Nielsen Cashman & Dean
2850 Harris Street
Eureka, CA 95503
(707) 269-0167
www.ncdlawfirm.com

ESTATE PLANNING INTAKE (INDIVIDUAL)

Client Information

Full Legal Name: _____ Date of Birth: _____

Residence: _____

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)

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: _____

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: _____

Do any of your children owe you money or have you made gifts to them that you wish to treat as an advancement to their inheritance?

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Children (Contd...)

Are any of your children or grandchildren disabled or beneficiaries, have special needs, or receiving public benefits?

☐ Yes ☐ No Describe: _____

Are there any difficult family dynamics that could impact your estate planning?

☐ Yes ☐ No Describe: _____

Beneficiaries

Beneficiaries (person(s) you wish to receive Estate after the death of BOTH of you) and their percentages, age they are to receive distributions, and specific gifts

Individual or Charity	Name	Address	Telephone	DOB	Relationship to Client

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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 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.

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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.

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.

Legal name	Address	Telephone

Health Care Agent

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

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

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Health Agent (Contd...)

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, cemetary/burial plot/specific preferences

Assets

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

Real Property

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

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

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Assets (Contd...)

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 ☐ maybe	☐ No

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: Upon your incapacity?	☐ Yes	☐ No
Upon your death?	☐ Yes	☐ No

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Additional Comments

X

Client Signature

Date

You may attach additional sheets if necessary.