CONFIDENTIAL
ESTATE PLANNING
INTAKE INFORMATION

Family Information & Asset Summary

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PERSONAL INFORMATION

Referred by: _____ _____Date

CLIENT 1:

Full Legal Name _____ Preferred Name:_____

Name Used to Sign Legal Documents_____

Home Address _____

City _____ State _____ Zip Code _____County _____ Contact:

(H)_____ (C) _____ (W) _____

email address: _____

Soc. Sec. No. _____

Date of Birth _____ Age _____ U. S. Citizen? YES NO

Employer _____

Own Business? YES NO

Date of Marriage (if applicable): _____

CLIENT 2:

Full Legal Name _____ Preferred Name:_____

Name Used to Sign Legal Documents_____

Contact: (H)_____ (C) _____ (W) _____

email address: _____

Soc. Sec. No. _____

Date of Birth _____ Age _____ U. S. Citizen? YES NO

Employer _____

Own Business? YES NO

Have you or your spouse/partner previously completed will, trust, or estate planning? YES* NO
If YES, what kind of planning and when? _____

PERSONAL INFORMATION – YOUR CHILDREN AND/OR BENEFICIARIES

Please indicate any children who are adopted. Under "comments", please describe your relationship with this child, his or her spouse or partner, and grandchildren. Do you have any specific wishes with respect to their inheritance?

C1 = Client 1; C2 = Client 2; B=Both

Gender Full Legal Name (spell out middle names) **Birth Date** **Child of**

M / F _____ _____ _____

Social Security Number _____

Occupation _____

Education _____

Spouse's name _____

Grandchildren & their ages _____

_____

_____

Comments: _____

_____

Gender Full Legal Name (spell out middle names) **Birth Date** **Child of**

M / F _____ _____ _____

Social Security Number _____

Occupation _____

Education _____

Spouse's name _____

Grandchildren & their ages _____

_____

_____

Comments: _____

_____

Gender Full Legal Name (spell out middle names) **Birth Date** **Child of**

M / F _____ _____ _____

Social Security Number _____

Occupation _____

Education _____

Spouse's name _____

Grandchildren & their ages _____

_____

_____

Comments: _____

_____

(Please print additional pages as needed.)

PERSONS TO ACT FOR YOU

GENERAL INSTRUCTIONS: FINANCIAL POWER OF ATTORNEY

If you were unable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets?

FOR CLIENT 1: (In order of preference) **Relationship**:

Name:

1st _____ _____

2nd _____ _____

3rd _____ _____

FOR CLIENT 2: (In order of preference)

Name:

1st _____ _____

2nd _____ _____

3rd _____ _____

MEDICAL INSTRUCTIONS: HEALTH CARE POWER OF ATTORNEY

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support machines?

FOR CLIENT 1: (In order of preference)

Name: **Contact Info** (Street, City, State, Zip & Phone #)

1st _____ _____

2nd _____ _____

3rd _____ _____

FOR CLIENT 2: (In order of preference)

Name: **Contact Info** (Street, City, State, Zip & Phone #)

1st _____ _____

2nd _____ _____

3rd _____ _____

OTHER DEPENDENTS

Do you have anyone who depends on you for all or part of their support?

If YES: Name _____ Relationship _____

QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES
(Circle Yes or NO)

1. Do any of your children or beneficiaries receive governmental support or benefits because of a disability or handicap? YES NO

2. Do any of your children or beneficiaries have special educational, medical, or physical needs? YES NO

3. Are any of your children or beneficiaries institutionalized? YES NO

4. If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has:

   _____

   _____

5. Do any of your children or beneficiaries have any other special needs or circumstances that are concerns to you?

   If YES, please describe:

   _____

   _____

   _____

   _____

   _____

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18

Whom do you wish to be guardian of your children?

Name in order of preference. (One person per line)

1. Name _____ Relationship _____
2. Name _____ Relationship _____
3. Name _____ Relationship _____
4. Name _____ Relationship _____

PERSONAL INFORMATION – BACKGROUND

1. Are you receiving social security or disability benefits? YES NO

2. Do you have any health concerns? YES NO
   If YES, what? _____

3. Have you lived in any of the following states while married to your current spouse?
   (WA, ID, CA, NE, AR, NM, TX, LA, WI) YES NO
   If YES, list which state(s) and the time period your resided there.
   State _____ Dates _____ State _____ Dates _____

4. Have you ever filed federal gift tax returns? YES NO

5. Are you currently making annual gifts to anyone? YES NO

6. Do you desire to benefit any charities in your estate plan? YES NO
   If YES, name the charities_____

10. Are you currently the beneficiary of anyone else's trust? YES NO
    If YES, briefly describe _____

YOUR ADVISORS

Name **City/State** **Telephone**

Attorney: _____

Accountant: _____

Financial Planner: _____

Life Ins. Agent: _____

Primary Pers. Bank: _____

Primary Bus. Bank: _____

REAL ESTATE

Please list all real estate, condos, time-shares or other real property you own or have an interest in:

Address	County	Type	Value

1. **CASH ACCOUNTS.** List your checking and savings accounts and certificates of deposit below. Do not include IRAs here. Bring a recent bank statement for each.

Institution	Acct. #	Acct. Type	Value

2. **INVESTMENT ACCOUNTS AND MUTUAL FUNDS.** Includes stock holdings managed by brokerage firms. List your investment accounts below. Do not include tax deferred accounts, such as IRAs, etc. here. Bring a recent statement for each account.

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Institution	Acct. #	Fund Type	Value

3. **STOCK CERTIFICATES AND BOND CERTIFICATES.** List all of your stocks and bonds managed by the company (not a broker) or evidenced by certificate. Bring book entry statements or copies of the certificates for each.

Company/Obligor	Acct. # Cert. #	# Shares	Value

4. **PERSONAL EFFECTS.** Includes vehicles, boats, RVs, etc. Also list any other items which may be more valuable than ordinary household belongings such as artwork, jewelry, antiques, etc.

Description of Item	Appraised?	Value

5. **QUALIFIED RETIREMENT PLANS.** Includes IRAs, 401Ks, etc. List here the accounts funded by money not included in taxable income on your income tax return (including IRA-type annuities). Bring a recent statement for each account.

Institution	Acct. #	Acct. Type	Value

6. **LIFE INSURANCE POLICIES AND NON-QUALIFIED ANNUITIES**. Include annuities funded by money included in taxable income on your income tax return. Bring a recent policy report, policy, or statement for each.

Institution	Acct. #	Acct. Type	Death Benefit/ Acct. Value

7. **MORTGAGES, NOTES, OTHER RECEIVABLES**. Include here debts owed to you by others, such as promissory notes, deeds of trust, etc. Bring evidence of the debt and evidence of the balance still owing, if available.

Payee	Payor City, State	Terms of Debt	Debt Type	Amount Owed to You

8. **PARTNERSHIP, BUSINESS AND PROFESSIONAL INTERESTS.** List here any shares or other ownership interests in a closely held corporation, partnership, limited liability company, or other entity. Bring evidence to such ownership, such as a partnership agreement, etc.

Description of Entity	Interest %	Value of Interest

9. **OIL, GAS, MINERAL AND WATER INTEREST.** Bring deeds or other evidence for each interest listed below.

Brief Legal Description	Ownership %	Value of Interest

10. **ANTICIPATED JUDGMENT.** (i.e., from a lawsuit)

To Whom	Description	From Whom	Value of Interest

11. **ANTICIPATED INHERITANCE OR GIFT.**

To Whom	Description	From Whom	Value of Interest