S)

Trustee(s): Address & Tel:

ASSETS

Assets WITH beneficiary designations:

Assets WITHOUT beneficiary designations:

All Real Property (Real Estate) inside and outside of New Jersey:

IF DIVORCED / WIDOWED

Date of Divorce or Death:

CHILDREN FROM PRIOR SPOUSE OR PERSON

List names and addresses of children:

SPECIAL INSTRUCTIONS — How would you like your Estate to be divided?