ESTATE PLANNING CLIENT INTAKE FORM

Please complete this Estate Planning Client Intake Form to the best of your knowledge. I ask that you provide as much detail as possible so that I can accurately evaluate your situation and properly advise you regarding your estate planning options. All information provided with this Intake Form will be held in strict confidence.

When filling out this Intake Form please use **full legal names** and make sure that the names of any party listed are spelled correctly. If more space is needed, please feel free to attach additional pages as necessary. If you are unsure about how to answer some of the questions, simply indicate on the form that you would like to discuss the subject matter at our initial consultation.

Please complete and return this form to me via email or mail at least 24 hours prior to our initial consultation. I look forward to working with you.

CLIENT INFORMATION:

	CLIENT #1	CLIENT #2
Full Legal Name		
Nickname (if any)		
Date and place of birth		
Country of citizenship		
Home address		
City, state, zip		
County of residence		
Mobile phone		
Email		
Employer (or retired if applicable)		
Previous Marriage(s):		
Dates		
Ex-Spouse's Name		
Reason for Ending		
Obligations to Ex-spouse?		

CHILDREN:

FULL LEGAL NAME	D.O.B.	GENDER	CHILD OF
			Client 1 ☐ Client 2 ☐ Both ☐
			Client 1 ☐ Client 2 ☐ Both ☐
			Client 1 ☐ Client 2 ☐ Both ☐
			Client 1 ☐ Client 2 ☐ Both ☐

OTHER DEPENDENTS:

FULL LEGAL NAME	GENDER	RELATIONSHIP

ADDITIONAL CLIENT INFORMATION:

Yes ☐ No ☐ N/A ☐ Are you or your spouse currently receiving social security, disability, or other governmental benefits?

Yes ☐ No ☐ N/A ☐ Have you or your spouse signed a pre- or post-marriage agreement?

Yes ☐ No ☐ N/A ☐ Do you or your spouse have a prior will, trust or other estate planning documents? If yes, please provide with this Intake.

Yes ☐ No ☐ N/A ☐ Do you own any property in any state other than New York?

Yes ☐ No ☐ N/A ☐ Are any of you your children disabled or institutionalized?

Yes ☐ No ☐ N/A ☐ If yes to above, do those children receive any governmental benefits as a result of their disability or institutionalization?

PLANNING GOALS:

Please check which of the following issues are important to you:

- ☐ Planning for your incapacity or a disability
- ☐ Maintaining control over your assets while you are alive
- ☐ Ensuring that your end of life wishes are respected
- ☐ Avoiding probate
- ☐ Addressing a conflict with a family member that could affect your estate plan
- ☐ Protecting your assets from lawsuits or other creditors
- ☐ Providing for your favorite charity after you die
- ☐ Transferring your business interest(s) before or after you die
- ☐ Planning for any concerns you may have about your children's lifestyle, marriage, etc.
- ☐ Having a faith-based estate plan (Shariah-compliant)

ASSET/LIABILITY SUMMARY (Please list values in U.S. dollars):

ASSETS	CLIENT #1	CLIENT #2	JOINT
Cash accounts and CD's	$	$	$
Personal effects (cars, jewelry, antiques, etc.)	$	$	$
Securities	$	$	$
Retirement (pension, 401k, IRA)	$	$	$
Life insurance policy	$	$	$
Annuities	$	$	$
Mortgages, notes, other receivables	$	$	$
Partnership or business interest	$	$	$
Real estate – primary residence	$	$	$
Real estate – other	$	$	$
Other assets	$	$	$
Anticipated inheritance, gifts, etc.	$	$	$
TOTAL ASSETS	$	$	$

LIABILITIES	CLIENT #1	CLIENT #2	JOINT
Loans payable	$	$	$
Accounts payable	$	$	$
Loans against whole life insurance	$	$	$
Automobile loans	$	$	$
Mortgage – primary residence	$	$	$
Mortgage – other real estate	$	$	$
Other liabilities	$	$	$
TOTAL LIABILITIES	$	$	$

	CLIENT #1	CLIENT #2	JOINT
NET ESTATE	$	$	$