

Arnold & Arnold, Ltd.

ATTORNEYS AND ADVISORS AT LAW

Estate Planning Intake Form Single Person

Date Form Completed: _____

New Client
Existing Client

Section I: Personal Information

CLIENT NAME: _____ **SS#** _____

Have you ever used, or been known by, any other name than that shown above?

Yes No

If yes, list here each other name, and state when and why each other name was used:

Date of Birth: _____ Place of Birth: _____

Citizenship: United States Other: _____

Home Address: _____

Home Telephone: _____

May we contact you at this number? Yes No

Cell Phone: _____

May we contact you at this number? Yes No

Email Address: _____

Employer & Occupation: _____

Telephone: _____

May we contact you at this number? Yes No

Do you own other residences? If yes, please list address for each residence:

Section II: General Questions

1. Do you have an existing will (If yes, please provide copy)?
Yes No

2. Do you have an existing trust (If yes, please provide copy)?
Yes No

3. Are you married?
Yes No
If yes, date and place of current marriage: Date: _____ Place: _____

4. Do you currently have a prenuptial agreement (If yes, please provide a copy)?
Yes No

5. Have you previously been married?
Yes No
(If divorced, please describe on a separate sheet any continuing obligations under a divorce decree and attach a copy of pertinent paperwork if available.)

6. Please indicate your state of domicile and the date established
State: _____ Date: _____
If you spend more than a nominal amount of time in another state or country, please identify: _____

7. Please list any specific items or amounts that you wish to give to any individuals or organizations at your death: (Check here if attaching separate sheet)
Name: _____
Address: _____
Item or Amount: _____
Relation: _____

8. All other tangible personal property (automobiles, clothing, furniture, pictures, etc.) to be distributed to:
Spouse
Only Living children
Children and grandchildren (if child is deceased)
Other (specify): _____

9. Are you self-employed or a member of a partnership or small business subject to any buy/sell arrangements? Yes No
(If Yes, please supply a copy of any pertinent documents.)

10. Do you hold stock in a closely-held corporation? Yes No
(If Yes, attach details of any stock redemption agreements, stock options, salary continuation, or other deferred compensation plans that may be applicable.)

11. Do you have any medical issues we should be aware of for planning purposes?
Yes No

12. Do you have long term care insurance? Yes No

13. Do you have disability insurance? Yes No

14. Do you have liability insurance? Yes No

15. Who will serve as personal representative/executor for you?

Name: _____

City/State: _____ Relation: _____

Alternate (if above person(s) above unable to serve): _____

City/State: _____ Relation: _____

Second Alternate: _____

City/State: _____ Relation: _____

Third Alternate: _____

City/State: _____ Relation: _____

16. Who will serve as trustee for you (if intent is to create a trust)?

Name: _____

City/State: _____ Relation: _____

Alternate (if above person(s) above unable to serve): _____

City/State: _____ Relation: _____

Second Alternate: _____

City/State: _____ Relation: _____

Third Alternate: _____

City/State: _____ Relation: _____

17. Who will serve as guardian of your minor children (if applicable)?

Name: _____

City/State: _____ Relation: _____

Alternate (if above person(s) above unable to serve): _____

City/State: _____ Relation: _____

Second Alternate: _____

City/State: _____ Relation: _____

Third Alternate: _____

City/State: _____ Relation: _____

18. Who will serve as your agent under a durable power of attorney (if desired)?

Name: _____

City/State: _____ Relation: _____

Alternate Agent (if above person(s) above unable to serve): _____

City/State: _____ Relation: _____

Guardian of Estate: _____

City/State: _____ Relation: _____

Guardian of Person: _____

City/State: _____ Relation: _____

19. Who will serve as your agent for medical decisions?

Name: _____

City/State: _____ Relation: _____

Alternate Agent (if above person(s) above unable to serve): _____

City/State: _____ Relation: _____

Second Alternate Agent: _____

City/State: _____ Relation: _____

20. Do you want a Living Will to address end of life issues?
 Yes No

In the event your attending physician determines that life-sustaining treatment should be withheld or withdrawn, who should such physician notify:

Name: _____
 City/State: _____ Relation: _____

Name: _____
 City/State: _____ Relation: _____

21. Do you wish to be cremated? Yes No

If yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location.

