



## ESTATE PLANNING

We offer a four-step plan for Estate Planning.

### **Step 1 - Intake Information & Attorney Review**

- You will complete and return the requested information and supporting details. You may return this by email, secure upload, or other method approved by our office.
- You will be asked to provide a basic idea of your expectations and goals for estate planning so we meet your expectations and address any concerns.
  - Clarify how you want your assets handled
  - Identify your family structure and intended beneficiaries
  - Clarify who you want making decisions on your behalf
  - Explain any issues that you believe may be unique to your circumstances
- After receiving your information, the attorney will review it and organize it into a summary planning framework.

### **Step 2 - Consultation by Phone or Zoom & Drafting**

- Once the framework is prepared, we will schedule a phone or Zoom consultation with you to review the plan and confirm key decisions.
- During that consultation, we will typically discuss:
  - who should inherit your property,
  - who should serve as executor,
  - who should serve as your agent under a power of attorney,
  - who should make healthcare decisions if you cannot,
  - and any special concerns involving children, blended families, property, business interests, or family dynamics.

- After the consultation, we will prepare your estate planning documents based on the information provided and your confirmed instructions.

### **Step 3 - Draft Review & Scheduling**

- You will have an opportunity to review the draft documents before signing. At that stage, we can address reasonable revisions, clarifications, or corrections.
- Once the documents are finalized, we will arrange for proper execution in accordance with applicable law.
- Our goal is for you to know exactly what you are signing before you walk in the door for execution - confident that this matter is taken care of.

### **Step 4 - Execution / Signing**

- Proper execution is critical. This may include witnesses, notarization, and any required formalities depending on the document. Estate planning documents are only effective if they are signed correctly.
- We generally suggest that you execute at least two original copies.

Please keep in mind:

- Estate planning documents are based on the information you provide.
- If your circumstances change, your documents may need to be updated.
- If you own unusual assets, business interests, out-of-state property, or have family complications, additional planning may be recommended.

Respectfully Yours,



## ESTATE PLANNING INTAKE INFORMATION

### YOUR INFORMATION

Full Legal Name (First, Middle, Last, Suffix):

---

Maiden Name:

---

Date of Birth:

---

Place of Birth (City, Parish, State):

---

Social Security Number:

---

Last known physical address:

**MARRIAGE INFORMATION**

Have you ever been married?

NO (skip this section)

YES (please complete this page):

Number of Marriages:

---

\*If married more than 1 time, please include the information for each spouse.

**CURRENT SPOUSE**

---

Full Legal Name:

---

Maiden Name:

---

Date of Birth:

---

Place of Birth: (City, Parish, State)

---

Social Security Number:

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

---

Date of Marriage:

---

Place of Marriage: (City, Parish, State)

***If spouse is deceased:***

---

Date of Death:

---

Place of Death: (City, Parish, State)

***If spouse was divorced:***

---

Date of Divorce:

---

Place of Divorce: (City, Parish, State)

---

Docket Number:

---

Number of Children from this Marriage:

---

Names of Children/Birthdates:

**CHILDREN INFORMATION:**

Did you have children?

NO (skip this section)

YES (please complete this page):

---

Children are biological or adopted

---

Number of Children: If more than one child, please include the information for each child.

**First Child:**

---

Full Legal Name: (First, Middle, Last, Suffix)

---

Maiden Name:

---

Date of Birth:

---

Place of Birth: (City, Parish, State)

---

Social Security Number:

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

---

Date of Marriage:

---

Place of Marriage: (City, Parish, State)

If Child is deceased:

---

Date of Death:

---

Place of Death: (City, Parish, State)

---

Did this child have any children of his/her own?

NO (skip this question)

YES (please list the names of his/her children below and birthdates).

---

Is your Child physically and mentally capability of taking care of herself/himself at this time?

YES (skip this question)

NO (please explain below).

---

**PARENT INFORMATION**

**MOTHER**

\_\_\_\_\_  
Was this person your biological mother or adopted mother?

\_\_\_\_\_  
Full Legal Name: (First, Middle, Last, Suffix)

\_\_\_\_\_  
Maiden Name:

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Place of Birth: (City, Parish, State)

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Mailing address:

\_\_\_\_\_  
Cell Phone Number:

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

\_\_\_\_\_  
Date of Marriage:

\_\_\_\_\_  
Place of Marriage: (City, Parish, State)

\_\_\_\_\_  
If Mother is deceased:  
NO (skip this question and questions below)  
YES (please answer questions below).

