

ESTATE PLANNING CLIENT INTAKE SHEET

Date: _____

Your privacy is important to me. The following information is for my records only, and will not be shared with, or given to anyone who is not affiliated with my Document Preparing Services without your permission, or as required by law.

You: _____
 First Middle Last DOB

Mailing: _____
 Street City State Zip

Physical: _____
 Street City State Zip

Additional Questions or Information Needed; Please bring with you or use another page:

1. Who will be the Beneficiary on the Beneficiary Deed? _____
2. Who is first choice to serve as Personal Representative of your estate? _____
3. Who are your second and third choices? _____
4. Are these the same order of priority for the Health Care Power of Attorney, and the Durable Legal Power of Attorney?
 ___ Yes ___ No Explain: _____

5. Are you a Senior 65 or older? ___ YES or ___ NO
6. Are you a Veteran? ___ YES or ___ NO

Your Contact Information (The Best ways I can reach you):

Home / Eve		Work / Day	
Cell / Msg		Text Msg	Yes _____ No _____
Email			

I understand that this is only an Initial Consultation. I understand that there is no duty to act until I have signed a written Fee agreement. I understand that a Legal Document Preparer cannot give Legal Advice, Opinions, or Strategies and that their Service is Limited to Preparing, Filing, Recording and Arranging Service of Documents.

Signature **Date**

OFFICE USE ONLY:

1 st Conflicts Check: Date _____ Fee Quoted: _____ Paid: _____ 2 nd Conflicts Check: Date _____	
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Heirs List

SPOUSE:

First	Middle	Last	DOB
Mailing Address		City	State
Email		Phone	Alternate Phone

CHILDREN:

_____ To be divided equally

_____ To be divided as specified below (Indicate with a percentage or dollar amount under the parent of the child. Use EX to exclude the heir from any inheritance.)

Name/Address email/phone	Husband	Wife	Both
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

OTHERS TO BE MENTIONED:

Name/Address email/phone	Related to Husband or Wife	Relationship
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____