Client Estate Planning Intake Form

The information requested below is to enable us to formulate a plan for you, and draft the documents needed to implement it. PLEASE PRINT!

DATE:	
Name:	
Address:	
Phone Number:	
Email:	
Full <u>Legal</u> Name (on driver's license or passport) :	
Any "also known as" names:	
U.S. Citizen: Yes No	
Please list the name/addresses of your beneficiarie	s (e.g. siblings/children/friends)
	Addresses/Phone
Assets: List what you own (bank accounts, property beneficiary or "paid on death" payment for these ite person, please indicate that. List by institution and a a home or other real estate or business interests, inc	ms, or the property is jointly owned with another ccount numbers not needed. If you are the owner o
Assets	How Owned/Titled- Any named beneficiary?

Name an Executor (Name/A	ddress)
Primary:	Alternate:
-	
Haalik Cara Baa (Alasa /A	Add (0-11)
Health Care Proxy: (Name/A	
Primary:	Alternate:
Durable Power of Attorney I	Name/Address/Cell
Primary:	Alternate:
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Trustee of Trust for Children	//Guardian (if needed)
Primary:	Alternate
Special Requests under You	r Will
Please indicate any special wis specific people.	thes concerning care of pets, burial wishes, gifts of specific property
specific people.	

Is there any other information you would like to tell me or think I should know? Please jot that down here.