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CONFIDENTIAL
ESTATE PLANNING INFORMATION

Personal Information

Full name: ______________________________

Birth date: ______________________________

Citizenship: ______________________________

Social Security Number: ______________________________

Home address: ______________________________

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Home telephone: ______________________________

Email address: ______________________________

Employer: ______________________________

Office telephone: ______________________________

Name of prior spouse (if any): ______________________________

Dependents other than children: ______________________________

Children

	Name	Sex	Birthdate	SSN	Married?	Number of Children
1.		☐ Male ☐ Female			☐ Yes ☐ No	
2.		☐ Male ☐ Female			☐ Yes ☐ No	
3.		☐ Male ☐ Female			☐ Yes ☐ No	
4.		☐ Male ☐ Female			☐ Yes ☐ No	
5.		☐ Male ☐ Female			☐ Yes ☐ No	
6.		☐ Male ☐ Female			☐ Yes ☐ No	

If you have minor children you will need to nominate a guardian and a trustee for any trust for the children.

Life Insurance

Number of policies: ______________________

Total face amount: ______________________

Total present cash value: ______________________

Primary beneficiary(ies): ______________________

Contingent beneficiary(ies): ______________________

Retirement Benefits

Employer Plans: ______________________

Type (pension, profit sharing, ESOP, 401(k), etc.) ______________________

Approximate balance(s): ______________________

Primary beneficiary(ies): ______________________

Contingent beneficiary(ies): ______________________

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IRA: ______________________

Approximate balances(s): ______________________

Primary beneficiary(ies): ______________________

Contingent beneficiary(ies): ______________________

PRIOR ESTATE PLANNING:

Will ☐ YES ☐NO

Power of Attorney-Financial ☐ YES ☐NO

Power of Attorney-Health Care ☐ YES ☐NO

Advance Health Care Directive ☐ YES ☐NO

If YES to above, please bring a copy to your appointment.

ASSETS AND LIABILITIES

A. **<u>Assets</u>**

Cash (checking and savings accounts)	$	
Short-term investments (treasury bills, certificates of deposit, etc.)	$	
Publicly traded securities and bonds	$	
Annuities	$	
Closely held securities	$	
Principal residence	$	
Vacation home	$	
Other real estate	$	
Partnerships	$	
Accounts receivable	$	
Face amount of life insurance	$	
Retirement benefits	$	
Qualified plans	$	
Non-qualified plans	$	
Furnishings (including art and antiques)	$	
Automobiles	$	
Boats	$	
Other (specify) ____________________	$	
TOTAL ASSETS	$	

B. **<u>Liabilities</u>**

Mortgage(s)	$	
Credit Card Debt	$	
Loans, notes, etc.	$	
Other obligations	$	
TOTAL LIABILITIES	$	

ASSETS – LIABILITIES = NET WORTH $ ____________________

ESTATE PLAN DECISIONS

Please list your anticipated desires below regarding your choice of persons to manage your estate and your desired distribution.

Proposed Executors / Trustees (The executor/trustee is the person responsible for settling your estate. The executor/trustee can also be a beneficiary.): Please list names and addresses for each.

1st Choice	
2nd Choice	
3rd Choice	

Proposed Distribution of Specific Items (Example: house, car, personal items):

Proposed Distribution of Residue (Example: percentages of entire estate):

Proposed Guardian of Minor Children: Please list names and addresses for each.

1st Choice	
2nd Choice	
3rd Choice	

Agents for General Durable Power of Attorney for Finances: Please list names and addresses for each.

1st Choice	
2nd Choice	
3rd Choice	

Agents for Durable Power of Attorney for Health Care: Please list names and addresses for each.

1st Choice	
2nd Choice	
3rd Choice	

Special Burial or Cremation Instructions:

Estate Planning Goals and Objectives:

Avoid probate in my estate: ☐Yes ☐No ☐ Maybe

Reduce or eliminate Federal Estate Taxes in my estate: ☐Yes ☐No ☐ Maybe

State terms of distribution of my assets to my beneficiaries: ☐Yes ☐No ☐ Maybe

Maintain choice to change my estate plan during lifetime: ☐Yes ☐No ☐ Maybe

List any other specific goals that you may have:

Miscellaneous Questions:
Do you need or want to transfer a family business? ☐ Yes ☐ No

Do you wish to establish a special trust in order to control the time and conditions for distribution of your assets to your beneficiaries? ☐Yes ☐No

Do you wish to establish a special trust for a beneficiary with specific needs (e.g. someone who is disabled or receiving government benefits)? ☐Yes ☐No

After the death of one spouse, do you want to allow the survivor to make changes in the estate plan of the deceased spouse? ☐Yes ☐No

Do you want to avoid probate in your beneficiaries' estate? ☐Yes ☐ No

Do you want to reduce/eliminate taxes in your beneficiaries' estate? ☐Yes ☐ No

Do you want to protect your beneficiaries' inheritance from creditors and/or dissolution proceedings?
☐Yes ☐ No

Do you have a Will or Trust? ☐ Yes ☐No

Do you expect to receive an inheritance? ☐Yes ☐ No Amount:

Do you receive public benefits? ☐Yes ☐ No Amount:
Have you made any gifts in excess of $10,000 to any one person in any one year? ☐Yes ☐No

Your Annual Income $

Spouse's Annual Income $

Do you expect to inherit from parents or others? ☐Yes ☐No
If yes, approximate size of inheritance. $

Are you now the beneficiary of a trust? (Other than a revocable trust where the creator of the trust is still living) ☐Yes ☐ No
If yes, please bring a copy of the trust document.

SIGNATURE(S): The undersigned represents to the Law Offices of Catherine S. Strong that the information contained in this intake form is accurate and complete and understands that if the information provided herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

____
Signature

____
Date