

**ESTATE PLANNING INTAKE SHEET**

Today's Date: \_\_\_\_\_ PRICE QUOTED: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

TYPE OF FILE       EP     Trust

DOCUMENT TYPES:

Will               DPOA       Healthcare Power       Living Will  
 w/Testamentary     Trust               Memo of Trust

Real Estate:     yes    no    Deed(s) needed:  yes    no    Number of Deed(s): \_\_\_\_\_

Type:    TOD to \_\_\_\_\_    Survivorship    Affidavit of Survivor/Bene

MALE - Marital Status:    Single     Married     Widow     Divorced

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_    SSN: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

County: \_\_\_\_\_    Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

FEMALE - Marital Status:    Single               Married     Widow     Divorced

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_    SSN: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_    Cell Phone: \_\_\_\_\_

County: \_\_\_\_\_    Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Heirs/Designees

1. Name: \_\_\_\_\_ Marital Status  Married  Single

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: H  W  Joint  \_\_\_\_\_ # of Children: \_\_\_\_\_ DOB: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Marital Status  Married  Single

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: H  W  Joint  \_\_\_\_\_ # of Children: \_\_\_\_\_ DOB: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Marital Status  Married  Single

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: H  W  Joint  \_\_\_\_\_ # of Children: \_\_\_\_\_ DOB: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Marital Status  Married  Single

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

City, State, Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: H  W  Joint  \_\_\_\_\_ # of Children: \_\_\_\_\_ DOB: \_\_\_\_\_

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





MALE

EXECUTOR

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DPOA

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

HCPOA

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

LIVING WILL

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TRUSTEE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

FEMALE

EXECUTOR

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

DPOA

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

HCPOA

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

LIVING WILL

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TRUSTEE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_