

**ESTATE PLANNING INTAKE INFORMATION SHEET**

**NAME:** \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Married: Yes \_\_\_ No \_\_\_ Spouse Living: Yes \_\_\_ No \_\_\_ Date Married: \_\_\_\_\_

Previous Marriage(s): N/A 1 2 3 Previous marriage terminated by Death \_\_\_ Divorce \_\_\_

When terminated: \_\_\_\_\_ Where terminated: \_\_\_\_\_  
Month Year City State

**SPOUSE:** \_\_\_\_\_  
Last First Middle

If deceased, date of death: \_\_\_\_\_

Birth Date: \_\_\_\_\_ E-mail: \_\_\_\_\_

Previous Marriage(s): N/A 1 2 3 Previous marriage terminated by Death \_\_\_ Divorce \_\_\_

When terminated: \_\_\_\_\_ Where terminated: \_\_\_\_\_  
Month Year City State

**RESIDENCE ADDRESS:** \_\_\_\_\_

County: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**LIVING CHILDREN BY PRESENT MARRIAGE:**

1. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children:

\_\_\_\_\_  
Name Date of Birth Age

\_\_\_\_\_  
Name Date of Birth Age

\_\_\_\_\_  
Name Date of Birth Age

\_\_\_\_\_  
Name Date of Birth Age

2. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female .

Address: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children:

Name	Date of Birth	Age
Name	Date of Birth	Age
Name	Date of Birth	Age
Name	Date of Birth	Age

3. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female .

Address: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children:

Name	Date of Birth	Age
Name	Date of Birth	Age
Name	Date of Birth	Age
Name	Date of Birth	Age

4. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_ Female .

Address: \_\_\_\_\_

Spouse: \_\_\_\_\_

Children:

Name	Date of Birth	Age
Name	Date of Birth	Age
Name	Date of Birth	Age
Name	Date of Birth	Age

**DECEASED CHILDREN WHO LEFT ISSUE SURVIVING:**

1. Name: \_\_\_\_\_

A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
B. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
C. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
D. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name: \_\_\_\_\_

A. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
B. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
C. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
D. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No -- If, in the future, children are born or legally adopted, should they be reflected in plans?

**LIVING CHILDREN BY PRIOR MARRIAGE:**

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child of: Husband \_\_\_ Wife \_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child of: Husband \_\_\_ Wife \_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child of: Husband \_\_\_ Wife \_\_\_  
Spouse: \_\_\_\_\_  
Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

**DO YOU HAVE ANY OTHER CHILDREN?** \_\_\_\_\_

**ARE YOUR PARENTS STILL LIVING?** \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_

**APPROXIMATE ESTATE: (Less debts)**

	His	Hers	Owned Jointly
Real Estate	\$ _____	\$ _____	\$ _____
Life Insurance	_____	_____	_____
Retirement Accounts	_____	_____	_____
Stocks and Bonds	_____	_____	_____
Other:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total:			

**GUARDIAN OF PERSON OF MINOR CHILDREN:**

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_

**TRUSTEE FOR MINOR CHILDREN:**

- 1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
City, State: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_  
City, State: \_\_\_\_\_

HUSBAND

WIFE

**Executor:**

- |  |  |
|--|--|
| Name: _____<br>Relationship: _____<br>City, State: _____<br>1 <sup>st</sup> Alternate: _____<br>Relationship: _____<br>City, State: _____<br>2 <sup>nd</sup> Alternate: _____<br>Relationship: _____<br>City, State: _____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|--|--|

**Financial Power of Attorney:**

- |  |  |
|--|--|
| Name: _____<br>Relationship: _____<br>City, State: _____<br>1 <sup>st</sup> Alternate: _____<br>Relationship: _____<br>City, State: _____<br>2 <sup>nd</sup> Alternate: _____<br>Relationship: _____<br>City, State: _____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|--|--|

**Healthcare Power of Attorney:**

- |   |   |
|---|---|
| Name: _____<br>Relationship: _____<br>City, State: _____<br>1 <sup>st</sup> Alternate: _____<br>Relationship: _____<br>City, State: _____<br>2 <sup>nd</sup> Alternate: _____ | _____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |
|---|---|

Relationship: \_\_\_\_\_  
City, State: \_\_\_\_\_

**DISTRIBUTION OF PROPERTY:**

HUSBAND: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No List of special items to specific people to be attached to Will?

WIFE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No List of special items to specific people to be attached to Will?