



ESTATE PLANNING INTAKE (COUPLE)

Client Information (You)

Full Legal Name (Client 1): _____ Date of Birth: _____
Address: _____
E-mail: _____ Phone: _____

Client Information (Your Partner)

Full Legal Name (Client 2): _____ Date of Birth: _____
Address: _____
E-mail: _____ Phone: _____

Marital Status

Marital Status: _____ Date of Marriage/Domestic Partnership if applicable: _____
Do you have a prenuptial or postnuptial agreement? ☐ Yes ☐ No *If yes, please provide a copy.*
Have either of you been married previously: ☐ Yes ☐ No
If Yes: Name of Former Spouse and Date of Dissolution: _____

Children (if applicable)

Please indicate if any child is adopted or deceased, or from a prior relationship.

- 1** Full Legal Name: _____ Date of Birth: _____
Adopted/step-child: _____ Deceased: ☐ Yes ☐ No *If yes, date of death: _____*
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- 2** Full Legal Name: _____ Date of Birth: _____
Adopted/step-child: _____ Deceased: ☐ Yes ☐ No *If yes, date of death: _____*
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- 3** Full Legal Name: _____ Date of Birth: _____
Adopted/step-child: _____ Deceased: ☐ Yes ☐ No *If yes, date of death: _____*
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- 4** Full Legal Name: _____ Date of Birth: _____
Adopted/step-child: _____ Deceased: ☐ Yes ☐ No *If yes, date of death: _____*
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- 5** Full Legal Name: _____ Date of Birth: _____
Adopted/step-child: _____ Deceased: ☐ Yes ☐ No *If yes, date of death: _____*
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____
- 6** Full Legal Name: _____ Date of Birth: _____
Adopted/step-child: _____ Deceased: ☐ Yes ☐ No *If yes, date of death: _____*
Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____

ESTATE PLANNING INTAKE (COUPLE)



ESTATE PLANNING INTAKE (COUPLE)

Contingent Beneficiaries

Contingent Beneficiaries (person(s) you wish to receive the Estate if first beneficiary passes away before both of you):

Individual or Charity	Name	Address	Telephone	DOB	Relationship to Client

If you have minor children, please designate a guardian for them:

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Backup Guardian:

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Do you have pets you wish to have re-homed or otherwise provided for? ☐ Yes ☐ No

Do you want to provide your trustee with compensation for serving as your trustee in the event of your incapacity or death? ☐ Yes ☐ No

Do you want your Trust to be fully revocable upon the death of the first of you? ☐ Yes ☐ No

Do you want to set age restrictions for when beneficiaries inherit? ☐ Yes ☐ No

If yes, what age can they receive inheritance? _____

TRUST NAME: If we are preparing a trust for you, you can name it whatever you would like within reason. For example, the "Smith Family Trust" or "The Redwood Trust".

When providing your agents below, you may indicate "same as above" if the agents will be the same people and in the same order of preference.



ESTATE PLANNING INTAKE (COUPLE)

Trustee/Executor

(Person(s) who would be in charge upon your death, or in the case of a trust, upon incapacity or death). Please provide legal name, address, and telephone, in order of preference.

Client 1

TRUSTEE:

Name	Address	Telephone

EXECUTOR:

Name	Address	Telephone

Client 2

Please provide legal name, address, and telephone, in order of preference.

TRUSTEE:

Name	Address	Telephone

EXECUTOR:

Name	Address	Telephone

If you have chosen more than one trustee/executor to serve at the same time, do you want them to have independent authority to act from each other, or do you want them to do everything together? ☐ Joint ☐ Separate

Financial Agent

(Person(s) who would handle finances for you). Please provide legal name, address, and telephone, in order of preference.

Client 1

Legal name	Address	Telephone



ESTATE PLANNING INTAKE (COUPLE)

Financial Agent (Contd...)

Client 2

Legal name	Address	Telephone

If you have chosen more than one financial agent to serve at the same time, do you want them to have independent authority to act from each other, or do you want them to do everything together? ☐ Joint ☐ Separate

Health Agent

(Person(s) who would handle medical decisions for you). Please provide legal name, address, and telephone, in order of preference.

Client 1

Legal name	Address	Telephone

End of Life Preferences:

Do you consent to Organ Donation: ☐ Yes ☐ No

Do you permit a Medical Autopsy: ☐ Yes ☐ No

Do you consent to a Memorial service? ☐ Yes ☐ No

Does the phrase "I wish to die a simple death" appeal to you? ☐ Yes ☐ No

Do you wish to avail yourself to the aid in dying drug? ☐ Yes ☐ No

Do you have a desire to avoid long term dialysis (if you do not have capacity)? ☐ Yes ☐ No

Preferences regarding end of life/hospice and life support:

Preferences regarding organ donation/research/etc.:

Disposition of remains: ☐ Cremation ☐ Burial ☐ Other

Description of how ashes should be spread, cemetery/burial plot/specific preferences



ESTATE PLANNING INTAKE (COUPLE)

Health Agent (Contd...)

Client 2

Legal name	Address	Telephone

End of Life Preferences:

Do you consent to Organ Donation: ☐ Yes ☐ No

Do you permit a Medical Autopsy: ☐ Yes ☐ No

Do you consent to a Memorial service? ☐ Yes ☐ No

Does the phrase "I wish to die a simple death" appeal to you? ☐ Yes ☐ No

Do you wish to avail yourself to the aid in dying drug? ☐ Yes ☐ No

Do you have a desire to avoid long term dialysis (if you do not have capacity)? ☐ Yes ☐ No

Preferences regarding end of life/hospice and life support:

Preferences regarding organ donation/research/etc.:

Disposition of remains: ☐ Cremation ☐ Burial ☐ Other

Description of how ashes should be spread, cemetery/burial plot/specific preferences

Assets

If married, do you consider all your assets as community property, or some community property and some separate property? Identify each below if combination.

Real Property

--

Bank Accounts - Name of Bank, Account number, account holder

--



ESTATE PLANNING INTAKE (COUPLE)

Assets (Contd...)

Investments - Name, account holder, designated beneficiary (if any)

Stocks - Name, CUSIP, number of shares, account holder

Retirements - Name, Account number, account holder, designated beneficiary, contingent beneficiary

Life Insurance - Name, Account number, account holder, designated beneficiary, contingent beneficiary

Personal Property

Own Firearms? ☐ Yes ☐ No

Mobile home? ☐ Yes ☐ No

Specific gifts of personal property to anyone? ☐ Yes ☐ No
☐ maybe

Other:

Digital Assets

Do either of you have digital assets or accounts? ☐ Yes ☐ No

Would either of you like your agent or trustee to have access to those accounts: ☐ Yes ☐ No
Upon your incapacity?

Upon your death? ☐ Yes ☐ No



Nielsen Cashman & Dean

2850 Harris Street
Eureka, CA 95503

(707) 269-0167
www.ncdlawfirm.com

ESTATE PLANNING INTAKE (COUPLE)

Additional Comments

X

Client Signature

Date

X

Client Signature

Date

You may attach additional sheets if necessary.