

HERITAGE

ELDER LAW & ESTATE PLANNING, LLC.



Personal Information Intake

Individual filling out the form: _____

Using this organizer will assist us in designing an estate plan that meets your goals.
All information provided is strictly confidential.

PLEASE COMPLETE AND RETURN PRIOR TO YOUR APPOINTMENT.

Date: _____ Referral: _____ ****Please fill out as accurately and fully as possible****

Client 1 Information:

Legal Name (First, MI, Last): _____ ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III

Gender: ☐ Male ☐ Female Date of Birth: _____ ☐ US Citizen ☐ Naturalized Citizen ☐ Resident Alien

Marital Status: ☐ Single ☐ Widowed (Date of Death: _____) ☐ Married (Date of Marriage: _____) ☐ 1st ☐ 2nd

☐ Divorced (Date of Divorce: _____) ☐ Separated Social Security Number: _____ Veteran: ☐ Yes ☐ No

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ (Can we send text reminders? ☐ Yes ☐ No)

Work Phone: _____ Email Address: _____

Occupation: _____ ☐ Currently Employed ☐ Retired

Client 2 Information (Spouse): if not applicable, leave blank

Legal Name (First, MI, Last): _____ ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III

Gender: ☐ Male ☐ Female Date of Birth: _____ ☐ US Citizen ☐ Naturalized Citizen ☐ Resident Alien

Date of Marriage: _____ ☐ 1st ☐ 2nd Social Security Number: _____ Veteran: ☐ Yes ☐ No

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ (Can we send text reminders? ☐ Yes ☐ No)

Work Phone: _____ Email Address: _____

Occupation: _____ ☐ Currently Employed ☐ Retired

Referred to us by: _____ Firm Name: _____

Financial Advisor: _____ Firm Name: _____ Phone: _____

Accountant: _____ Firm Name: _____ Phone: _____

Existing Estate Planning

	Client 1	Client 2 (Spouse)	<input type="checkbox"/> N/A	Date Document Executed
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		Date: _____
Long-Term Care Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Benefit: _____ Term: _____	

Have you transferred or gifted assets away in the last 60 months? Amount \$ _____ Date: _____

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.

Client 1 Current Health Status: ☐ Good ☐ Concern ☐ Problem Specific concerns/problems: _____

Client 2 Current Health Status: ☐ Good ☐ Concern ☐ Problem Specific concerns/problems: _____

What would completing your estate planning accomplish for you? _____

What do you see as your biggest risk if you don't complete your estate plan? _____

Rank the following (1-8) in order of importance for you currently (1 = Most Important - 8 = Least Important)

- | | |
|--|--|
| <input type="checkbox"/> Avoid Probate | <input type="checkbox"/> Protect assets from govt/lawsuits/nursing homes |
| <input type="checkbox"/> Keep Estate matters private | <input type="checkbox"/> Protect assets for family from predators after my death (i.e. my spouse's disability or remarriage, my children's/beneficiary's lawsuits, divorce, or bankruptcy) |
| <input type="checkbox"/> Minimize/eliminate taxes | <input type="checkbox"/> Keep it simple for my family when something happens to me (disability/death) |
| <input type="checkbox"/> Remain independent and in control of my care/assets | <input type="checkbox"/> Provide detailed instructions and authority to people I trust to have the care I desire provided for me if I become disabled |

Personal/Family Information (if more space required, please include on a separate sheet)

*Do you (and/or your spouse) have children? **Please specify if Jr., II, III, etc.***

Client 1 Children Status: ☐ Yes (How many? _____) ☐ No ☐ Joint ☐ Just yours ☐ Step ☐ Foster

Client 2 (Spouse) Children Status: ☐ Yes (How many? _____) ☐ No ☐ Joint ☐ Just yours ☐ Step ☐ Foster

Do you have any grandchildren? Client 1 ☐ Yes (How many? _____) ☐ No Client 2 ☐ Yes (How many? _____) ☐ No

Child 1 Legal Name (F, MI, L,Suffix): _____ Date of Birth (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include) Child of: ☐ Joint ☐ Name of Parent _____

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Occupation: _____ Do they have children: ☐ Yes (How many? _____ Ages: _____) ☐ No

Child 2 Legal Name (F, MI, L,Suffix): _____ Date of Birth (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include) Child of: ☐ Joint ☐ Name of Parent _____

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Occupation: _____ Do they have children: ☐ Yes (How many? _____ Ages: _____) ☐ No

