

CLIENT INTAKE

DATE COMPLETED _____

Client

Spouse

Name:

First.....
 Middle Initial.....
 Last.....
 As used on legal documents (if different from above).....
 Preferred First Name.....
 Gender..... Male Female

.....

 Male Female

Home Address:

Street/Route.....
 City.....
 County.....
 State.....
 Zip Code.....

Winter/Summer Address (circle one if applicable)
Phone: _____

Telephone/Email:

Home.....
 Cell.....
 Fax.....
 Email.....
 Work.....
Employer.....
Occupation.....
Birthdate.....
Birthplace.....
SSN.....

.....

Are you:

A citizen of another country?.....
 A party to a prenuptial or postnuptial agreement?.....
 A beneficiary of a trust?.....
 A veteran?.....
 In good health (If not, we need to discuss)?.....

	<u>Client</u>		<u>Spouse</u>	
Yes	No	Yes	No	
Yes	No	Yes	No	
Yes	No	Yes	No	
Yes	No	Yes	No	
Yes	No	Yes	No	

Do you:

Now have a Will and/or Trust?.....
 Now have a health care declaration (living will)?.....
 Now have a power of attorney?.....
 Own any mineral interests?.....
 Jointly own any real estate or personal property with another person (other than your spouse)?.....
 Own long-term care insurance?.....

Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No



Know, or have reason to know, of the presence of any hazardous substance or toxic waste on, at or under any of your property?.....

Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No
Death	Divorce	Death	Divorce

Have you ever filed a federal gift tax return?.....

Were you ever previously married?.....

If "yes," did the marriage end by (circle one).....

Date of death/divorce.....

Place of death/divorce.....

Late/former spouse's full name.....

If you answered "yes" to any of the above questions, please bring any relevant documents with you if you have them. (Please do not reschedule your appointment due to the lack of any of these documents.)

Safe deposit box location: _____

Where do you plan to keep your Will and any other estate planning documents? _____

Children:

Have you ever been the acknowledged parent (or alleged father) of a child born out of wedlock?.....

Are any of your children adopted?.....

Have you ever given up a child for adoption?.....

Are you raising (or have you raised) any child (not born to you or adopted by you) who you treat like your own child and wish to have inherit from you as though they were your child?.....

Are any of the children listed on page 3 born of prior marriages?.....

Do you have any deceased children?.....

(1) If so, please include the name(s) of the deceased child(ren) on page 3.

(2) If so, did the deceased child(ren) have any children? (If so, please list on page 3.).....

Are any of your children/grandchildren under any disability which will require special provisions in your Will/Trust?.....

Are any of your children/grandchildren spendthrifts (i.e., can't handle money)?.....

Have any of your children received an advance on their inheritance or are any of your children indebted to you?.....

Do you want to exclude any of your children from your Will/Trust?.....

Is there any reason to treat any of your children other than equally?.....

If you answered "yes" to any of the above questions, please bring any relevant documents with you, if you have them. (Please do not reschedule your appointment due to the lack of these documents.)

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No



CHILD #1

CHILD #2

CHILD #3

Name:

Gender..... Male Female Male Female Male Female

First..... _____

M.I..... _____

Last..... _____

Spouse's Name:..... _____
(if applicable)

Address:

St./Rte..... _____

City..... _____

State..... _____

Zip Code..... _____

Cell #..... _____

Home #..... _____

Email..... _____

Birthdate..... _____

CHILD #4

CHILD #5

CHILD #6

Name:

Gender..... Male Female Male Female Male Female

First..... _____

M.I..... _____

Last..... _____

Spouse's Name:..... _____
(if applicable)

Address:

St./Rte..... _____

City..... _____

State..... _____

Zip Code..... _____

Cell #..... _____

Home #..... _____

Email..... _____

Birthdate..... _____



CHILD #7

CHILD #8

CHILD #9

Name:

Gender..... Male Female Male Female Male Female

First..... _____

M.I..... _____

Last..... _____

Spouse's Name:..... _____
(if applicable)

Address:

St./Rte..... _____

City..... _____

State..... _____

Zip Code..... _____

Cell #..... _____

Home #..... _____

Email..... _____

Birthdate..... _____

CHILD #10

CHILD #11

CHILD #12

Name:

Gender..... Male Female Male Female Male Female

First..... _____

M.I..... _____

Last..... _____

Spouse's Name:..... _____
(if applicable)

Address:

St./Rte..... _____

City..... _____

State..... _____

Zip Code..... _____

Cell #..... _____

Home #..... _____

Email..... _____

Birthdate..... _____



Guardian (For children under age 18):

Primary Guardian

Spouse

a. Relationship of Guardian to H/W (circle one).....

b. Name:

(1) First.....

(2) Middle Initial.....

(3) Last.....

c. Address:

(1) Street/Route.....

(2) City.....

(3) State.....

(4) Zip Code.....

(5) Telephone.....

The alternate (second choice) guardians are optional and need not be chosen. However, if your primary (first choice) guardians are quite old, naming an alternate is a good idea.

Alternate Guardian

Spouse

a. Relationship of Guardian to H/W (circle one).....

b. Name:

(1) First.....

(2) Middle Initial.....

(3) Last.....

c. Address:

(1) Street/Route.....

(2) City.....

(3) State.....

(4) Zip Code.....

(5) Telephone.....



Family Disaster Provision. A “family disaster” provision assumes that both spouses and all children (and grandchildren) are deceased. Most commonly, this concern would arise out of a common accident and is thus most important for families with young children who regularly travel with their parents. Although the possibility of the death of both spouses and all children (and grandchildren) is very remote, in the situation described above, it is a contingency for which provision should be made. If this situation applies to you, please review the following alternatives to see if one is appropriate for you:

a. Common alternatives include:

- (1) One-half ($\frac{1}{2}$) to husband’s heirs and
One-half ($\frac{1}{2}$) to wife’s heirs, or
- (2) One-half ($\frac{1}{2}$) to husband’s nephews and nieces and
One-half ($\frac{1}{2}$) to wife’s nephews and nieces, or
- (3) Equally among the siblings of husband and wife, or
- (4) Equally to the nephews and nieces of husband and wife, or
- (5) All to _____’s heirs
- (6) All to _____’s nephews and nieces

b. The foregoing alternatives may not be appropriate for you. In any case, please give your preferences some thought and we will discuss the matter further during your conference.