22. Are you concerned that any of your beneficiaries will not behave responsibly with money/assets that you give them? Yes No

Section III: Beneficiary Information

List children as they are to appear in your documents (Attach separate document if necessary)

Name of Child: _____

Child with: _____

Date of Birth: _____

Telephone: _____

Address: _____

Married: Yes No If yes, provide name: _____

Grandchildren: Yes No If yes, provide names below:

Grandchild Name	Age

Name of Child: _____

Child with: _____

Date of Birth: _____

Telephone: _____

Address: _____

Married: Yes No If yes, provide name: _____

Grandchildren: Yes No If yes, provide names below:

Grandchild Name	Age

Name of Child: _____

Child with: _____

Date of Birth: _____

Telephone: _____

Address: _____

Married: Yes No If yes, provide name: _____

Grandchildren: Yes No If yes, provide names below:

Grandchild Name	Age

Name of Child: _____

Child with: _____

Date of Birth: _____

Telephone: _____

Address: _____

Married: Yes No If yes, provide name: _____

Grandchildren: Yes No If yes, provide names below:

Grandchild Name	Age

Do you have any children that have predeceased you? Yes No

If yes, list information below:

Name: _____ Child with:

Married at death: Yes No If yes, provide name:

Grandchildren: Yes No If yes, provide names below:

Grandchild Name	Age

Do you have any children that have predeceased you? Yes No

If yes, list information below:

Name: _____ Child with:

Married at death: Yes No If yes, provide name:

Grandchildren: Yes No If yes, provide names below:

Grandchild Name	Age

Do you have any children or grandchildren that are adopted? Yes No

Other Persons or Institutions to be named in your documents (and not listed above):

	Name as you would like them to appear in your documents	Address	Relationship (if any)
1.			
2.			
3.			
4.			
5.			
6.			

Section IV: Financial Information (attach additional pages if necessary)

*Check the box if held in Revocable Trust

Assets (estimate current fair market value)	In Your Name	Owned Jointly
1. Principal Residence		
2. Other Real Estate		
3. Mineral Interests		
4. Checking Account(s)		
5. Savings Account(s)		
6. Brokerage Account(s)		
7. Other Securities		
8. Certificates of Deposit(s)		
9. Business Interests		
10. Notes Receivable		
11. Personal Effects & Furnishings		
12. Automobiles		
13. Other		
TOTAL ASSETS		

Liabilities	In Your Name	Owned Jointly
Home Mortgage		
Other Mortgages		
Other Loans		
TOTAL LIABILITIES		

NET ASSETS		
(Total Assets - Total Liabilities = Net Assets)		

Profit Sharing, IRA, Pension Plans, 401K, etc.

Owner	Description	Beneficiary	Current Value

Total Retirement Benefits: _____

Life Insurance

*Please bring policies to initial appointment

Type (e.g. term, group, whole life, etc.)	Face Amount of Death Benefit	Approximate Cash Value	Owner	Insured	Primary Beneficiary	Secondary Beneficiary

Total Life Insurance: _____

TOTAL (Net Assets + Combined Total Retirement Benefits + Combined Total Insurance) = _____

Section V: Professional Advisors

Advisor	Name and Firm	Address/Telephone
Attorney(s)		
Financial Consultant		
Accountant		
Insurance Agent		
Trust Officer		
Other		

**All information provided on this form will be treated as privileged and confidential.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ARNOLD & ARNOLD, LTD. IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES ME, AND IF THERE IS ANY MATERIAL CHANGE IN MY ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, I WILL NOTIFY ARNOLD & ARNOLD.

Client's Signature: _____