

Olivia Wann

Attorney at Law

Intake for Estate Planning

ALL COMMUNICATION IS STRICTLY CONFIDENTIAL

Today's Date _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Mobile No.: _____

Primary Phone No.: _____ Alternate Phone No.: _____

Preferred Means of Contact: _____

Married? () Yes () No Spouse's Name: _____

Is this the first marriage? () Yes () No

Date Married: _____

Do any of the following apply to you or your spouse?

Self: Retired Veteran Disabled Applying for disability N/A

Spouse: Retired Veteran Disabled Applying for disability N/A

Reviewed: _____
Paralegal

Reviewed: _____
Attorney

Emergency Contact & Telephone No.: _____

How do you want your name to appear on your legal documents?

You: _____ Spouse: _____

WAIVER:

Guest Present: I, agree that _____ may accompany me during the consultation with the attorney/legal staff. My attorney/legal staff indicated having someone present during this meeting detracts from the confidentiality and privacy of my matter. *I understand a beneficiary CANNOT be present.*

Your Signature: _____

Spouses: We agree to be present together during our estate planning. We have been informed about the issues of confidentiality in having the same attorney drafting our wills. At any time, we are uncomfortable, we understand that we can request separate attorneys to avoid any conflicts.

Husband Signature: _____

Wife Signature: _____

My concerns: _____

Please fill out this intake completely, if possible. You may ask our staff for assistance

Fiduciaries:

Are you designating each other as the Personal Representative (Executor)? () Yes () No

If not, please provide the name of the Personal Representative: _____

Please indicate the Alternate Personal Representative: _____

Guardian for minor children: _____ Trustee: _____

If the Personal Representative is not a beneficiary of the Will, do you wish to compensate for services? () Yes () No

Children:

Please list the names of **all** your children and date of birth. Indicate the relationship if there are stepchildren.

Name	Date of Birth	Male or Female	Child of Husband, Wife, or Both? (Circle)	Chemically Dependent	Legally Blind	Disabled	Receives SSI	Lives With You	Married	Has children?
		M / F	Husband / Wife / Both	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
		M / F	Husband / Wife / Both	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
		M / F	Husband / Wife / Both	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
		M / F	Husband / Wife / Both	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
		M / F	Husband / Wife / Both	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
		M / F	Husband / Wife / Both	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Are you disinheriting any children? () Yes () No

List the names of disinherited children: _____

Do you have a special needs child or an adult child living with you? () Yes () No

Financial Summary:				
	MONTHLY INCOME			
	Description	Husband	Wife	Notes:
	Social Security Benefit			
	Pension (Gross)			
	VA Disability Benefit			
	Other Income			
	Total Monthly Income			
ASSETS				
Description	Titled to Husband	Titled to Wife	Joint	
Cash/Liquid				
	Savings			
	Checking			
	Money Market			
	Other			
	Total Cash/ Liquid			
ASSETS				
	Description	Titles to Husband	Titled to Wife	Joint
Real Estate				Mortgage Y / N
	Primary			Y / N
	Secondary			Y / N
	Other			Y / N
	Total Real Estate			

ASSETS					
	Description	Titled to Husband	Titled to Wife	Joint	
Personal Property: Describe if specific bequests					
	Automobiles				
	Jewelry				
	Guns				
	Boats				
	Total Personal Property				
ASSETS					
	Description	Titled to Husband	Titled to Wife	Joint	
Intangibles					
	Bonds				
	Stock				
	Mutual Funds				
	Note & Mortgages Receivables				
	Future Inheritance				
	Interests in Trusts				
	Annuities				
	Other				
	Total Intangibles				
ASSETS					
	Description	Titled to Husband	Titled to Wife	Joint	
Retirement Benefits					
	IRAs				

	401K				
	Keough Plan				
	SEP				
	Other				
	Total Retirement Benefits				

ASSETS

	Description	Titled to Husband	Titled to Wife	Joint	
Life Insurance					
	Cash Value of all policies				
Total Assets		Husband	Wife	Joint	
		\$	\$	\$	

Do you have long term care insurance? () Yes () No

Approximate value of your estate for federal inheritance tax purposes: \$_____

Is burial pre-paid? () Yes () No Regular Burial? () Yes () No Cremation? () Yes () No

How I want my property divided:

HOW WERE YOU REFERRED?

- Newspaper
 Self
 Sign
 Phone Book
 Prior Client _____
 Friend _____
 Website _____