

**CONFIDENTIAL
ESTATE PLANNING
INTAKE INFORMATION**

Family Information & Asset Summary

CHAMBERS & ENNIS

PERSONAL INFORMATION

Referred by: _____ Date _____

CLIENT:

Full Legal Name _____ Preferred Name: _____

Name Used to Sign Legal Documents _____

Home Address _____

City _____ State _____ Zip Code _____ County _____

Contact: (H) _____ (C) _____ (W) _____

email address: _____

Soc. Sec. No. _____

Date of Birth _____ Age _____ U. S. Citizen? YES NO

Employer _____

Own Business? YES NO

Date of Marriage: _____

SPOUSE:

Full Legal Name _____ Preferred Name: _____

Name Used to Sign Legal Documents _____

Contact: (H) _____ (C) _____ (W) _____

email address: _____

Soc. Sec. No. _____

Date of Birth _____ Age _____ U. S. Citizen? YES NO

Employer _____

Own Business? YES NO

Have you or your spouse previously completed will, trust, or estate planning? YES* NO

If YES, what kind of planning and when? _____

**It would be helpful for you to bring existing wills and/or trusts to your consultation for review*

PERSONAL INFORMATION – YOUR CHILDREN & BENEFICIARIES

Please indicate any children who are adopted. Under "comments", please describe your relationship with this child, his or her spouse or partner, and grandchildren. Do you have any specific wishes with respect to their inheritance?

H=Husband, W=Wife, B=Both

Gender	Full Legal Name (spell out middle names)	Birth Date	Child of
M / F	_____	_____	_____
Social Security Number _____			
Occupation _____			
Education _____			
Spouse's name _____			
Grandchildren & their ages _____			

Comments: _____			

Gender	Full Legal Name (spell out middle names)	Birth Date	Child of
M / F	_____	_____	_____
Social Security Number _____			
Occupation _____			
Education _____			
Spouse's name _____			
Grandchildren & their ages _____			

Comments: _____			

Gender	Full Legal Name (spell out middle names)	Birth Date	Child of
M / F	_____	_____	_____
Social Security Number _____			
Occupation _____			
Education _____			
Spouse's name _____			
Grandchildren & their ages _____			

Comments: _____			

(Please print additional pages as needed.)

PERSONS TO ACT FOR YOU

GENERAL INSTRUCTIONS: FINANCIAL POWER OF ATTORNEY

If you were unable and your spouse was unavailable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? You may name a husband and wife on one line if you wish them to serve together.

FOR HUSBAND: (In order of preference)

Name:

1st _____

2nd _____

3rd _____

Relationship:

FOR WIFE: (In order of preference)

Name:

1st _____

2nd _____

3rd _____

MEDICAL INSTRUCTIONS: HEALTH CARE POWER OF ATTORNEY

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support machines?

FOR HUSBAND: (In order of preference)

Name:

1st _____

2nd _____

3rd _____

Contact Info (Street, City, State, Zip & Phone #)

FOR WIFE: (In order of preference)

Name:

1st _____

2nd _____

3rd _____

Contact Info (Street, City, State, Zip & Phone #)

OTHER DEPENDENTS

Do you or your spouse have anyone who depends on either of you for all or part of their support?

YES NO

If YES: Name _____ Relationship _____

QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES

(Circle Yes or NO)

1. Do any of your children or beneficiaries receive governmental support or benefits because of a disability or handicap? YES NO

2. Do any of your children or beneficiaries have special educational, medical, or physical needs? YES NO

3. Are any of your children or beneficiaries institutionalized? YES NO

4. If you answered YES to any of the above questions, please describe the type of disability that your child or beneficiary has:

5. Do any of your children or beneficiaries have any other special needs or circumstances that are concerns to you? YES NO
If YES, please describe:

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18

Whom do you wish to be guardian of your children?

Name in order of preference. (One person per line)

1. Name _____ Relationship _____

2. Name _____ Relationship _____

3. Name _____ Relationship _____

4. Name _____ Relationship _____

PERSONAL INFORMATION – BACKGROUND

QUESTIONS ABOUT YOU AND YOUR SPOUSE

1. Are you or your spouse receiving social security or disability benefits? YES NO
2. Do you or your spouse have any health concerns? YES NO
If YES, what? _____
3. Have you lived in any of the following states while married to your current spouse? (WA, ID, CA, NE, AR, NM, TX, LA, WI) YES NO
If YES, list which state(s) and the time period you resided there.
State _____ Dates _____ State _____ Dates _____
4. Have you or your spouse ever filed federal gift tax returns? YES NO
5. Are you currently making annual gifts to anyone? YES NO
6. Did you and your spouse ever sign a pre/post-marriage contract? YES NO
7. Have either of you ever been divorced? YES NO
If YES, whom _____ date _____
8. Have either of you ever been widowed? YES NO
If YES, whom _____ date _____
9. Do you desire to benefit any charities in your estate plan? YES NO
If YES, name the charities _____
10. Are you currently the beneficiary of anyone else's trust? YES NO
If YES, briefly describe _____

