

## 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		
Home phone		
Mobile phone		
Email		
Employer (or retired if applicable)		
Last 4 digits of SSN		
Military Service (Y/N) Dates of Service		
Married (Y/N)		
Spouse's Name (if applicable)		
<b>Previous Marriage(s):</b>		
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 Montana?
- 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 CONSIDERATIONS:**

**Personal Representative:** The person who will administer your estate in probate after you die.

**CLIENT #1**

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Successor Trustee:** The person who will manage your trust if you become incapacitated or administer your trust after you die.

**CLIENT #1**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Durable Financial Power of Attorney:** The person who can make financial, legal, and property decisions on your behalf if you become incapacitated.

**CLIENT #1**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Durable Healthcare Power of Attorney:** The person who can make healthcare decisions on your behalf if you become incapacitated.

**CLIENT #1**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Guardians for Minor Children:** The person(s) responsible for raising your minor children in the event that you and your spouse die.

**CLIENT #1**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Conservators for Minor Children:** The person(s) responsible for managing the financial and legal affairs of your minor children in the event that you and your spouse die.

**CLIENT #1**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**Caretakers for Pets and Livestock:** The person(s) you would want to take care of your pets or other animals in the event that you and your spouse die.

**CLIENT #1**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**CLIENT #2**

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**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
- Using physician-assisted suicide if you are terminally ill
- Avoiding probate
- Addressing a conflict with a family member that could affect your estate plan
- Protecting your assets from lawsuits or other creditors
- Ensuring that your estate plan stays in tact in the event you die and your spouse remarries
- 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.

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

<b>ASSETS</b>	<b>CLIENT #1</b>	<b>CLIENT #2</b>	<b>JOINT</b>
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	\$	\$	\$
Oil, gas or mineral interest	\$	\$	\$
Real estate – primary residence	\$	\$	\$
Real estate – other	\$	\$	\$
Other assets	\$	\$	\$
Anticipated inheritance, gifts, etc.	\$	\$	\$
<b>TOTAL ASSETS</b>	\$	\$	\$

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

	<b>CLIENT #1</b>	<b>CLIENT #2</b>	<b>JOINT</b>
<b>NET ESTATE</b>	\$	\$	\$

**DETAILED ASSET/LIABILITY INFORMATION:**

**REAL PROPERTY**

PROPERTY ADDRESS	PRIMARY RESIDENCE?	NAME(S) ON DEED	APPROXIMATE VALUE
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**BANK AND INVESTMENT ACCOUNTS**

INSTITUTION NAME	ACCOUNT TYPE	NAME(S) ON ACCOUNT	APPROXIMATE BALANCE
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL</b>			\$

**PARTNERSHIP, LLC, CORPORATION OR SOLE PROPRIETOR INTERESTS**

DESCRIPTION OF INTEREST (PARTNERSHIP, CORPORATION, LLC, etc.)	NAME OF OWNER(S)	APPROXIMATE VALUE
		\$
		\$
		\$
<b>TOTAL</b>		\$

**LIFE INSURANCE, PENSION, IRAs, 401(k)**

ACCOUNT TYPE	FINANCIAL INSTITUTION	OWNER	DEATH BENEFICIARY	APPROXIMATE VALUE
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	\$

**VALUABLE PERSONABLE PROPERTY**

DESCRIPTION OF ASSET	NAME OF OWNER	APPROXIMATE VALUE
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		<b>TOTAL</b>
		\$