



Estate Planning Intake

Contact Information:

Client #1 Name: _____
Client #2 Name: _____
Address: _____
City, State, Zip _____
Telephone: (h) _____ (w) _____
(c) _____ (c) _____
Email: _____

Statistics:

Client #1 Date of Birth: _____
Client #2 Date of Birth: _____
Single _____ Married _____ Divorced _____ Widowed _____

Employment:

Client #1: _____
Employer Name: _____
How Long Employed _____
Salary/Hourly Wage _____

Client #2: _____
Employer Name: _____
How Long Employed _____
Salary/Hourly Wage _____

Other Income:

Social Security:
Amount: _____ Received by: _____

Amount: _____ Received by: _____

Pension:
Amount: _____ Received by: _____

Amount: _____ Received by: _____

Rental Income:
Amount: _____ Received by: _____

Amount: _____ Received by: _____

Business Income:
Amount: _____ Received by: _____

Amount: _____ Received by: _____

Children/Grandchildren:

Child #1

Name _____

Address _____

City, State, Zip _____

Date of Birth: _____

Single _____ Married _____ Divorced _____ Widowed _____

Grandchild #1

Name _____

Date of Birth: _____

Grandchild #2

Name _____

Date of Birth: _____

Child #2

Name _____

Address _____

City, State, Zip _____

Date of Birth: _____

Single _____ Married _____ Divorced _____ Widowed _____

Grandchild #1

Name _____

Date of Birth: _____

Grandchild #2

Name _____

Date of Birth: _____

Child #3

Name _____

Address _____

City, State, Zip _____

Date of Birth: _____

Single _____ Married _____ Divorced _____ Widowed _____

Grandchild #1

Name _____

Date of Birth: _____

Grandchild #2

Name _____

Date of Birth: _____

Child #4

Name _____

Address _____

City, State, Zip _____

Date of Birth: _____

Single _____ Married _____ Divorced _____ Widowed _____

Grandchild #1

Name _____

Date of Birth: _____

Grandchild #2

Name _____

Date of Birth: _____

Misc Notes re Children/Grandchildren:

Asset Information:

Real Property:

House #1
Title Held As: _____
Address _____
City, State, Zip _____
Fair Market Value: _____ Outstanding Mortgage(s): _____

House #2
Title Held As: _____
Address _____
City, State, Zip _____
Fair Market Value: _____ Outstanding Mortgage(s): _____

Bank Accounts:

Bank Name	Type of Account	Value	Name on Acct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Stocks, Bonds, Mutual Funds:

Company	Type of Account	Value	Name on Acct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Savings Bonds:

Face Value	Date of Issue	Name on Bond	Series Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRS, Pension, 401k

Company	Type of Account	Value	Name on Acct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Ownership:

Name of Business: _____

Type of Business: _____

Value of Business: _____

Automobiles/Motorcycles/Boats/Campers/RVS:

Year _____

Make _____ Model _____

Value _____ Loan _____

Year _____

Make _____ Model _____

Value _____ Loan _____

Prepaid Funeral Contract:

Funeral Home _____

Address _____

City, State, Zip _____

Face Amount _____

Life Insurance:

Face Value	Company	Insured/Owner	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liabilities:

Creditor	Amount Owed	Account Held By
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____