

# ESTATE PLANNING INTAKE FORM

## Your Information

## Your Spouse's Information

Full Legal Name:	_____	_____
Also Known As:	_____	_____
Birth Date:	_____	_____
Cell Phone Number:	_____	_____
Email Address:	_____	_____
Address:	_____	

## **Children and/or Other Family Members**

*(Use full legal name. Use "JT" if both spouses are the parents; "H" if Husband is the parent; "W" if Wife is the parent)*

<u>Name</u>	<u>Birth Date</u>	<u>Parent or Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **PERSONS APPOINTED TO ACT FOR YOU**

**Personal Representative:** *[Who will be named Personal Representative under Your Will(s)]*  
*[Note: Many times people will name their spouse as Primary Personal Representative].*

<u>For You – List Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____
<u>For Your Spouse – List Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

**Guardian for Minor Children:** *[If you have minor children, list in order of preference who you want to name as Guardian if you and the other parent were unable to act.]*

<u>Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

**Trustee:** *[If a trust is created for minor children (or otherwise), list in order of preference who you (and your spouse) want to name as Trustee.]*

<u>For You - Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

<u>For Your Spouse – List Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

**Power of Attorney:** *[If you become incapacitated and unable to make financial decisions for yourself, list in order of preference who you (and your spouse) want to make those decisions for you.]*

<u>For You - Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

<u>For Your Spouse – List Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

**Health Care:** *[If you become incapacitated and unable to make health care decisions for yourself, list in order of preference who you (and your spouse) want to make those decisions for you.]*

<u>For You - Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

<u>For Your Spouse – List Name and Address</u>	<u>Relationship</u>
Primary: _____	_____
Contingent: _____	_____

**Living Will** *Do you (and your spouse) want to provide that the moment of your death not be unnecessarily prolonged by artificial means or measures? \_\_\_\_\_ . Do you want to provide that your organs and tissues should be made available for transplant purposes? \_\_\_\_\_ .*

**Long Term Care:** Are you (or any family member) concerned about burning through your life savings or losing your home to Medicaid to pay for long term care \_\_\_\_\_ .