**Robert W. Carlson, Attorney at Law, P.C.**

**Confidential**

# Estate planning Intake form

# Dear Client,

Thank you in advance for placing your trust in my Firm and for allowing me to assist in your estate planning needs.

Please complete the attached confidential estate planning intake form it applies to you.

Please note that all information you share with my firm will remain confidential and is a privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us at any time.

Warm Regards,
**Robert W. Carlson**

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Confidential Estate Planning Intake Form Personal and Confidential

## Client Information

| | | | |
|---|---|---|---|
| Last name: | First Name: | | Middle: |
| Mr/Mrs/Dr/Other: | Other/Former name(s): | | |
| Date of Birth: | | Social Security No: | |
| Street Address or PO Box: | | | |
| City: | State: | Zip: | County of Residence: |
| Home Phone: | | | Cell Phone: |
| Email Address: | | | |
| Employer : | | Occupation/Position: | |
| Annual Salary : | | Business Phone: | |

**Other Monthly Income:**

| | | |
|---|---|---|
| Pension: | $: | Source: |
| Rental: | $: | Source: |
| Disability: | $: | Source: |
| Investment: | $: | Source: |
| Pension: | $: | Source: |

| |
|---|
| Are you making payment pursuant to a divorce or property settlement? Self ☐ Spouse ☐ N/A ☐ |
| Have you ever had a will or a trust? Will : Yes ☐ No ☐ Trust : Yes ☐ No ☐ |
| If you marked YES under TRUST, Please provide the full legal name of trust and date of creation:<br>Name: Date: |
| What is your current health status? Excellent ☐ Good ☐ Poor ☐ |
| Any Specific health concerns/issues? |
| Are you a US Citizen? Yes ☐ No ☐ |
| Are you a disabled Veteran? Yes ☐ No ☐ |
| Who referred you to Me? |

## Spouse/Partner Information (If Applicable)

| | | | |
|---|---|---|---|
| Last name: | First Name: | | Middle: |
| Mr/Mrs/Dr/Other: | Other/Former name(s): | | |
| Date of Birth: | | Social Security No: | |
| Street Address or PO Box: | | | |
| City: | State: | Zip: | County of Residence: |
| Home Phone: | | | Cell Phone: |
| Email Address: | | | |
| Employer : | | Occupation/Position: | |
| Annual Salary : | | Business Phone: | |

**Other Monthly Income:**

| | | |
|---|---|---|
| Pension: | $: | Source: |
| Rental: | $: | Source: |
| Disability: | $: | Source: |
| Investment: | $: | Source: |
| Pension: | $: | Source: |

| | |
|---|---|
| Do you have a prenuptial agreement? | Yes ☐ No ☐ |
| Are you making payments pursuant to a divorce or property settlement? | Self ☐ Spouse ☐ N/A ☐ |
| Have you ever had a will or Trust? | Will Yes ☐ No ☐ Trust Yes ☐ No ☐ |
| What is your current health status? | Excellent ☐ Good ☐ Poor ☐ |
| Any Specific health concerns/issues? | |
| Are you a US Citizen? | Yes ☐ No ☐ |
| Are you a disabled Veteran? | Yes ☐ No ☐ |

**To assist with creating your estate plan, please answer the following questions.**

**Please note there are no right or wrong answers – only your answers:**

**Identify any of the following issues that are important to you with an "X"**

| | Client | Spouse/Partner |
|---|---|---|
| Minimize Gift and Estate Taxes | ☐ | ☐ |
| Provide for Disabled Descendants | ☐ | ☐ |
| Eliminate Probate or Guardianship | ☐ | ☐ |
| Protect Children/Grandchildren from Divorce and Creditors | ☐ | ☐ |
| Provide for Children | ☐ | ☐ |
| Protect children from immature spending Habits | ☐ | ☐ |
| Provide for grand children | ☐ | ☐ |
| Protect Children's inheritance in the Event of Subsequent Remarriage by the Survivor | ☐ | ☐ |
| Plan for a Disability | ☐ | ☐ |
| Pass Values and Responsibility to Family Members | ☐ | ☐ |

What is your goal in meeting with me?

