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# Estate Planning Intake Form

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| CONTACT INFORMATION | |
| Name |  |
| Address |  |
| Telephone number |  |
| Email |  |

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| Estate Planning Needs (Check all that apply) | | |
|  | Provide financial security to my family. | Notes: |
|  | Ensure that assets pass to intended parties. |  |
|  | Avoid the costs of probate and estate administration. |  |
|  | Minimize legal hassles or disputes and reduce emotional stress. |  |
|  | Maximize privacy. |  |
|  | Provide guardians for children. |  |
|  | Manage inheritances for young adult children. |  |
|  | Protect beneficiaries from losing inheritances to divorce, lawsuits, or creditors. |  |
|  | Establish a financial agent and health care agent in case of incapacity due to accident or illness. |  |
|  | Transfer ownership of a business. |  |
|  | Other: |  |

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| KEY RESOURCES (List APProximate value) | |
| Real Estate |  |
| Bank Accounts |  |
| Brokerage Accounts |  |
| Retirement Accounts  (IRA, 401k, etc.) |  |
| Business Shares |  |
| Life Insurance |  |
| Other |  |
| Financial Advisor? |  |

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| DESIRED BENEFICIARIES | | |
| Name | Age | Relationship |
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