



C. **CHILDREN** (if applicable)

**Name of Child** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Wife:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Wife:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Wife:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Child** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to Husband:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

Relationship to Wife:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**D. GRANDCHILDREN (if applicable)**

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**Name of Grandchild** \_\_\_\_\_ Gender  Male  
 Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Relationship to your child:  Natural Child  Adopted  
 Stepchild  Child born out of wedlock

**E. DISPOSITIVE INTENTIONS**

**1. SPOUSE AND CHILDREN**

Do you wish to provide primarily for your spouse and secondarily for your children?

Yes  No

Do you wish to treat all of your children equally?

Yes  No

If not, why not? \_\_\_\_\_

After your spouse's death, at what age do you want distribution to your children (e.g. a typical plan provides for 1/2 at age 30 and 1/2 at age 35)? \_\_\_\_\_

**2. OTHER BENEFICIARIES**

Do you want your Will or Trust to benefit anyone other than your spouse, children, grandchildren or a charity?

Yes  No

If so, please list:

<b>Name of Beneficiary</b>	<b>Address of Beneficiary</b>	<b>Relationship</b>	<b>Dollar Amount</b>

**F. EXECUTOR**

Whom do you want to serve as your Executor?

**(Husband)**

First Choice:  Spouse

Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

(Wife)

First Choice:  Spouse  
 Other \_\_\_\_\_

Second Choice \_\_\_\_\_

Third Choice \_\_\_\_\_

**G. TRUSTEE**

Whom do you want to serve as your Trustee?

(Husband)

First Choice:  Spouse  
 Other \_\_\_\_\_

Second Choice \_\_\_\_\_

(Wife)

First Choice:  Spouse  
 Other \_\_\_\_\_

Second Choice \_\_\_\_\_

**H. GUARDIAN**

If you have **minor** or **disabled** child/children, whom do you want to act as Guardian?

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

**I. LIVING WILL**

(Husband)

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  
 Yes  No

Do you want to donate your eyes or organs?  
 Yes  No

Do you want your Health Care Agent to consult with any other person prior to acting?  
 Yes  No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Wife)**

Do you want your Living Will to provide for withdrawal of artificial food and fluid?  
 Yes  No

Do you want to donate your eyes or organs?  
 Yes  No

Do you want your Health Care Agent to consult with any other person prior to acting?  
 Yes  No

If yes, with whom? \_\_\_\_\_

Name of Proposed Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Health Care Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What is the name and address of your primary care physician?

Full Name of Physician \_\_\_\_\_

Street Address \_\_\_\_\_



City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**J. POWER OF ATTORNEY**

**(Husband)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**(Wife)**

Name of Proposed Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Proposed Alternate Financial Agent \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**K. MISCELLANEOUS**

Do you have any other legal issues which I should be aware of?  Yes  No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

What is the location of your important papers? \_\_\_\_\_

Do you have a Safe Deposit Box?  Yes  No

If yes, please indicate the name and address of the location \_\_\_\_\_

\_\_\_\_\_

Have you ever made gifts to any one person in excess of \$12,000 in any one calendar year?

Yes  No

Have you ever filed a Federal Gift Tax Return?

Yes  No

**L. FINANCIAL SUMMARY**

<b>ASSET/LIABILITY</b>	<b><u>ASSETS</u></b>			<b><u>LIABILITIES</u></b>
	<b>HUSBAND</b>	<b>WIFE</b>	<b>JOINT</b>	
<b>CHECKING</b> (attach copies of statements)				
<b>SAVINGS</b> (attach copies of statements)				
<b>MONEY MARKET</b> (attach copies of statements)				
<b>CERTIFICATE OF DEPOSIT</b> (attach copies of statements)				
<b>RESIDENCE (attach copy of deed)</b>				
<b>OTHER REAL ESTATE</b> (attach copy of deeds)				
<b>Street Address:</b>				
<b>Street Address:</b>				

<b>BROKERAGE ACCOUNT</b> <b>(attach copies of statements)</b>				
<b>MUTUAL FUNDS</b> <b>(attach copies of statements)</b>				
<b>STOCKS NOT HELD BY</b> <b>BROKER</b> <b>(attach copies of certificates)</b>				
<b>BONDS - NON MUTUAL FUNDS</b> <b>HELD BY BROKER</b> <b>(attach copies of statements)</b>				
<b>BONDS - NON MUTUAL FUNDS</b> <b>NOT HELD BY BROKER</b> <b>(attach copies of bonds)</b>				
<b>NOTES &amp; MORTGAGES</b> <b>RECEIVABLE (attach copies of</b> <b>Notes &amp; Mortgages)</b>				

<b>BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)</b>				
<b>Name of Business:</b>				
<b>Name of Business:</b>				
<b>NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements)</b>				
<b>TRADITIONAL IRA PLAN (attach copies of statements)</b>				
<b>ROTH IRA (attach copies of statements)</b>				
<b>ANNUITIES (attach copies of all contracts)</b>				
<b>LIFE INSURANCE (attach copies of the front page of all policies)</b>				
<b>INHERITANCE, ETC.</b>				
<b>AUTOMOBILES</b>				
<b>JEWELRY COLLECTIONS</b>				
<b>OTHER ASSET (attach copies of documentation pertaining to such assets)</b>				
<b>Description:</b>				

<b>Description:</b>				
<b>Description:</b>				
<b>TOTALS</b>				

Are you a contributor to a 529 Plan?

Yes  No

If yes, please attach a statement of the 529 account.

**Personal Residence:**

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**Addresses of real property other than personal residence:**

(1) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

(2) Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax Block # \_\_\_\_\_ Lot # \_\_\_\_\_ (Can be obtained from Tax Bill)

**M. CERTIFICATION**

The undersigned hereby represents that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative:

\_\_\_\_\_