---

What is your most important financial goal?

---

What do you see as the major threat to your personal goals?

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Do you have any family dynamics that may affect your estate planning?

---

Are you or your spouse taking a trip out of the state or out of the country in the next 12 months?
Yes ☐ No ☐ Maybe ☐

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## Family Information

Previous Marriage(s) by Client (include previous spouse's Names, Date of Marriage, or Date of Death)

Previous Marriage(s) by Spouse/Partner (include Previous Spouse's Names, Date of Marriage, or Date of Death)

**Living Children** (On the "Child of:" line indicate if child is(J)) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1. Full Name:_____DOB:_____Child of:_____Adopted(Y/N):_____

   Gender:_____Current Address:_____

2. Full Name:_____DOB:_____Child of:_____Adopted(Y/N):_____

   Gender:_____Current Address:_____

3. Full Name:_____DOB:_____Child of:_____Adopted(Y/N):_____

   Gender:_____Current Address:_____

4. Full Name:_____DOB:_____Child of:_____Adopted(Y/N):_____

   Gender:_____Current Address:_____

5. Full Name:_____DOB:_____Child of:_____Adopted(Y/N):_____

   Gender:_____Current Address:_____

**Deceased Children** (On the "Child of" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

| Name | Birth Date | Date of Death | Male/Female | Child of |
|---|---|---|---|---|
| | | | | |
| | | | | |

Are you or your Spouse/Partner pregnant or anticipating becoming pregnant in the near future? Yes ☐ No ☐

Have you or your Spouse/Partner ever had a child born outside of marriage? Yes ☐ No ☐

Have you or your Spouse/Partner ever had a child given up for adoption or for which parental rights have been terminated? Yes ☐ No ☐

## Family Information (Continued)

Grandchildren

| Name | Birth Date | Parent's Names | M/F | Adopted(Y/N) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Client's Parents | | | Spouse/Partner's Parents | | |
|---|---|---|---|---|---|
| Name | Relation | Select One | Name | Relation | Select One |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |

| Client's Siblings | | | Spouse/Partner's Siblings | | |
|---|---|---|---|---|---|
| Name | Relation | Select One | Name | Relation | Select One |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |
| | | Living ☐ Deceased ☐ | | | Living ☐ Deceased ☐ |

Have any of the named people ever had a child given up for adoption or for which parental rights have beenterminated? Yes ☐ No ☐

Does anyone in your immediate family have any special educational, medical, or physical needs? Yes ☐ No ☐

If Yes, please explain:

Other than with your minor children (if applicable), do you foresee a time when someone may be dependent on you? Yes ☐ No ☐

If Yes, please explain:

## Real Property

Include your personal residence(s), investment property, vacation homes (excluding time shares), vacant land, mineral interests, etc. If you have a copy of your legal description or deed, please attach a copy to this form.

1. Type (residence, rental, vacant land etc.)

   Address & County:

   Owner(s):

   Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

2. Type (residence, rental, vacant land etc.)

   Address & County:

   Owner(s):

   Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

3. Type (residence, rental, vacant land etc.)

   Address & County:

   Owner(s):

   Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

4. Type (residence, rental, vacant land etc.)

   Address & County:

   Owner(s):

   Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

5. Type (residence, rental, vacant land etc.) _____

   Address & County: _____

   Owner(s): _____

   Current Value: $ _____ Outstanding Mortgage? Yes ☐ No ☐

## Bank Accounts and Investment Accounts

**Please do not list** retirement account in this section such as: IRAs, 401Ks, Roth IRAs, SEPs, etc.

1. Name of Bank/Institution: _____

   Account type: _____ Account Number: _____

   Name on Account: _____ Balance: $ _____

   Advisor Name: _____
2. Name of Bank/Institution : _____

   Account type : _____ Account Number: _____

   Name on Account : _____ Balance : $ _____

   Advisor Name : _____
3. Name of Bank/Institution : _____

   Account type : _____ Account Number: _____

   Name on Account : _____ Balance : $ _____

   Advisor Name : _____
4. Name of Bank/Institution : _____

   Account type : _____ Account Number: _____

   Name on Account : _____ Balance : $ _____

   Advisor Name : _____
5. Name of Bank/Institution : _____

   Account type : _____ Account Number: _____

   Name on Account : _____ Balance : $ _____

   Advisor Name : _____
6. Name of Bank/Institution : _____

   Account type : _____ Account Number: _____

   Name on Account : _____ Balance : $ _____

   Advisor Name : _____

Do you have any Safe Deposit Boxes? Yes ☐ No ☐ If yes, what is the Box Number? _____

Name of Institution: _____ Name(s) on Box: _____

## Retirements Accounts

Please list your IRAs, 401Ks, SEPs, Profit Sharing, Thrift Savings, etc.

1. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

2. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

3. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

4. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

5. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

6. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

7. Name of Institution: _____ Name(s) on Accounts: _____

   Account type: _____ Account Number: _____ Balance: $ _____

   Current Beneficiaries: _____ Advisor: _____

# Life Insurance Policies

1. Life Insurance Company : Policy Number:

   Owner of Policy : Insured:

   Current Beneficiaries : Death Benefit:

   Type of Policy : Agent Name:

2. Life Insurance Company : Policy Number:

   Owner of Policy : Insured:

   Current Beneficiaries : Death Benefit:

   Type of Policy : Agent Name:

3. Life Insurance Company : Policy Number:

   Owner of Policy : Insured:

   Current Beneficiaries : Death Benefit:

   Type of Policy : Agent Name:

4. Life Insurance Company : Policy Number:

   Owner of Policy : Insured:

   Current Beneficiaries : Death Benefit:

   Type of Policy : Agent Name:

5. Life Insurance Company : Policy Number:

   Owner of Policy : Insured:

   Current Beneficiaries : Death Benefit:

   Type of Policy : Agent Name:

**Disability Insurance:**

Do you currently have disability insurance? Yes ☐ No ☐

Insurance Provider : Policy No:

# Information for Business Owners

Do you own a business? (if no please proceed to the next section) Yes ☐ No ☐

Name of Business : _____

Address of Business : _____

Phone Number : _____ Tax identification Number of Business : _____

How is your business currently being taxed? C-Corp ☐ S-Corp ☐ Partnership ☐ Sole Proprietorship ☐

List the Owners/Members/Shareholders of your business and the ownership percentage for each on the lines below:

| Owner/Member/Shareholder | Percentage | Units/Shares |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Please indicate if your business already has in place one of the following:

Operating Agreement ☐ Corporate Minutes ☐ Bylaws ☐ Buy-Sell Agreement ☐

Other: _____

Do you anticipate the business continuing operations following your retirement, incapacitation or Death? Yes ☐ No ☐