\_\_\_\_\_  
Date of Death:

\_\_\_\_\_  
Place of Death: (City, Parish, State)

**PARENT INFORMATION**

**FATHER**

Was this person your biological father or adopted father?

Full Legal Name: (First, Middle, Last, Suffix)

Maiden Name:

Date of Birth:

Place of Birth: (City, Parish, State)

Social Security Number:

Mailing address:

Cell Phone Number:

E-mail Address:

Date of Marriage:

Place of Marriage: (City, Parish, State)

Is your Mother deceased?

NO (skip this question and questions below)

YES (please answer questions below).

Date of Death:

Place of Death: (City, Parish, State)

**SIBLING INFORMATION - BROTHER / SISTER**

---

Do you have any siblings?

NO (skip this section)

YES (please complete this page)

---

Number of siblings: If more than 1 sibling, please include the information for each sibling.

**SIBLING** (heir):

---

Full Legal Name: (First, Middle, Last, Suffix)

---

Maiden Name:

---

Date of Birth:

---

Place of Birth: (City, Parish, State)

---

Social Security Number:

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

---

Date of Marriage:

---

Place of Marriage: (City, Parish, State)

---

Is your Sibling deceased?

NO (skip this question)

YES (please the questions below)

---

Date of Death:

---

Place of Death: (City, Parish, State)

---

Did this sibling have any children of his/her own?

NO (skip this question)

YES (please list the names of his/her children below and birthdates).

**CHILDREN OF SIBLING**

---

Full Legal Name: (First, Middle, Last, Suffix)

---

Maiden Name:

---

Date of Birth:

---

Place of Birth: (City, Parish, State)

---

Social Security Number:

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

**TESTAMENT INFORMATION:**

---

Did you have a Will?

NO (skip this section)

YES (please answer question below)

---

Do you have the original Will?

---

Location or whereabouts of the original Will?

---

Do you have any reason to suspect the Will is a forgery?

---

Do you believe there are parties that will contest the Will?

---

Do you have more than one Will / Did you ever change the Will?

---

Do you have copies of all possible Wills and/or changes to the Will?

**PROFESSIONAL INFORMATION:**

---

Do you have a personal attorney?

NO (skip this section)

YES (please answer question below)

**ATTORNEY:**

---

Full Legal Name: (First, Middle, Last, Suffix)

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

---

Who prepared the last Tax Return?

**ACCOUNTANT / CPA / OTHER:**

Do you have a personal accountant or CPA or tax preparer?

Full Legal Name: (First, Middle, Last, Suffix)

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

**FINANCIAL PLANNER:**

---

Do you have a financial planner?

NO (skip this section)

YES (please answer question below)

---

Full Legal Name: (First, Middle, Last, Suffix)

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

**BUSINESS PARTNERS:**

---

Do you have a Business partners?

NO (skip this section)

YES (please answer question below)

---

Full Legal Name: (First, Middle, Last, Suffix)

---

Mailing address:

---

Cell Phone Number:

---

E-mail Address:

**ESTATE ASSETS - IMMOVABLE PROPERTY**

---

Do you own real estate? (i.e. personal home, lots, camps, and vacation homes)

NO (skip this section)

YES (please answer question below)

**LIST ALL:**

---

Address: (Street, City, State, Zip Code)

---

Address: (Street, City, State, Zip Code)

---

Address: (Street, City, State, Zip Code)

---

Address: (Street, City, State, Zip Code)

**CEMETERY LOT/PLOT:**

---

Do you own a Cemetery Lot or Plot?

NO (skip this section)

YES (please answer question below)

---

Name of Cemetery: (Street, City, State, Zip Code)

---

Address of Cemetery: (Street, City, State, Zip Code)

---

Do you have a copy of acquisition documents/bill of sale?

**OIL, GAS, OR OTHER MINERAL RIGHTS/SERVITUDES:**

---

Do you own any oil, gas, or other mineral rights/servitudes?

NO (skip this section)

YES (please answer question below)

---

Do you have a copy of the acquisition document?

YES (skip this section)

NO (please answer question below)

---

Provide as much information as you have about this item.

