CLIENT INTAKE SHEET – ESTATE PLANNING

YOUR INFORMATION (TESTATOR)

1. **Name**
   a. Title _____
   b. First Name _____
   c. Middle Name _____
   d. Last Name _____
   e. Nickname _____
   f. Spouse's Name (if married)_____

2. **Contact**
   a. Home Phone _____
   b. Cell Phone _____
   c. Work Phone _____
   d. Fax _____
   e. Email _____

3. **Mailing Address:**
   a. Street _____
   b. City: _____
   c. State: _____
   d. Zip Code _____
   e. County _____

4. **Physical Address (if different from mailing address)**
   a. Street _____
   b. City: _____
   c. State: _____
   d. Zip Code _____
   e. County _____

5. **Spouse's Contact Information (if married)**
   a. First Name _____
   b. Middle Name _____
   c. Last Name: _____
   d. Mailing Address: _____
      _____
      _____
   e. Physical Address (if different from mailing address)

_____

_____

f. Phone _____

g. Email _____

4. In estate planning, an executor (or executrix) is the person named in a will to manage and distribute the deceased's assets. Who do you wish to handle the probate and administration of your estate? We suggest you name a primary and alternate executor.

6. Executor or Executrix

a. Relationship to you (i.e. Husband/Wife etc.) _____

b. First Name _____

c. Middle Name _____

d. Last Name: _____

e. Mailing Address: _____

_____

_____

f. Physical Address (if different from mailing address)

_____

_____

g. Phone _____

h. Email _____

7. Alternate Executor/Executrix

a. Relationship to you (i.e. Husband/Wife etc.) _____

b. First Name _____

c. Middle Name _____

d. Last Name: _____

e. Mailing Address: _____

_____

_____

f. Physical Address (if different from mailing address)

_____

_____

g. Phone _____

h. Email _____

5. In the event any minor child has the possibility of receiving inheritance as a beneficiary, their inheritance can be held in trust until a certain age. You will need to name a Trustee and Alternate Trustee. This should be someone that will be available to serve. At what age will the minor beneficiaries be permitted to access their inheritance? For example, age 18, 21, 25.

8. Trustee

a. Relationship to you (i.e. Husband/Wife, friend, sister/brother etc.)_____

b. First Name _____

c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
_____
_____
f. Physical Address (if different from mailing address)
_____
_____
g. Phone _____
h. Email _____

9. Alternate Trustee

a. Relationship to you (i.e. Husband/Wife etc.) _____
b. First Name _____
c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
_____
_____
f. Physical Address (if different from mailing address)
_____
_____
g. Phone _____
h. Email _____

6. If you have children under the age of 18, who will you name as guardian in the event the children's other parent is deceased? Who is to be the alternate guardian if your choice of guardian is unable or unwilling to act?

10. Guardian

a. Relationship to you (i.e. Husband/Wife etc.) _____
b. First Name _____
c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
_____
_____
f. Physical Address (if different from mailing address)
_____
_____
g. Phone _____
h. Email _____

11. Alternate Guardian

i. Relationship to you (i.e. Husband/Wife etc.)_____
j. First Name _____
k. Middle Name _____
l. Last Name: _____
m. Mailing Address: _____
_____
_____
n. Physical Address (if different from mailing address)
_____
_____
o. Phone _____
Email _____

7. Do you want a Power of Attorney? Yes _____ or No_____?

Please fill in the information for your primary agent and successor agent.

12. Power of Attorney Agent – Primary Agent

a. Relationship to you (i.e. Husband/Wife etc.) _____
b. First Name _____
c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
_____
_____
f. Physical Address (if different from mailing address)
_____
_____
g. Phone _____
h. Email _____

13. Power of Attorney Successor Agent

a. Relationship to you (i.e. Husband/Wife etc.) _____
b. First Name _____
c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
_____
_____
f. Physical Address (if different from mailing address)
_____
_____
g. Phone _____
h. Email _____

8. Do you want a Living Will and Health Care Proxy? Yes _____ or No _____?

If yes, please fill in the information for your primary and alternate Health Care Proxy.

Living Will Health Care Proxy-Primary Agent

a. Relationship to you (i.e. Husband/Wife etc.) _____
b. First Name _____
c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
f. Physical Address (if different from mailing address)

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g. Phone _____
h. Email _____

14. Living Will Health Care Proxy-Alternate Agent

a. Relationship to you (i.e. Husband/Wife etc.) _____
b. First Name _____
c. Middle Name _____
d. Last Name: _____
e. Mailing Address: _____
f. Physical Address (if different from mailing address)

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g. Phone _____
h. Email _____

PERSONAL PROPERTY AND REAL PROPERTY TO BE DISTRIBUTED IN YOUR LAST WILL AND TESTAMENT

1. Do you wish to make any gifts or contributions of property or money to any charities, friends or other relatives in your Will? If yes, fill in Beneficiary chart for primary beneficiary.

2. If your primary beneficiaries are all deceased, whom would you want to have your property? Fill in Beneficiary chart for alternate beneficiary.

3. If a single beneficiary predeceases you, how would you like their share to be re-distributed? Do you wish for their share to be passed to their children? Or do you wish for their share to be split among the remaining beneficiaries?

BENEFICIARIES

List all beneficiaries you wish to share in the distribution of your estate and the division you wish for them to receive, if applicable. The beneficiary can receive a specific bequest which is a certain asset or a certain share of your estate such as equally shared between certain beneficiaries or a specific percentage such as 50% or 25%.

Name	**Address**	**Relationship to you**	**Age/ DOB**	**Intended Distribution** i.e specific asset to be distributed and or percentage of distribution of asset If percentage, how do you want it divided?	**Primary or Alternate Beneficiary**

LIFE INSURANCE

Owner	Insurance Company & Agent	Death Benefit	Principal Beneficiary	Secondary Beneficiary	Term, Universal Life or Whole Life

LIST OF YOUR CURRENT ASSETS

Description of Asset (i.e. real property, vehicles, bank accounts, retirement accounts etc.)	Approximate Value	Name of person who owns the asset (i.e yourself, spouse, joint, children, and/or parents)
