

Estate Plan Intake Form

Client Information

Full Name		Email Address	
			Are you a U.S. Citizen?
Phone 1	Phone 2	Date of Birth	☐ Yes ☐ No
Legal Residence		Mailing Address	
Are you married?		Do you have a prenuptial agreement in place?	
☐ Yes ☐ No		☐ Yes ☐ No	
Date of Marriage			

Previous Spouses (if any)

		Dissolved by:
First Name	Last Name	☐ Death ☐ Divorce

Children (born or adopted)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Previous Spouse

		Dissolved by:
First Name	Last Name	☐ Death ☐ Divorce

Children (born or adopted)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Previous Spouse

First NameLast Name

☐ Death☐ Divorce

Children (born or adopted)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Additional Questions

Do you own assets independent of your current spouse?

☐ Yes

☐ No

Are you mentally capable of signing legal documents?

☐ Yes

☐ No

What is the total value of your assets including real estate?

(Continue to next page)

Current Spouse Information

Full Name		Email Address	
			Are you a U.S. Citizen?
Phone 1	Phone 2	Date of Birth	☐ Yes ☐ No
Legal Residence		Mailing Address	

Previous Spouses (if any)

		Dissolved by:
First Name	Last Name	☐ Death ☐ Divorce

Children (born or adopted)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Previous Spouse

		Dissolved by:
First Name	Last Name	☐ Death ☐ Divorce

Children (born or adopted)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Previous Spouse

First NameLast Name

Dissolved by:

Death

Divorce

Children (born or adopted)

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

Just a few more questions

Plans in place

Do you have any of the following documents already in place?
Check all that apply

Revocable living trust

Will

Financial power of attorney

Healthcare power of attorney

Type of estate

Does you or your spouse own separate assets
valued over \$5 million?

Yes

No

Do you or your spouse own real estate?

Yes

No

Guardians

List the people you'd like to care for your children in the event of your passing.

First Name	Last Name	Country	State	City
First Name	Last Name	Country	State	City
First Name	Last Name	Country	State	City
First Name	Last Name	Country	State	City

Successor Trustees

List the people you'd like to name as a successor trustee. Must be at least 21 years of age. Specify if you'd like them to serve alone in the order listed, or if you'd like them to act jointly.

			☐ Order listed
First Name	Last Name	Phone	☐ Jointly
			☐ Order listed
First Name	Last Name	Phone	☐ Jointly
			☐ Order listed
First Name	Last Name	Phone	☐ Jointly
			☐ Order listed
First Name	Last Name	Phone	☐ Jointly

Children

Name the people who will receive a portion of your estate wen you pass away.

First Name	Middle Name	Last Name	Date of Birth	% of Estate	Receives aid for disability?	
					☐ Yes	☐ No
					☐ Yes	☐ No
					☐ Yes	☐ No
					☐ Yes	☐ No
					☐ Yes	☐ No
					☐ Yes	☐ No
					☐ Yes	☐ No

Note: If you have chosen to disinherit your child. Disinheriting a child can motivate them to contest your revocable trust after your passing, provided they believe they have a legitimate reason to do so.

Your documents will contain language that states that anyone who unsuccessfully contest your trust will lose whatever they were set to receive. By giving your child nothing, they risk losing nothing.

You can choose to continue with disinheriting your child, or you can choose to leave them a token item or small amount of cash as a bequest. They risk losing that item or cash should they unsuccessfully contest your trust after you pass away. If you wish to proceed with disinheriting, check the box below.

I HAVE READ AND UNDERSTAND THE RISK INVOLVED WITH DISINHERITING A CHILD AND WOULD LIKE TO PROCEED.

Beneficiaries of personal property

Name the people who will receive a portion of your estate wen you pass away.

All children equally? ☐ Yes ☐ No

Full Name	Email Address	Phone	Date of Birth	% of Estate	Receives aid for disability?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Alternate Beneficiaries

☐ Grandchildren (or list below)

Full Name	Email Address	Phone	Date of Birth	% of Estate	Receives aid for disability?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Legal Heirs

In the unlikely event that all other beneficiaries are unavailable, how should your estate be distributed upon their death?

You

Full Name	Email Address	Phone	Date of Birth	% of Estate	Receives aid for disability?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Your Spouse

Full Name	Email Address	Phone	Date of Birth	% of Estate	Receives aid for disability?
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

Specific Bequests

Would you like to donate a certain asset, portion of your estate, or amount of money to an institution (university, charity, religious organization etc.) or to a specific individuals or group?

Full Name	Asset

If bequeathing money to a charity that no longer exists, would you like to:

- ☐ Add the charitable donation back into my estate
- ☐ Have my executor/trustee select an alternate charity

Pets

Do you have pets that you want to provide for in your will?

☐ Yes

☐ No

If yes, who would you like to receive your pets?

Full Name

Full Name

Hold Assets

Would you like to hold assets in a trust for beneficiaries beyond age 18?

Age

Percentage

Age

Percentage

Age

Percentage

Age

Percentage

Bank and Credit Union Accounts

Bank	Account Number	Account Type

Properties

Address	City	State	Plot Number

Investments

Institution	Account Number	Account Type

Life Insurance Policies

Custodian	Policy Number