USE THIS SPACE TO INCLUDE OTHER OIL, GAS, OR OTHER MINERAL RIGHTS/SERVITUDES:

**ESTATE ASSETS - MOVABLE PROPERTY**

**AUTOS / MOTORCYCLES:**

---

Do you own or lease an automobile?

NO (skip this section)

YES (please answer question below)

---

How many autos/motorcycles were owned? Provide the information below for each item.

---

Make, Model, Year

---

VIN Number

---

Do you have the title to this item?

YES (skip this section)

NO (please answer question below)

---

Explain if the title is lost or if payments are owed to a bank or lender for this item?

---

Name of Lender

---

Address or Branch location of Lender

---

Loan Number, Account Number, other information to identify the Loan

USE THIS SPACE TO INCLUDE ADDITIONAL INFORMATION.

**BOATS:**

---

Do you own or lease a Boat?

NO (skip this section)

YES (please answer question below)

---

How many boats were owned? Provide the information below for each auto.

---

Make, Model, Year

---

VIN Number/Serial Number

---

Do you have the title to this item?

YES (skip this section)

NO (please answer question below)

---

Explain if the title is lost or if payments are owed to a bank or lender for this item?

---

Name of Lender

---

Address or Branch location of Lender

---

Loan Number, Account Number, other information to identify the Loan

USE THIS SPACE TO INCLUDE INFORMATION ABOUT OTHER BOATS OWNED.

**BOAT TRAILERS:**

---

Do you own or lease an Trailer for a Boat?

NO (skip this section)

YES (please answer question below)

---

How many boats were owned? Provide the information below for each trailer.

---

Make, Model, Year

---

VIN Number/Serial Number

---

Do you have the title to this item?

YES (skip this section)

NO (please answer question below)

---

Explain if the title is lost or if payments are owed to a bank or lender for this item?

---

Name of Lender

---

Address or Branch location of Lender

---

Loan Number, Account Number, other information to identify the Loan

USE THIS SPACE TO INCLUDE INFORMATION ABOUT OTHER TRAILERS OWNED.

## ESTATE ASSETS - MOVABLE PROPERTY

### HOUSEHOLD FURNITURE

---

Do you own or Household furniture?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each item.

### GUNS / FIREARMS

---

Do you own guns?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each item.

## **TOOLS / LAWN EQUIPMENT**

---

Do you own Tools and/or Lawn Equipment?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each item.

## **ART WORK**

---

Do you own Artwork?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each it

## **MUSICAL INSTRUMENTS**

---

Do you own musical Instruments?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each it

**COLLECTABLE ITEMS OF SIGNIFICANT VALUE - Baseball cards etc.**

---

Do you own collectables of significant value?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each it

**SPECIAL FAMILY HEIRLOOMS - items inherited from your family.**

---

Do you own special family heirlooms?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each it

**PRIZED POSSESSION - items that you cherish. Favorite items.**

---

Do you have any prized possessions?

NO (skip this section)

YES (please answer question below)

---

List items and your estimated values for each it

**SAFETY DEPOSIT BOX:**

---

Do you have or use a safety deposit box?

NO (skip this section)

YES (please answer question below)

---

Name of Bank

---

Address of Bank or Branch Location

---

Do you have access to the safety deposit box? Key / Password/ other access method

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**CHECKING ACCOUNT:**

---

Do you have or use checking account  
NO (skip this section)  
YES (please answer question below)

---

Name of Bank

---

Address of Bank or Branch Location

---

What type of Account? Joint, Separate, Business, or overseas.

---

Account Number:

---

Do you have access to banking records showing the balance at the date of death?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**SAVINGS ACCOUNT:**

---

Do you have or use checking account  
NO (skip this section)  
YES (please answer question below)

---

Name of Bank

---

Address of Bank or Branch Location

---

What type of Account? Joint, Separate, Business, or overseas.

---

Account Number:

---

Do you have access to banking records showing the balance at the date of death?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**ANNUITIES, THRIFT FUNDS:**

---

Do you have an annuity or thrift fund?

NO (skip this section)

YES (please answer question below)

---

Name of Bank or institution

---

Address of Bank or institution

---

Please describe the type, amount, and location of these assets.

---

Account Number / Identifying information

---

Do you have access documentation?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**401K/ BROKERAGE ACCOUNTS:**

---

Do you have an annuity or thrift fund?