Child 3 Legal Name (F, MI, L,Suffix): _____ Date of Birth (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include) Child of: ☐ Joint ☐ Name of Parent _____

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Occupation: _____ Do they have children: ☐ Yes (How many? _____ Ages: _____) ☐ No

Child 4 Legal Name (F, MI, L,Suffix): _____ Date of Birth (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include) Child of: ☐ Joint ☐ Name of Parent _____

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Special needs/considerations: _____

Potential problems/hardships/issues: _____

Occupation: _____ Do they have children: ☐ Yes (How many? _____ Ages: _____) ☐ No

If applicable, please provide other names to be considered when planning your Estate (i.e. nieces, nephews, family friends)

Legal Name (F, MI, L, Suffix): _____ DOB (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Relationship to Client: _____

Legal Name (F, MI, L, Suffix): _____ DOB (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Relationship to Client: _____

Legal Name (F, MI, L, Suffix): _____ DOB (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Relationship to Client: _____

Legal Name (F, MI, L, Suffix): _____ DOB (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Relationship to Client: _____

Legal Name (F, MI, L, Suffix): _____ DOB (required): _____

Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ 1st ☐ 2nd Spouse's Name: _____

Physical Address: _____
Street Address City County State Zip Code

Is Mailing Address the same: ☐ Yes ☐ No (If not please include below)

Mailing Address: _____
Mailing Address City County State Zip Code

Home Phone: _____ Cell Phone: _____ Email Address: _____

Relationship to Client: _____

**** (if more space required, please include on a separate sheet) ****

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

FINANCIAL INFORMATION SHEET

****It is very important you indicate in each category ownership and dollar amount separately, as well as total value.****

MONTHLY INCOME:

<i>Source</i>	<i>Client 1</i>	<i>Client 2 (Spouse)</i>	<i>Joint</i>	<i>Total</i>
<i>Wages</i>				
<i>Pension</i>				
<i>Social Security</i>				
<i>Investments</i>				
<i>Other</i>				
<i>Total Value</i>				

ASSET INFORMATION AS OF (date): _____ - Please provide the total amount for each type of asset and who owns it.

<i>Type of Asset</i>	<i>Client 1</i>	<i>Client 2 (Spouse)</i>	<i>Joint</i>	<i>Total</i>
<i>Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Investment/Broker-Held (not including cash) & Mutual Fund Accounts</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Retirement Accounts: IRA, 401K, 403B, SEP, etc.</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Life Insurance: Death Benefit & Cash Value</i>	DB \$ _____ CV \$ _____	DB \$ _____ CV \$ _____	DB \$ _____ CV \$ _____	DB \$ _____ CV \$ _____
<i>Stocks: you hold (not in Brokerage Accounts)</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Annuities: \$ = Original Amount, Invested Date = Month/Year Purchased, CV = Current Value</i>	\$ _____ Date _____ CV \$ _____	\$ _____ Date _____ CV \$ _____	\$ _____ Date _____ CV \$ _____	\$ _____ Date _____ CV \$ _____
<i>Real Estate: Residence (per tax bill)</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Real Estate: Other</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Vehicles: automobiles, motorcycles, boats, snowmobiles, etc.</i>	\$ _____	\$ _____	\$ _____	\$ _____
<i>Total Assets</i>	\$ _____	\$ _____	\$ _____	\$ _____

OTHER ASSETS NOT LISTED:

<i>Type of Asset</i>	<i>Client 1</i>	<i>Client 2 (Spouse)</i>	<i>Joint</i>	<i>Total</i>
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<i>Total Value</i>	\$	\$	\$	\$

LIABILITIES:

<i>Type of Asset</i>	<i>Client 1</i>	<i>Client 2 (Spouse)</i>	<i>Joint</i>	<i>Total</i>
<i>Mortgage</i>	\$	\$	\$	\$
<i>Loans Payable</i>	\$	\$	\$	\$
<i>Other:</i> _____	\$	\$	\$	\$
<i>Total Value</i>	\$	\$	\$	\$

BUSINESS INTEREST:

<i>Type of Asset</i>	<i>Client 1</i>	<i>Client 2 (Spouse)</i>	<i>Joint</i>	<i>Total</i>
<i>Farm</i>	\$	\$	\$	\$
<i>Partnership/LLC Interest</i>	\$	\$	\$	\$
<i>Corporation</i> <input type="checkbox"/> <i>S-Corp?</i>	\$	\$	\$	\$
<i>Other:</i> _____	\$	\$	\$	\$
<i>Total Value</i>	\$	\$	\$	\$