ELDER LAW & ESTATE PLANNING CENTER

Plan for Tomorrow, Today

Confidential

Client Personal and Financial Intake Form.

Client Name(s):

Date:

**If anyone other than the person listed above is completing this form, please indicate your name and relationship here:

Name: ______ Relationship _____

This form is extremely important.

Your accuracy and completeness in responding will help the Elder Law & Estate Planning Center best represent you.

*Note: This intake form must be FULLY COMPLETED and emailed, faxed or dropped off for review **PRIOR** to your meeting with Attorney. The Elder Law and Estate Planning Center

> 10 Pinckney Colony Road | #400 | Bluffton, SC 29909 PH: 843-757-5294 | FAX: 866-791-7130 www.hiltonheadelderlaw.com

1 All information contained in this form is confidential and protected by attorney-client privilege Revised 10/22 SK

Name:	Age:
□US Citizen □ Naturalized Citizen □ Resident Alien	Marriage: First Second Other
□Retired □Employed Address:	City:
Address:	City:
County: State:	Zip Code:
Home Phone:	Email address:
Cell Phone:	
Cen r none:	
May we send you appointment reminders via text?	
□ Yes □ No	
Email?	
Yes No	
Are you a veteran? Yes□ No	If yes, Date of Service:
Spouse/Partner:	Age:
□US Citizen □ Naturalized Citizen □ Resident Alien	Marriage: First Second Other
□Retired □Employed	
Address: (if different)	City:
County: State:	Zip Code:
County. State.	Zip Couc.
Home Phone: (if different)	Email address:
Cell Phone:	
Are you a veteran? □Yes□ No	If yes, Date of Service:
Emergency Contact Information:	
Name:	□ Son Daughter Other (Please explain)
Address:	
Phone:	
1 11/11/	1

Existing Estate Planning Please indicate if you have any of the following documents:						
Description	if you have any of the formation of the		Wife Name:		nts:	State / Year Document Executed
Will	□Yes □ No		□Yes □] No		
Trust	$\Box Y es \Box No$		□Yes □] No		
Power of Attorney	$\Box Yes \Box No$		□Yes □] No		
Health Care Proxy	\Box Yes \Box No		□Yes □] No		
Living Will	\Box Yes \Box No		□Yes □] No		
Safety Deposit Box	□Yes □No		□Yes □] No	N/2	4
Prenuptial Agreement/Marital Agreement	$\Box Y es \Box No$		□Yes □ No			
Your health status plays an important role	e in the designing	of an estat	e plan bes	t suited for	you and yo	our loved ones.
Husband: Current health status:					– Specific C	
Wife: Current health status:		•			– Specific C	Concern:
	Estate Plann	0				
Rank the following in order of importance for	you currently - (1 = Most In	nportant t	o 5 = Least	Important)
Avoid Probate Protect assets from nursing homes, government, and lawsuits Protect assets for my children, after my death from my children's spouses, creditors, irresponsibility or health issues Ensure I leave detailed instructions for my care during incapacity and for my estate upon my passing Keep estate matters private						
Perso	onal and Fam	ily Inforı	nation			
Please List ALL children, both living, estra	nged, deceased,	etc.**Inclu	de all chile	dren regard	lless of pla	ns to disinherit
Child #1 Name:	Age:	C	ender:	Male	Female	Other
ADDRESS:		Ours		□ Hers	5	□ His
PHONE NUMBER:						
□Single □Married - Spouse's name: Special needs considerations:	C	hildren:	None -	How many	y? Age	S
Potential problems/medical or financial hardship/issues:						
Child #2 Name:	Age:	(Gender:	Male	Female	Other
ADDRESS:		Ours		□ Hers		🗆 His
PHONE NUMBER:						
	3	}				

All information contained in this form is confidential and protected by attorney-client privilege

Child #3 Name: Age: Gender: Male Female Other ADDRESS: □ Ours □ Hers □ His PHONE NUMBER: □ □ Ours □ Hers □ His □Single □Married - Spouse's name:					
Special needs considerations: Potential problems/medical or financial hardship/issues: Child #3 Name: Age: Gender: Male Female Other None NUMBER: Single Married - Spouse's name: Child #4 Name: Age: Gender: Male Female Other Potential problems/medical or financial hardship/issues: Child #4 Name: Age: Gender: Male Female Other None - How many? Ages Child #4 Name: Age: Gender: Male Female Other Potential problems/medical or financial hardship/issues: Child #4 Name: Age: Gender: Male Female Other Potential problems/medical or financial hardship/issues: Child #4 Name: Age: Gender: Male Female Other NDRESS: Image: Image: Ours Image: Image: Male Female Other None - How many? Ages Period - Spouses name: Single Married - Spouses name: Children: None - How many? Ages <td></td> <td></td> <td></td> <td></td> <td></td>					
Potential problems/medical or financial hardship/issues: Child #3 Name: Age: Gender: Male Female Other NDRESS: Image: Image: Object of the state of the st	e 1	Children:	None - How	many?	Ages
Child #3 Name: Age: Gender: Male Female Other ADDRESS: □ Ours □ Hers □ His PHONE NUMBER: □ □ Ours □ Hers □ His □Single □Married - Spouse's name:	Special needs considerations:				
Child #3 Name: Age: Gender: Male Female Other ADDRESS: □ Ours □ Hers □ His PHONE NUMBER: □ □ Ours □ Hers □ His □Single □Married - Spouse's name:					
ADDRESS: Image: Gender: Male Female Odder PHONE NUMBER: Image: Odder Single Image: Special needs considerations: Children: None - How many? Ages Potential problems/medical or financial hardship/issues: Children: Male Female Other Child #4 Name: Age: Gender: Male Female Other Ours Image: Other Age: Ours Image: Other Ours Image: Other Age: Ours Image: Other Ours Image: Other Single Married - Spouses name: Single Married - Spouses name: Other Children: None - How many? Ages Single Married - Spouses name: Single Married - Spouses name: Other Children: None - How many? Ages	Potential problems/medical or financial hardship/issues:				
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	ADDRESS: PHONE NUMBER: Single Married - Spouses name: Ch	Ours	□ He	ers	□ His
	ADDRESS: PHONE NUMBER: Single Married - Spouses name: Ch Special needs considerations:	Ours	□ He	ers	□ His

