

ESTATE PLANNING INTAKE FORM

CLIENT

Name: _____
Address: _____ Phone: _____

SPOUSE? Y N

Name: _____
Address: _____ Phone: _____

CHILDREN? Y N

Name: _____ Minor ? Y N
Address: _____

Name: _____ Minor ? Y N
Address: _____

Name: _____ Minor ? Y N
Address: _____

Who do you wish to serve as Executor(trix)? _____

Who do you wish to appoint as an Alternate Executor? _____

Do you own real estate? Y N County of property: _____

If yes, is it owned with Joint rights of survivorship? Y N

Bank Accounts Joint Right of Survivorship (and/or)? Y N

Specific Bequests: _____

NOTES:

POA? Y N

POA: _____ **Phone Number:** _____

Address (including City & State): _____

Alternate: _____ **Phone Number:** _____

Address (including City & State): _____

Living Will? Y N

Healthcare Surrogate: _____ **Phone Number:** _____

Address (including City & State): _____

Alternate: _____ **Phone Number:** _____

Address (including City & State): _____