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**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:**

**Legal Name (including any AKAs):**

**Address:**

**Phone Number:**

**Email:**

**U.S. Citizen: Yes\_\_\_ No\_\_\_ Birthdate \_\_\_\_\_\_\_\_\_\_\_\_**

**Widowed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Divorced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Children: \_\_\_\_\_\_\_\_\_\_\_**

**Please list the name/addresses of your beneficiaries (e.g. siblings/children/friends)**

|  |  |
| --- | --- |
|  | **Addresses/Phone** |
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**Assets:** ***List what you own (bank accounts, property, IRAs, life insurance, etc.)*** List home, real estate and other assets including whether you have named a beneficiary or “paid on death” payment for these items. No account numbers needed.

Approximate Net Worth (for tax planning): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Assets** | **How Owned/Titled- Any named beneficiary?** |
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**Name an Executor (Name/Address)**

|  |  |
| --- | --- |
| **Primary:** | **Alternate:** |
|  |  |
|  |  |

**Health Care Proxy: (Name/Address/Cell)**

|  |  |
| --- | --- |
| **Primary:** | **Alternate:** |
|  |  |
|  |  |

**Durable Power of Attorney Name/Address/Cell**

|  |  |
| --- | --- |
| **Primary:** | **Alternate:** |
|  |  |
|  |  |
|  |  |

**Trustee of Trust for Children/Guardian (if needed)**

|  |  |
| --- | --- |
| **Primary:** | **Alternate** |
|  |  |
|  |  |
|  |  |

**Special Requests under Your Will**

**Please indicate any special wishes concerning care of pets, burial wishes, gifts of specific property to specific people.**

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