

Arnold & Arnold, Ltd.

ATTORNEYS AND ADVISORS AT LAW

Estate Planning Intake Form Husband and Wife

Date Form Completed: _____

New Client

Existing Client

Section I: Personal Information

HUSBAND: _____ 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: _____

Husband 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: _____

Husband Employer & Occupation: _____

Telephone: _____

May we contact you at this number? Yes No

WIFE: _____ 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: _____

Wife Home Address: _____

Same as address above

Home Telephone: _____

May we contact you at this number? Yes No

Cell Phone: _____

May we contact you at this number? Yes No

Email Address: _____

Wife 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)?

Husband Wife Both Neither

2. Do you have an existing trust (If yes, please provide copy)?

Husband Wife Both Neither

3. Date and place of current marriage: Date: _____ Place: _____

4. Do you currently have a prenuptial agreement (If yes, please provide a copy)?

Husband Wife Both Neither

5. Have you previously been married?

HUSBAND: Divorced Widowed No

WIFE: Divorced Widowed 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

HUSBAND: _____

WIFE: _____

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? Yes No

If No, or if Spouse is deceased, to:

Only Living children

Children and grandchildren (if child is deceased)

Other (specify): _____

9. Are either of 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 either of 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 either of you have any medical issues we should be aware of for planning purposes? Yes No

12. Do you have long term care insurance? Husband Wife Both Neither
 Do you have disability insurance? Husband Wife Both Neither
 Do you have liability insurance? Husband Wife Both Neither

13. Who will serve as personal representative/executor for you?
 Each Spouse for the other? Yes No As Co-Personal Representative
 If No, or to name alternates, use space below.

HUSBAND:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate: _____

City/State: _____ Relation: _____

Phone: _____

Third Alternate: _____

City/State: _____ Relation: _____

Phone: _____

WIFE:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate: _____

City/State: _____ Relation: _____

Phone: _____

Third Alternate: _____

City/State: _____ Relation: _____

Phone: _____

14. Who will serve as trustee for you (if intent is to create a trust)?
Each Spouse for the other? Yes No As Co-Trustee
If No, or to name co-fiduciaries, use space below.

HUSBAND:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate: _____

City/State: _____ Relation: _____

Phone: _____

Third Alternate: _____

City/State: _____ Relation: _____

Phone: _____

WIFE:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate: _____

City/State: _____ Relation: _____

Phone: _____

Third Alternate: _____

City/State: _____ Relation: _____

Phone: _____

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

HUSBAND:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate: _____

City/State: _____ Relation: _____

Phone: _____

Third Alternate: _____

City/State: _____ Relation: _____

Phone: _____

WIFE:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate: _____

City/State: _____ Relation: _____

Phone: _____

Third Alternate: _____

City/State: _____ Relation: _____

Phone: _____

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

Each Spouse for the other? Yes No

If No, or to name another, use space below.

HUSBAND:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Guardian of Estate: _____

City/State: _____ Relation: _____

Phone: _____

Guardian of Person: _____

City/State: _____ Relation: _____

Phone: _____

WIFE:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Guardian of Estate: _____

City/State: _____ Relation: _____

Phone: _____

Guardian of Person: _____

City/State: _____ Relation: _____

Phone: _____

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

Each Spouse for the other? Yes No

If No, or to name another, use space below.

HUSBAND:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate Agent: _____

City/State: _____ Relation: _____

Phone: _____

WIFE:

Name: _____

City/State: _____ Relation: _____

Phone: _____

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

City/State: _____ Relation: _____

Phone: _____

Second Alternate Agent: _____

City/State: _____ Relation: _____

Phone: _____

18. Do you want a Living Will to address end of life issues?

Husband Wife Both Neither

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

HUSBAND:

Name: _____

City/State: _____ Relation: _____

Phone: _____

Name: _____

City/State: _____ Relation: _____

Phone: _____

WIFE:

Name: _____

City/State: _____ Relation: _____

Phone: _____

Name: _____

City/State: _____ Relation: _____

Phone: _____

19. Do you wish to be cremated? Husband Wife Both Neither
 If Yes, please provide details of the disposition of your ashes, directing if they are to be scattered or preserved in one location. If you are to be buried, do you have a specific location or prepaid plot?

20. Are either of 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 of: Husband Wife Both

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 of: Husband Wife Both

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 of: Husband Wife Both

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 of: Husband Wife Both

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 of: Husband Wife Both

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 of: Husband Wife Both

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 of: Husband Wife Both

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.			

How do you want your assets distributed to your beneficiaries upon your death?

Do you intend on placing any restrictions on the distribution of assets? (Ex: Your estate is distributed to you beneficiaries after they attain a certain age "1/2 at age 25, 1/2 at age 35")

Do you plan to allow someone to live in your house for their life and then have that property distributed to someone else? (Explain)

Do you own any firearms? Do you own any Class III firearms or any NFA regulated firearms? If yes, who do you intend to transfer these firearms to at death? (Explain)

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

*Check the box if held in Revocable Trust

Assets (estimate current fair market value)	In Husband's Name	In Wife's 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 Husband's Name	In Wife's 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

Husband's Total Retirement Benefits: _____

Wife's Total Retirement Benefits: _____

COMBINED 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 Husband Wife Trust Other	Insured Husband Wife Other	Primary Beneficiary	Secondary Beneficiary

Husband's Total Life Insurance: _____

Wife's Total Life Insurance: _____

COMBINED 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 OUR KNOWLEDGE. WE UNDERSTAND THAT ARNOLD & ARNOLD, LTD. IS RELYING ON THIS INFORMATION FOR THE ADVICE IT GIVES US, AND IF THERE IS ANY MATERIAL CHANGE IN OUR ASSET COMPOSITION, VALUES, OR OTHER PERSONAL DATA DURING THE COURSE OF REPRESENTATION, WE WILL NOTIFY ARNOLD & ARNOLD.

Husband's Signature: _____

Wife's Signature: _____