Add below or separate sheet for more children

Detailed Asset Schedule					
ASSET INFORMATION AS OF(DATE)					
Please provide estimated total amount for each type of assets and who owns each asset					
Financial Accounts Name of Bank or Financial Institution	Account type (Checking, Savings)	Who owns the account? (Joint/ Individual Name/ In name of a Trust)	Value	Did you name a death beneficiary on this account (POD designation) Did you name a contingent? List all named beneficiaries.	
A.			\$		
В.			\$		
С.			\$		
D.			\$		
E.			\$		
F.			\$		
*Additional accounts can be added	on the back of this page o	r attached additional	pages to the from.		
Retirement Accounts	Account Type	Owner	Value	Did you name a	
(IRAs, 401k, Annuities) Name of Bank or Financial Institution	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts			death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc)		\$	death beneficiary on this account? Did you name a contingent? List all	
Name of Bank or Financial Institution	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc)		\$ \$	death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial Institution A. B. C.	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc)			death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial Institution A. B. C. D.	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc)		\$	death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial Institution A. B. C. D. E.	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts		\$ \$ \$ \$	death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial Institution A. B. C. D.	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts	attached additional p	\$ \$ \$ \$	death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial Institution A. B. C. D. E.	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts	attached additional p Owner - Who owns the Acount	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	death beneficiary on this account? Did you name a contingent? List all named	
Name of Bank or Financial Institution A. B. C. D. E. Additional accounts can be added of Life Insurance	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts	Owner - Who	\$ \$ \$ \$ bages to the from. V: Death Be	death beneficiary on this account? Did you name a contingent? List all named beneficiaries.	
Name of Bank or Financial Institution A. B. C. D. E. Additional accounts can be added of Life Insurance (Death benefit and Cash value)	(IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts	Owner - Who	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	death beneficiary on this account? Did you name a contingent? List all named beneficiaries.	

NOTE: PLEASE DO NOT PROVIDE FINANCIAL STATEMENTS AS A SUBSTITUTE FOR COMPLETING THE INTAKE FORM 5

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Additional accounts	s can be added o	n the back of this page or a	attache	d additional pages t	o the from.
Long Term Car (Death benefit and		Account Type		Owner	Value Death Beneficiary(s) On Account?
А.					Death Benefit \$
В.					Death Benefit \$
Real Est	Real Estate County/ St		OwnerValu(Joint? IndividualName? In name of aTrust?)		Value
Real estate: Primary	y Residence				\$
Real estate: Other F	Other Real Property		\$ \$		
Timeshares/condos/	Timeshares/condos/other property				\$
Vehicl (Automobile, moto snowmobile	rcycle, boats,	Make/Model/Year Owner (Joint? Individual Name? In name of a Trust?) Trust		Value	
А.		\$		\$	
В.					\$
		OTHER ASSETS (Personal Effects, paint			
TYPE/ Description	n Owner	Account or Serial Number		TOTAL	
А.		\$			
В.		\$			
С.				\$	
		LIABIL			
ТҮРЕ	ф.	TOTAL			
Mortgage	\$				
Loans Payable Other	\$ \$				
Total Value	\$ \$				
	ψ				

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Source	Description	Monthly Income amount Value
Pension 1		\$
Pension 2		\$
Social Security		\$
Investments		\$
Other		\$

Other issues relevant to You. (Check any/all that apply):

- □ Prenuptials or divorce agreements
- Blended Family/Second Marriages
- □ Remarriage of Surviving Spouse
- □ Disinherit children
- □ Litigious Children/family members
- □ Estranged children
- Deceased children
- □ Succession Planning for family business or partnership/LLC
- □ Disabled children/grandchildren
- □ Education trust for grandchildren
- \Box Trust for surviving pets
- □ Lifetime loans to children/grandchildren (advancements)
- □ Privacy
- \Box LLC or Corporation

Asset Protection, Medicaid Planing or Medicaid Compliant Trusts - please note, if you seek

legal advice for Asset Protection, Medicaid Planning or Medicaid Complaint Trusts

(MCT) there will be a consultation fee (\$300 Single - \$400 Married)

What is your objective for this consultation?

Have existing documents reviewed for validity and reliability.

I/we know I/we want to change existing documents and want to discuss how to do that and fees for same

I/we have no estate plan(s) and want to discuss how to create one and fees for same