YOUR CONCERNS

Please rate the importance to you of the following concerns: Least -----Most

PROTECTION FOR YOUR CHILDREN 1 2 3 4 5

PROTECTION FOR YOUR SPOUSE 1 2 3 4 5

MAINTAINING CONTROL OF YOUR ASSETS 1 2 3 4 5

AVOIDING PROBLEMS IN CASE OF MENTAL DISABILITY 1 2 3 4 5

AVOIDING LIFE SUPPORT MACHINES 1 2 3 4 5

AVOIDING PROBATE 1 2 3 4 5

AVOIDING OR REDUCING ESTATE TAXES 1 2 3 4 5

AVOIDING OR REDUCING INCOME TAXES 1 2 3 4 5

DISINHERITANCE OF A FAMILY MEMBER 1 2 3 4 5

PROTECTING ASSETS FROM LAWSUITS, ETC. 1 2 3 4 5

RETAINING FAMILY MANAGEMENT OF FINANCIAL AFFAIRS 1 2 3 4 5

OTHER CONCERNS (Please list below):

YOUR ADVISORS:

Name

City/State

Telephone

Attorney: _____

Accountant: _____

Financial Planner: _____

Life Ins. Agent: _____

Primary Pers. Bank: _____

Primary Bus. Bank: _____

INSTRUCTIONS FOR COMPLETING THE *PERSONAL INFORMATION CHECKLIST*

- General Headings** This *Personal Information Checklist* is designed to help you list all the property you own, how it is titled, and its value. If you own more property than can be listed on this checklist, use extra sheets or paper to list your additional property.
- Type** Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.
- “Owner” of Property** How you own your property is extremely important for purposes of properly designing and implementing your estate plan. Please use the following abbreviations:

For Property Owned By:	With:	Use:
Single	If you are single and you own property in your name only, use	I
Client #1's	No other person	C1
Client #2's	No other person	C2
Joint Tenancy	A spouse	JTS
Joint Tenancy	Someone other than a spouse	JTO
Tenancy in Common	A spouse	TCS
Unknown	If can't determine how property is owned	?

LIABILITIES

DOLLAR AMOUNTS

LIABILITIES	JOINT	HUSBAND	WIFE
Loans Payable			
Accounts Payable			
Real Estate Mortgage – Residence			
Real Estate Mortgage			
Loans Against Life Insurance			
Other Obligations			
TOTAL LIABILITIES			

CURRENT INCOME AND SOURCES

DOLLAR AMOUNTS

	JOINT	HUSBAND	WIFE
Salary and Wages			
Investment Income and Dividends			
Social Security			
Pension or Retirement Plans			
Other			
TOTAL			

REAL ESTATE

Please list all real estate, condos, time-shares or other real property you own or have an interest in:

Owner	Address	County	Type	Value

- CASH ACCOUNTS.** List your checking and savings accounts and certificates of deposit below. Do not include IRAs here. Bring a recent bank statement for each.

Owner	Institution	Acct. #	Acct. Type	Value

2. **INVESTMENT ACCOUNTS AND MUTUAL FUNDS.** Includes stock holdings managed by brokerage firms. List your investment accounts below. Do not include tax deferred accounts, such as IRAs, etc. here. Bring a recent statement for each account.

Owner	Institution	Acct. #	Fund Type	Value

3. **STOCK CERTIFICATES AND BOND CERTIFICATES.** List all of your stocks and bonds managed by the company (not a broker) or evidenced by certificate. Bring book entry statements or copies of the certificates for each.

Owner	Company/Obligor	Acct. # Cert. #	# Shares	Value

4. **PERSONAL EFFECTS.** Includes vehicles, boats, RVs, etc. Also list any other items which may be more valuable than ordinary household belongings such as artwork, jewelry, antiques, etc.

Owner	Description of Item	Appraised?	Value

5. **QUALIFIED RETIREMENT PLANS.** Includes IRAs, 401Ks, etc. List here the accounts funded by money not included in taxable income on your income tax return (including IRA-type annuities). Bring a recent statement for each account.

Owner	Institution	Acct. #	Acct. Type	Value

6. **LIFE INSURANCE POLICIES AND NON-QUALIFIED ANNUITIES.** Include annuities funded by money included in taxable income on your income tax return. Bring a recent policy report, policy, or statement for each.

Owner	Institution	Acct. #	Acct. Type	Death Benefit/ Acct. Value

7. **MORTGAGES, NOTES, OTHER RECEIVABLES.** Include here debts owed to you by others, such as promissory notes, deeds of trust, etc. Bring evidence of the debt and evidence of the balance still owing, if available.

Payee	Payor City, State	Terms of Debt	Debt Type	Amount Owed to You

8. **PARTNERSHIP, BUSINESS AND PROFESSIONAL INTERESTS.** List here any shares or other ownership interests in a closely held corporation, partnership, limited liability company, or other entity. Bring evidence to such ownership, such as a partnership agreement, etc.

Owner	Description of Entity	Interest %	Value of Interest

9. **OIL, GAS, MINERAL AND WATER INTEREST.** Bring deeds or other evidence for each interest listed below.

Owner	Brief Legal Description	Ownership %	Value of Interest

10. **REAL ESTATE.** Includes personal residence, commercial, farm, or rental properties, vacation homes, etc. Indicate in the "Lien" column whether the property has a mortgage against it, and be sure to include the mortgage information in the liabilities section. Bring the deed given to you (do not bring a deed of trust, release of deed or trust, title insurance documents, etc. unless you have no other documents for the property). If you have a recent tax statement showing the assessor parcel ID number, please bring it as well.

Owner	Brief Legal Description	Interest %	Lien	
	State:			
	State:			
	State:			
	State:			

11. **ANTICIPATED JUDGMENT.** (i.e., from a lawsuit)

To Whom	Description	From Whom	Value of Interest

12. **ANTICIPATED INHERITANCE OR GIFT.**

To Whom	Description	From Whom	Value of Interest

13. **OTHER ASSETS.**

Owner	Description	Value of Interest