Has your business been valuated? Yes ☐ No ☐

Current Value of your Business? $ _____

Do you have whole or part ownership in another/other Business Yes ☐ No ☐

Other Information or Businesses: _____

**Please use a separate sheet for additional businesses**

# Advisors

**Financial Planner:** _____

Company : _____

Address: _____

Phone: _____ E-mail: _____

Client(s) authorize(s) me to contact their financial planner? Yes ☐ No ☐

**Accountant:** _____

Company : _____

Address: _____

Phone: _____ E-mail: _____

Client(s) authorize(s) me to contact their Accountant? Yes ☐ No ☐

**Life Insurance Agent:** _____

Company : _____

Address: _____

Phone: _____ E-mail: _____

Client(s) authorize(s) me to contact their Life Insurance Agent Yes ☐ No ☐

**Attorney:** _____

Company : _____

Address: _____

Phone: _____ E-mail: _____

Client(s) authorize(s) me to contact their personal Attorney Yes ☐ No ☐

**Funeral Home:** _____

Company : _____

Address: _____

Phone: _____ E-mail: _____

Client(s) authorize(s) me to contact their Funeral Home Yes ☐ No ☐

## Trust Information

Preferred Name of Trust: _____

## Successor Trustee

The Successor trustee takes over control of your trust after you or your original trustee can no longer serve as trustee. When your estate plan involves a revocable trust, you and/or Your Spouse/Partner usually serve as the initial Trustees. The Successor Trustee can be an individual, more than one individual, or a corporate entity (such as a bank or a trust company.)

First Choice: _____

Second Choice: _____

Third Choice: _____

Special Instructions: _____

_____

## Guardian for Minor Children (If Applicable)

Please list the individual(s) who should be responsible for the care and control of your children in the event you are incapacitated or deceased.

| | **Client' s Choice** | **Spouse/Partner's Choice (If Applicable)** |
|---|---|---|
| First Choice: | _____ | _____ |
| Second Choice: | _____ | _____ |
| Third Choice: | _____ | _____ |
| Special Instructions: | _____ | _____ |

_____

## Personal Representative

Your Personal Representative will liquidate and administer your probate estate if necessary, your Personal Representative may be the same person or entity that you have named as your Successor Trustee.

| | **Client' s Choice** | **Spouse/Partner's Choice (If Applicable)** |
|---|---|---|
| First Choice: | _____ | _____ |
| Second Choice: | _____ | _____ |
| Third Choice: | _____ | _____ |

## Durable Power of Attorney

A Durable Power of Attorney is an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. Your Attorney-in-Fact's powers may be effective immediately or they may become effective only upon your incapacitation.

**Client' s Choice** **Spouse/Partner's Choice (If Applicable)**

First Choice: _____ _____

Address: _____ Telephone No: _____

Second Choice: _____ _____

Address: _____ Telephone No: _____

Third Choice: _____ _____

Address: _____ Telephone No: _____

Should your Attorney-in Fact have the right to immediately exercise these Powers?: Yes ☐ No ☐

Special Instructions: _____

## Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual you select as an agent to make decisions in regard to your medical care should you become incapacitated.

**Client' s Choice** **Spouse/Partner's Choice (If Applicable)**

First Choice: _____ _____

Address: _____ Telephone No: _____

Second Choice: _____ _____

Address: _____ Telephone No: _____

Third Choice: _____ _____

Address: _____ Telephone No: _____

Special Instructions: _____

If you are at the end of your life or in a terminal condition, do you wish to be on life support? Yes ☐ No ☐

Do you wish to be buried or cremated? Buried ☐ Cremated ☐

Does your spouse wish to be buried or cremated? Buried ☐ Cremated ☐

Do you want to be an organ donor? Client: Yes ☐ No ☐ Spouse :Yes ☐ No ☐

# HIPAA Agent

The individual(s) you appoint as your HIPAA Agent will immediately have full access to any and all of your medical records. Please list the individuals to be named as Authorized Recipients under the Health Insurance Portability and Accountability Act (HIPAA).

| **Client' s Choice** | **Spouse/Partner's Choice (If Applicable)** |
|---|---|
| Agent Name: _____ | _____ |
| Address: _____ | Telephone No: _____ |
| Agent Name: _____ | _____ |
| Address: _____ | Telephone No: _____ |
| Agent Name: _____ | _____ |
| Address: _____ | Telephone No: _____ |
| Agent Name: _____ | _____ |
| Address: _____ | Telephone No: _____ |
| Agent Name: _____ | _____ |
| Address: _____ | Telephone No: _____ |
| Agent Name: _____ | _____ |
| Address: _____ | Telephone No: _____ |