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**ESTATE PLANNING INTAKE SHEET**

**I. PERSONAL INFORMATION**

PLEASE PRINT NAMES AS THEY APPEAR ON YOUR SOCIAL SECURITY CARD AND/OR TAX RETURNS.

- Name: \_\_\_\_\_  
(First, Middle, Last)
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ *(place an "x" next to your choice)*
- Married? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is this your first marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. INFORMATION ABOUT YOUR SPOUSE OR DOMESTIC PARTNER (if applicable)**

- Name: \_\_\_\_\_  
(First, Middle, Last)
- Date of Birth: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Address: \_\_\_\_\_
- Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Mobile: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ *(place an "x" next to your choice)*
- Married? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is this their first marriage? Yes \_\_\_\_\_ No \_\_\_\_\_

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### III. INFORMATION ABOUT YOUR CHILDREN

1. In the first column, please state the first, middle and last name of each child or stepchild of yours. (You may use the back of this sheet to list additional children.) In the second column, please state the child's date of birth. In the third column, please indicate whether the child's other parent is:

- [C] your current spouse/partner,
- [F] your former spouse/partner, and
- [S] if the child is your stepchild

Name (first, middle & last)	Date of Birth	C, F or S

2. Does any child listed above have a disability or special needs? If so, please identify the child and explain briefly (you will have the opportunity to discuss this further with your attorney at your conference):

3. If you have step-children or step-grandchildren, do you want them to be included in your Will just as if they were your natural children or grandchildren?

Yes \_\_\_\_\_ No \_\_\_\_\_ (place an "x" next to your choice)

4. In North Carolina, the natural guardians of the person of a minor child are generally the child's parents. Who would you want to act as guardian(s) of the persons of your minor children if both you and their other parent had died? You may wish to list an alternate choice in case your primary choice is unable to serve.

*Name(s), Relationship to You, and City and State of Residence:*

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

5. Who would you want to serve as "custodian" or "trustee" of your minor children's property if both you and their other parent had died? Again, you may wish to list an alternate choice as well in case your primary choice is unable to serve.

*Name(s), Relationship to You, and City and State of Residence:*

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

#### IV. YOUR ASSETS

6. Do you own an interest in any real property (for example, residences, condominiums, time shares, or land?)

Yes \_\_\_\_\_ No \_\_\_\_\_ *(place an "x" next to your choice)*

7. Do you have an IRA, SEP, 401(k), or any other retirement or pension plan?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you have any life insurance (either group life insurance or privately purchased insurance?)

Yes \_\_\_\_\_ No \_\_\_\_\_

9. Do you own any property (such as bank accounts, investment accounts, or real property) jointly with another person?

Yes \_\_\_\_\_ No \_\_\_\_\_

10. To the best of your knowledge, are you the beneficiary of any trust?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. If unmarried, what is the approximate value of all your assets, less all your debts? (Please be sure to include the face value of any life insurance payable at your death and the value of IRA's, 401(k)'s and other retirement accounts).

\_\_\_\_\_ Less than \$2,000,000  
\_\_\_\_\_ Greater than \$2,000,000 but less than \$5,000,000  
\_\_\_\_\_ Greater than \$5,000,000 but less than \$7,500,000  
\_\_\_\_\_ Greater than \$7,500,000

12. If married, what is the approximate value of the combined assets of you and your spouse/partner, less all your combined debts? (Please include the face value of life insurance and the value of IRA's, 401(k)'s and other retirement accounts).

\_\_\_\_\_ Less than \$2,000,000  
\_\_\_\_\_ Greater than \$2,000,000 but less than \$5,000,000  
\_\_\_\_\_ Greater than \$5,000,000 but less than \$7,500,000  
\_\_\_\_\_ Greater than \$7,500,000

13. Have you ever made gifts of \$10,000 or more to any one person in any one year?

Yes \_\_\_\_\_ No \_\_\_\_\_

## V. PROVISIONS OF YOUR WILL

(IMPORTANT! THE DISPOSITION OF CERTAIN ASSETS, INCLUDING PROPERTY OWNED JOINTLY WITH RIGHT OF SURVIVORSHIP, LIFE INSURANCE PROCEEDS, IRA'S AND 401(K)'S, AND TRANSFER-ON-DEATH ACCOUNTS, IS **NOT** CONTROLLED BY YOUR WILL. YOU SHOULD DISCUSS THE DESIRED DISPOSITION OF ANY SUCH ASSETS DURING YOUR CONSULTATION IN ORDER TO ENSURE THEY WILL PASS TO YOUR DESIRED BENEFICIARIES.)

14. Desired disposition of your property: Please state who you want your property to pass to upon your death, and provide the name, city and state of residence, and relationship to you, if any, of each individual or charity you wish to share in your estate. You do *not* need to identify what property goes to whom at this time. Your attorney will discuss your wishes with you in more detail during your consultation.

15. Please provide the name and city and state of residence of the individual you want to administer your estate. This person is called your **Executor** or **Executrix**. Please provide an alternate, in case your first choice is unavailable to serve. Spouses/partners often select one another as their first choice, but you are not required to do so.

Executor's Name: \_\_\_\_\_  
Executor's Address: \_\_\_\_\_  
Alternate's Name: \_\_\_\_\_  
Alternate's Address: \_\_\_\_\_

16. Are you interested in discussing the potential use of a Revocable Living Trust as a part of your overall estate plan?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_

**VI. PLANNING FOR INCAPACITY**

In addition to the Will, our office will prepare a General Durable Power of Attorney, a Health Care Power of Attorney, and an Advanced Directive Regarding A Natural Death.

17. Please provide the name and address of the person you wish to act as your representative (“agent”) for **financial matters**. You may also designate a second agent if you wish. The person(s) you name as your agents(s) for financial matters do not need to be the same person(s) you name as your health care agent(s), although they may be.

Financial agent’s name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Alternate’s name: \_\_\_\_\_  
Address: \_\_\_\_\_

18. Please provide the name, address and telephone number of the person you wish to act as your **health care agent** in the event your doctor determines that you are unable to make health care decisions for yourself. You may wish to designate one or two alternates in the event your first choice is unable or unavailable to serve. The person(s) you name as your health care agent(s) do not need to be the same person(s) you name as your agent(s) for financial matters, although they may be.

Health care agent’s name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_  
(Email) \_\_\_\_\_

First alternate’s name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_  
(Email) \_\_\_\_\_

Second alternate’s name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Mobile) \_\_\_\_\_  
(Email) \_\_\_\_\_

## **VII. FURTHER INSTRUCTIONS**

After you have completed this intake form, please return it to our office where it will be reviewed by your attorney. If you have not already made an appointment, someone from the attorney's office will then contact you to set up a time for your attorney to meet with you to discuss your estate planning needs. If your spouse/partner wishes to make a Will and related documents as well, you should be sure to include the relevant choices above for each of you and your spouse/partner should accompany you to your consultation.

After this meeting, you will receive a draft Will, General Durable Power of Attorney, Health Care Power of Attorney and Advanced Directive Regarding a Natural Death, and HIPAA Authorization. The attorney who prepared the documents will be available to respond to any questions you may have after reviewing them. The documents will then be edited, if necessary, and a time will be scheduled for you to sign them.

Payment for our services and any applicable filing or recording fees will be due upon completion and signing of your documents.

We appreciate your choosing our law firm to represent you and look forward to working with you.