

Client Intake Form
ESTATE PLANNING

CONFIDENTIAL

Thank you for contacting our firm. How did you hear about us?

Today's Date: _____

FAMILY DATA

Full Legal Name _____
First Middle Last

Address _____
Street City State Zip

Phone: Home _____ Office _____ County: _____

Birth Date: _____ Occupation: _____ S.S. No. _____

Single Married Widow Divorced

Do you have a Will? Yes (If so, please furnish a copy) Date _____ No

Legal Name of Spouse _____
First Middle Last

Birth Date _____ Occupation _____ S.S. No. _____

Does your spouse have a Will? Yes (If so, please furnish a copy) Date _____ No

Children (including adopted): (If no children, give names of nearest relatives)

Full Name	Full Address & Phone Number	Birth Date

PROPERTY INFORMATION:

REAL ESTATE							
Description & Location	Ownership			Market Value	Balance of Mortgage	Net Equity	Cost Basis
	H	W	J	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	\$ _____	\$ _____	\$ _____

INVESTMENTS (STOCKS, BONDS, LOANS, MORTGAGES, CERTIFICATES, ETC.)

	Ownership	Net Value	Cost Basis
	H W J		
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____

BANK ACCOUNTS

	Ownership	Checking	Savings
	H W J		
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	\$ _____	\$ _____

MISCELLANEOUS (AUTOMOBILES, VALUABLE JEWELRY, PAINTINGS, COIN COLLECTIONS, STAMP COLLECTIONS, ETC.)

Item	Ownership			Net Value
	H	W	J	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

LIFE INSURANCE

Company/ Agent	Type	Owner	Beneficiary	Alternate Beneficiary	Death Benefit	Policy
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____
_____	_____	_____	_____	_____	\$ _____	_____

RETIREMENT BENEFITS (INCLUDING IRAs)

	H	W	Beneficiary if any	Present Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

ESTATE SUMMARY

	H	W	Joint
Real Estate	\$ _____	\$ _____	\$ _____
Investments	\$ _____	\$ _____	\$ _____
Bank Accounts	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Life Insurance (Benef.)	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

PERSONAL REPRESENTATIVE (Carries out terms of Will)

Name Address

First Choice _____

Second Choice _____

GUARDIAN (For minor children)

Name Address

First Choice _____

Second Choice _____

TRUSTEE OR CUSTODIAN (To manage funds for minor children, if any.)

Name Address

First Choice _____

Second Choice _____

SPECIFIC BEQUESTS (Items of a personal nature)

Names of Persons or Organization Address Item or Amount

1) _____

2) _____

3) _____

CHARITABLE BEQUESTS

Name of Organization Address Item or Amount

1) _____

2) _____

3) _____

RESIDUE OF ESTATE (After charitable and specific bequests)

Person(s) or Institution	Address & Phone Number	Percentage
--------------------------	------------------------	------------

OTHER DOCUMENTS (Please provide copies)

1. Do you have an Advance Directive (Living Will) Yes No
2. Does your spouse have an Advance Directive? Yes No
3. Have you signed a Durable Power of Attorney? Yes No
4. Has your spouse signed a Durable Power of Attorney? Yes No

OTHER INFORMATION OR COMMENTS
