

**ESTATE PLANNING  
 INTAKE FORM**

Date: \_\_\_\_\_

Attorney: \_\_\_\_\_

**CLIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Married:      Yes                  No                  Marital Agreement:                  Yes                  No

Date of Birth: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
                                  Street Address                                  City                                  State                                  Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Existing Will?                  Yes                  No                  Existing Trust?                  Yes                  No

*If yes, please provide copies.*

Are you a U.S. Citizen?                  Yes                  No

**CO-CLIENT (SPOUSE) INFORMATION (if applicable)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Existing Will?                  Yes                  No                  Existing Trust?                  Yes                  No

*If yes, please provide copies.*

Are you a U.S. Citizen?                  Yes                  No

**YOUR TEAM**

Accountant (Name and Phone #): \_\_\_\_\_

Financial Advisor (Name and Phone #): \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

**FAMILY INFORMATION**

Child Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Natural or Adopted: \_\_\_\_\_

Parent (Client/Co-Client/Both): \_\_\_\_\_ Does this child have children (include #)? \_\_\_\_\_

Child Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Natural or Adopted: \_\_\_\_\_

Parent (Client/Co-Client/Both): \_\_\_\_\_ Does this child have children (include #)? \_\_\_\_\_

Child Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Natural or Adopted: \_\_\_\_\_

Parent (Client/Co-Client/Both): \_\_\_\_\_ Does this child have children (include #)? \_\_\_\_\_

Child Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Natural or Adopted: \_\_\_\_\_

Parent (Client/Co-Client/Both): \_\_\_\_\_ Does this child have children (include #)? \_\_\_\_\_

Do you have any children who are deceased? Yes No  
If yes, please provide the child's name, and the name and date of birth for each of their children, if any.

If necessary, please attach a separate page to list additional children.

**PLANNING ISSUES**

What are your goals with you estate plan? Avoid probate Reduce taxes  
Secure care of a minor or disabled individual Other, please explain.

Have you ever been widowed? Yes No If yes and a federal estate tax return was filed, please provide a copy.

Are you on, or in the process of applying for, Medicaid? Yes No

Have you made any large gifts (over \$10,000)? If yes, please list. \_\_\_\_\_

Have you ever filed any gift tax returns? Yes No Years filed: \_\_\_\_\_

Have you ever been diagnosed with dementia, Alzheimer's disease, or other mental illness? Are you taking any medication that might impair your mental faculties or abilities? If yes, please explain. \_\_\_\_\_

Do you have any legal issues we should be aware of? If yes, please explain. \_\_\_\_\_

Do you or any beneficiary need assistance managing assets (health, disability, drug addiction, debt problems, etc.)? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are there any difficult family dynamics or special facts about your family that could impact your estate planning? Are you planning on disinherit anyone? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Are there any specific items you want to leave to a specific person? If yes, please list the item and name of the individual. \_\_\_\_\_  
\_\_\_\_\_

<b>LAST WILL &amp; TESTAMENT</b>
----------------------------------

When an Ohio resident dies owning property in their name alone, a public legal process called probate must be started to determine the decedent’s assets and debts, and to carry out the distribution of the assets according to the decedent’s Will or the laws of the State of Ohio (if the decedent died without a Will).

An Executor is the person responsible for handling your probate estate, including gathering probate assets, paying debts and taxes, and distributing property as directed in the Will. Who would you want to serve as Executor? **Please provide name and relationship.**

Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Co-Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

A guardian is the individual who has the legal care and control over your minor children in the event you are incapacitated or deceased. A guardian makes very important decisions for your child(ren) (education, religious practices, medical care, recreation, food diet, etc.), and may also be in charge of your child’s money. If you have minor children, who would you like to nominate as guardian? **Please provide name and relationship.**

Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Co-Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**REVOCABLE TRUST**

A revocable trust is a legal arrangement that allows you to retain control of the assets during your lifetime, maintain privacy and control the disposition of those assets at your death. Assets held in trust pass outside of probate, which should save time, court costs and attorney fees.

When your estate plan involves a revocable trust, you usually serve as the initial trustee. The successor trustee takes over control after the initial trustee can no longer serve. The trustee can be an individual (or multiple individuals as co-trustees) or a corporate entity (bank or trust company). Who would you want to serve as trustee? **Please provide name and relationship.**

Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Co-Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**HEALTHCARE POWER OF ATTORNEY and LIVING WILL**

A Healthcare Power of Attorney names an individual to serve as your agent to make healthcare decisions if you become incapacitated.

A Living Will, executed in conjunction with a Healthcare Power of Attorney, allows you to decide and document, in advance, the type of care you would like to receive if you were to become permanently unconscious or terminally ill and unable to communicate. Specifically, you can declare your intentions about whether you should be kept alive by artificial means. The people named in this document receive notice of your condition but do not have any decision making power.

Who would serve as your agent for healthcare matters? **Please provide name, relationship, phone # and address** (if not previously provided).

Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

Co-Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

**DURABLE POWER OF ATTORNEY (LEGAL/FINANCIAL)**

A Durable Power of Attorney names an individual to serve as your agent to act on your behalf in a general legal/financial capacity. Your agent’s powers may be effective immediately or only upon your incapacitation. Who would serve as your agent for legal and financial matters? **Please provide name, relationship and address** (if not previously provided).

Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Co-Client

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**ASSET INFORMATION**

Ownership (legal title) of assets can determine to whom assets will pass upon your death. Ownership may negate Will or Trust provisions. For each asset you list on this form, include the name of the owner(s). If owned jointly, include how it is owned (i.e., joint with rights of survivorship, joint tenants, etc.). If you are unsure of the value, estimate the fair market value. Please include additional pages, if necessary. If preferred, you can attach a copy of your current personal financial statement.

Real Estate:

Address	Ownership	Value

Bank and Investment Accounts (i.e. checking, savings, CDs, brokerage, etc.):

Type of Account	Institution Name	Ownership	Value

Individually Held Stocks, Bonds and Other Securities:

Name of Security	# or % Owned	Ownership	Value	Basis

Retirement Accounts (i.e. IRAs, 401ks, annuities, etc.):

Company	Type	Ownership	Value	Beneficiary (primary and secondary)

Life Insurance:

Company	Ownership	Insured	Face Amount	Beneficiary (primary and secondary)

Mortgages and Other Debts:

Creditor	Current Balance	Secured By	Debtor

High Value Tangible Personal Property (i.e. jewelry, antiques, coins, artwork, etc.):

Type	Ownership	Value

Do you own any closely held business interests (i.e. limited liability company, partnership, C or S corporation, etc.)? If yes, please include entity type, number of percentage of interest/shares owned, name of owner. \_\_\_\_\_

Does anyone owe you money on a promissory note, or have an interest in a mortgage or other security interest? If yes, please explain. \_\_\_\_\_

Do you expect to inherit assets? If yes, please indicate approximate value. \_\_\_\_\_