

ESTATE AND DISABILITY PLANNING INTAKE

*Please complete this form and bring it to your consultation.

PART ONE - PERSONAL INFORMATION

Client Full Name (spouse name below if married) _____

Suffix _____ **Date of Birth** _____

How do you sign your name? _____
US Citizen ___ Yes ___ No Veteran ___ Yes ___ No

Bus. Phone (_____) _____ **Cell Phone:** (_____) _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____

County or City of Residence: _____ **Please check one:** ___ City ___ County

Home Phone: (_____) _____

How did you hear about our firm? _____

Spouse Full Name _____

Suffix _____ **Date of Birth** _____

How do you sign your name? _____
US Citizen ___ Yes ___ No Veteran ___ Yes ___ No

Bus. Phone (_____) _____ **Cell Phone:** (_____) _____

Email Address: _____

LEGAL NAME OF CHILDREN OF THIS MARRIAGE (Or if a single parent)

1. Name _____ **Date of Birth** _____

2. Name _____ **Date of Birth** _____

3. Name _____ **Date of Birth** _____

4. Name _____ **Date of Birth** _____

LEGAL NAME OF HUSBAND'S CHILDREN - Prior Marriage

1. Name _____ **Date of Birth** _____

2. Name _____ **Date of Birth** _____

3. Name _____ **Date of Birth** _____

LEGAL NAME OF WIFE'S CHILDREN - Prior Marriage

1. Name _____ **Date of Birth** _____

2. Name _____ **Date of Birth** _____

3. Name _____ **Date of Birth** _____

Do you have any children who died? ____ Yes ____ No If yes, did they have children? ____ Yes ____ No

Do you have any children who are adopted? ____ Yes ____ No

If yes, please indicate that next to the child's name

Do any of the children have "special needs"? ____ Yes ____ No

If yes, please specify who, and a couple of words to describe the condition _____

GRANDCHILDREN

1. Name _____ **Date of Birth** _____

Parents: _____

2. Name _____ **Date of Birth** _____

Parents: _____

3. Name _____ **Date of Birth** _____

Parents: _____

4. Name _____ **Date of Birth** _____

Parents: _____

5. Name _____ **Date of Birth** _____

Parents: _____

6. Name _____ **Date of Birth** _____

Parents: _____

Do you have any grandchildren who died? ____ Yes ____ No If yes, did they have children? ____ Yes ____ No

Do you have any grandchildren who are adopted? ____ Yes ____ No

If yes, please indicate that next to the grandchild's name

Do any of the grandchildren have "special needs"? ____ Yes ____ No

If yes, please specify who, and a couple of words to describe the condition _____

PART TWO - FINANCIAL INFORMATION

Instructions:

1. Please Print.
2. Be as specific as you can with regard to account names and ownership.
3. For joint accounts, list both owners and whether there is the right of survivorship.
3. Account balances will vary. Please just list the approximate balance of each account.

Amounts in banks, savings & loans, credit unions, (i.e. checking, savings, money market, CD's).
 [Note - IRA and other retirement accounts are listed on the last page.]

<u>Name of Bank/Institution</u>	<u>Type of Account</u> (Checking, Savings, CD)	<u>Approximate Balance</u>	<u>Owner</u>
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
6. _____	_____	\$ _____	_____

Stocks or Savings (When you personally hold the Certificates or Bonds)

<u>Name of Stocks/Bonds</u>	<u>Number of Shares</u>	<u>Market Value</u>	<u>Owner</u>
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____
6. _____	_____	\$ _____	_____

529 Education Plans

<u>Owner</u>	<u>Successor Owner</u>	<u>Value</u>	<u>Named Beneficiary</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Mutual Funds and/or Brokerage Accounts

<u>Name of Brokerage Firm or Fund</u>	<u>and Owner</u>	<u>Total Market Value</u>
1. _____		\$ _____
2. _____		\$ _____
3. _____		\$ _____
4. _____		\$ _____
5. _____		\$ _____
6. _____		\$ _____
7. _____		\$ _____
8. _____		\$ _____

Real Estate

REMINDER: It is helpful if you bring ALL PROPERTY DEEDS

<u>Property Address</u>	<u>and Owner</u>	<u>County OR City</u>	<u>Market Value</u>	<u>Outstanding Mortgage?</u>	
				<u>Yes (Amount)</u>	<u>No</u>
1. _____		_____	_____	_____	_____
2. _____		_____	_____	_____	_____
3. _____		_____	_____	_____	_____
4. _____		_____	_____	_____	_____
5. _____		_____	_____	_____	_____
6. _____		_____	_____	_____	_____
7. _____		_____	_____	_____	_____
8. _____		_____	_____	_____	_____

Business Interests (LLC, partnership or corporation)

<u>Name of Company</u>	<u>Type of Company</u>	<u>Total Market Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Promissory Notes (Does anyone owe you money?)

<u>Name of debtor</u>	<u>Secured by Trust Deed?</u>	<u>Date of Note</u>	<u>Balance</u>
1. _____	Yes ____ No ____	_____	\$ _____
2. _____	Yes ____ No ____	_____	\$ _____
3. _____	Yes ____ No ____	_____	\$ _____

Life Insurance

<u>Insured Person</u>	<u>Owner</u>	<u>Company</u>	<u>Death Benefit</u>	<u>Named Beneficiary</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Annuities (Not part of a retirement plan)

<u>Company</u>	<u>Annuitant</u>	<u>Value</u>	<u>Named Beneficiary</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Retirement Accounts and IRA's

<u>Where Account Located</u> <u>(name of bank, broker, employer, etc.)</u>	<u>Type</u> <u>(401K, IRA, etc.)</u>	<u>Total Market Value</u>	<u>Named Beneficiary</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Other Assets

1. Approximate value of tangible personal property: \$ _____
(Includes household goods, jewelry, vehicles, antiques, collections, antique cars, etc.)
2. Are you part of a family business? _____
3. Are you expecting any inheritances? _____
4. Do you have any other assets not listed elsewhere? _____
5. Do you own any cryptocurrency? ____ Yes ____ No If yes, please list market value: \$ _____
6. Do you own any copyrights, trademarks, or patents? ____ Yes ____ No
If yes, please explain: _____
7. Do you owe any alimony or child support obligations which would survive your death or require life insurance to remain in place? ____ Yes ____ No If yes, please explain: _____

Please feel free to provide the name and phones numbers of any advisors you currently work with:

Accountant's name(s): _____

Insurance Agent's name(s): _____

Broker/Financial Advisor's name(s) _____