

ESTATE PLANNING INTAKE FORM

Please bring as many of the following items that you can to our first meeting. This will help us prepare a thorough and accurate estate plan.

- Wills
- Trusts
- Health Care Proxies
- Durable Powers of Attorney
- Long Term Care Insurance Policies, if any.

A. CLIENT DATA

CLIENT

Full Name: _____

Other Names Used: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Date of Birth: _____ E-mail Address: _____

U.S. Citizen? Yes No

CO-CLIENT/SPOUSE (if applicable)

Full Name: _____

Other Names Used: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Date of Birth: _____ E-mail Address: _____

U.S. Citizen? Yes No

B. BENEFICIARIES & FIDUCIARIES (Please include any person or entity that you might designate as a beneficiary of your estate, or to serve as a fiduciary in your Will, Trust, Health Care Proxy, or Durable Power of Attorney; for example, personal representatives, trustees, health care agents, and attorneys-in-fact.)

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

BENEFICIARIES & FIDUCIARIES (Continued):

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

NAME: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number 1: _____ Phone Number 2: _____

Pronoun (he/she): _____ E-mail Address: _____

Relationship to Client (if applicable): _____

Relationship to Co-Client/Spouse (if applicable): _____

If any of the above-named persons is a beneficiary with special needs, please explain below:

C. MISCELLANEOUS

1. **Do you have long term care insurance?** Yes No

If yes, please provide a copy of the policy.

2. **Have you prepaid your burial and funeral arrangements?** Yes No

3. **Are you a contributor to a 529 Plan?** Yes No

D. REFERRAL

How did you hear about me?

SCHEDULE 1: ASSETS AND RESOURCES

A. REAL ESTATE

(Please provide copies of deeds)

Description (e.g. Primary Residence)	Location (e.g. Hyannis, MA)	Market Value (\$ xxx,xxx)	Mortgage Bal. (\$ xx,xxx)	Owner	How Title Held (e.g. Joint tenant)

B. CASH AND BANK ACCOUNTS (CDs, Checking, Savings, etc)

Name of Bank (e.g. Citizens)	Type of Account (e.g. Savings)	Balance / Value (\$ xx,xxx)	Owner	How Title Held (e.g. Jointly)

C. NON-RETIREMENT INVESTMENT ACCOUNTS (Brokerage accounts, etc.)

Name of Broker (e.g. Fidelity)	Type of Account (e.g. Joint)	Current Value (\$ xx,xxx)	Owner	Beneficiary

D. RETIREMENT ACCOUNTS (IRAs, 401(k)s, etc.)

Name of Institution (e.g. Fidelity)	Type of Account (e.g. IRA)	Current Value (\$ xx,xxx)	Owner	Beneficiary

E. LIFE INSURANCE (WholeLife, Term, Endowment, etc.)

Name of Institution (e.g. Fidelity)	Type of Policy (e.g. Term)	Current Value (\$ xx,xxx)	Owner	Beneficiary

F. PERSONAL PROPERTY (Automobiles, RVs, Boats, Jewelry, Artwork, Antiques etc.)

Item	Market Value (\$ xx,xxx)	Owner	How Title Held (if applicable)