



Estate Planning Client Intake Form

Client Name: _____ Prefer to be called: _____

Birth date: _____ Social Security # _____ - _____ - _____ US Citizen? Yes No

Home Address: _____ City: _____

State: _____ Zip Code: _____ Primary Contact Number: _____

County of Residence: _____ Employer: _____

E-mail Address: _____ *It is okay to communicate with me via my e-mail address.*

How did you hear about our law firm? _____

Marital Status (please select one): Single Married Divorced Widowed

Date of Marriage (if married to 2nd client) _____

Is this your 1st Marriage Y N 2nd Marriage Y N

Are you a Veteran? Y N

2nd Client's Name: _____ Prefer to be called: _____
(Spouse/Partner/Companion)

Birth date: _____ Social Security # _____ - _____ - _____ US Citizen? Yes No

Home Address: _____ City: _____

State: _____ Zip Code: _____ Primary Contact Number: _____

County of Residence: _____ Employer: _____

E-mail Address: _____ *It is okay to communicate with me via my e-mail address.*

Marital Status (please select one): Single Married Divorced Widowed

Date of Marriage (if married to 2nd client) _____

Is this your 1st Marriage Y N 2nd Marriage Y N

Are you a Veteran? Y N

Monthly Income

| | Client | 2 nd Client |
|-----------------|--------|------------------------|
| Social Security | | |
| Pension | | |
| Annuity | | |
| Other: | | |
| <hr/> | | |
| Total | | |

Taxes

Are you required to file a federal income tax return? Y N

Do you file jointly? Y N

Do you claim any dependents (other than your spouse)? Y N

Are either of you claimed as a dependent on another person's taxes? Y N

Miscellaneous Information

Is either client receiving SSI, SSD, disability, or other governmental benefits? Y N

If so, please describe: _____

If married, have the clients signed a pre- or post-marital agreement or contract? Y N

If so, please provide a copy.

Has either client ever filed federal or state gift tax returns? Y N

If so, please provide a copy or copies of such return(s).

Has anyone lived with either client or has either client lived with anyone else during the last two (2) years? Y N

If so, please explain the circumstances: _____

Please list all the places where either client has lived in the last two (2) years: _____

Has either client been admitted into a hospital and/or nursing home facility for 30 or more consecutive days? Y N

Is either client currently in a nursing home, assisted living or rehabilitation center? Y N
If so, please complete the following:

Name of facility: _____

Was admission from home, from a hospital, or other facility? _____

Please provide the following information starting with the first date of admission up to present:

| 1 st Date of Admission | Name of Facility | Date of Transfer |
|-----------------------------------|------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Please list any charitable organizations to which you are considering making gifts in your estate planning document: _____

Do you own property outside of Indiana? If so, please provide additional information: _____

Is either client currently the beneficiary of anyone else's trust, expect an inheritance in the future, or expect a large lump sum payment of money in the future (such as a lawsuit settlement)? Y N
If so, please explain: _____

Do any of your intended beneficiaries have special educational, medical, or physical needs? Y N

If so, please explain: _____

Do any of your intended beneficiaries receive governmental support or benefits? Y N

If so, please explain: _____

Do you provide major financial support to adult children or other beneficiaries that is considered to be an advancement, or part of their estate inheritance? Y N

If so, please explain: _____

Have you made any gifts, transfers, or loans to adult children within the last five years? Y N

If so, please explain: _____

Children

| Parent: (child belongs to) 1 st client, 2 nd client, both | Child's Legal Name | Birth Date | Marital status (S/M/D/W) | Address |
|---|--------------------|------------|--------------------------|---------|
| 1 st 2 nd Both | | | | |
| 1 st 2 nd Both | | | | |
| 1 st 2 nd Both | | | | |
| 1 st 2 nd Both | | | | |
| 1 st 2 nd Both | | | | |
| 1 st 2 nd Both | | | | |

If there are any additional children, please list them on the reverse side or on an attached sheet

Do any of your children receive Social Security Disability or Medicaid benefits? Y N

Please provide date of death and age at death for any children, including if the deceased has any descendants: _____

Professional Advisors

| Role | Name | Telephone |
|-------------------|------|-----------|
| Accountant | | |
| Financial Advisor | | |
| | | |
| | | |
| | | |
| | | |

Real Property

| General Description and/or Address | Owner | Est. Market Value | Loan Balance |
|------------------------------------|-------|-------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Motor Vehicles and Watercraft

For each motor vehicle, boat, RV, etc., please list the following:

| Description | Titled | Est. Market Value | Loan Amount |
|-------------|--------|-------------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

Bank Accounts

For all funds not in a retirement account, under “Type” please indicate as follows: Checking Account “CA”, Savings Account “SA”, Certificate of Deposit “CD”, Money Market “MM”

| Name of Institution | Account Number | Type | Owner | Amount |
|---------------------|----------------|------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Stocks and Bonds

For all funds not in a retirement account, please list any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account:

| Stock/Bond/Investment Account | Account Number | Type | Owner | Amount |
|-------------------------------|----------------|------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Life Insurance Policies

| Name of Institution | Account Number | Type | Owner | Death Benefit | Cash Surrender Value |
|---------------------|----------------|------|-------|---------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Annuities

| Name of Institution | Account Number | Annuitant | Monthly Benefit | Qualified? | Death Benefit |
|---------------------|----------------|-----------|-----------------|------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Retirement Plans

Under “Type” please indicate as follows: Pension (P), Profit Sharing (PS), IRA, SEP, 401(K), 403(B). Please also indicate whether any accounts are “Roth” type accounts:

| Name of Institution | Account Number | Type | Owner | Current Balance |
|---------------------|----------------|------|-------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Business Interests

Please indicate type of interest, such as: general and limited partnerships, sole proprietorships, privately owned corporations, professional corporations, S-corporations, LLCs, LLPs, oil interests, farm and ranch interests. Please also provide a description of the interests, who has the interest, your percentage ownership in the businesses, and the estimated value of the interests:

Money Owed to You

| Name of Debtor | Date of Note | Maturity Date | Owed To | Current Balance |
|----------------|--------------|---------------|---------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Other Assets and Debts

| Description | Owner | Value |
|-------------|-------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please include any additional relevant information, questions, or concerns: _____

By signing below, I/we understand that the information I/we provide when completing this questionnaire will be used in providing estate planning, asset protection, Medicaid planning advice and/or other legal services, and that it is my/our responsibility to ensure the accuracy and completeness of such information.

 Client Signature

 Date

 1st Client Printed Name

 2nd Client Signature
 (Spouse/Partner/Companion)

 Date

 2nd Client Printed Name