NO (skip this section)

YES (please answer question below)

---

Name of Brokerage

---

Address of Brokerage

---

Please describe the type of assets.

---

Account Number / Identifying information

---

Do you have documentation?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**CRYPTO ASSETS:**

---

Do you have own any crypto assets?

NO (skip this section)

YES (please answer question below)

---

Name of asset.

---

Are these assets held in cold storage or through third party broker?

If assets are in cold storage, please answer these questions.

---

Do you have the device that holds the encryption keys to this asset?

YES (skip this section)

NO (please answer question below)

---

Do you know the whereabouts of where this information can be obtained?

If assets are owned through a third-party broker, please answer these questions.

---

Name of Brokerage

---

Do you have the username and password to access this brokerage?

YES (skip this section)

NO (please answer question below)

---

Do you know the whereabouts of where this information can be obtained?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**STOCKS / BONDS:**

---

Do you have own stocks or bonds?

NO (skip this section)

YES (please answer question below)

---

Serial Number of Bond:

---

Face Amount:

---

Date of Issue:

---

Name Registered In:

---

Do you have the documentation?

YES (skip this section)

NO (please answer question below)

---

Do you know the whereabouts of where this information can be obtained?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**OWNERSHIP IN BUSINESS**

Do own a business?

---

Name of Business:

---

Nature of Business (d/b/a, LLC, Partnership, Corporation):

---

Location of Business:

---

Do you have documentation showing ownership interest?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**ACCOUNTS RECEIVABLE:**

**NOTES, LOANS, OTHER AGREEMENTS**

---

Does anyone owe money to you?

NO (skip this section)

YES (please answer question below)

---

Describe the nature of debt owed - oral agreement, promissory note, loan agreement.

---

Name of Debtor.

---

Address and phone number of Debtor.

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**LEASE INTEREST**

---

Do you have a lease interest in property?

NO (skip this section)

YES (please answer question below)

---

Describe the nature of lease.

---

Name of Lessee.

---

Address and phone number of Lessee.

---

Do you have a copy of the lease? Do you know its whereabouts?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**LITIGATION INTEREST**

---

Are you involved in a lawsuit at this time?

NO (skip this section)

YES (please answer question below)

---

Describe the nature of lawsuit

---

Name of parties in the lawsuit.

---

Address and phone number of parties or the attorney of record.

---

Do you have a copy of the lawsuit? Do you know its whereabouts?

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**ESTATE ASSETS: MOVABLE PROPERTY**

**ESCROW ACCOUNTS**

---

Do you have any money in Escrow at this time?

---

Do you have any documentation for this claim?

**WORKMAN'S COMPENSATION**

---

Are you receiving Worker Compensation at this time?

---

Do you have any documentation for this claim?

**DEATH BENEFITS**

---

Will you be owed any death benefits your employer?

---

Do you have any documentation for this claim?

**DEFERRED COMPENSATION**

---

Do you have interest in a Deferred Compensation Program?

---

Do you have any documentation for this claim?

**SEPARATE PROPERTY**

**INHERITED PROPERTY**

Do you own any property inherited from your family?

---

Please describe any assets that were inherited, from whom, and provide proof.

---

Provide any information that can be used to determine this issue.

USE THE SPACE BELOW TO ANSWER THESE QUESTIONS.

**COMMUNITY PROPERTY**

**MARITAL PROPERTY**

---

Please provide any community settlement agreement or termination of the marital regime.

---

All assets acquired during the marriage are presumed to be community property.

---

Please provide proof of assets you believe to be separate property.

USE THE SPACE BELOW TO ANSWER THESE QUESTIONS.

## **ESTATE ASSETS: HANDLED OUTSIDE OF THE ESTATE**

### **PROPERTY OUTSIDE OF LOUISIANA**

Do you any property outside of the State of Louisiana?

NO (skip this section)

YES (please use the space below to explain)

**LIFE INSURANCE**

Do you own a life insurance policy?

---

Name of Insurer:

---

Address of Insurer:

---

Policy Number:

---

Amount of Policy:

---

Name of Beneficiary:

---

Do you have proof of the Insurance Policy (documentation).

---

If more than 1 policy, please provide the above information for each policy.

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**ANNUITIES**

Do you own an annuity?

---

Name of Provider:

---

Address of Provider:

---

Policy Number:

---

Amount of Annuity:

---

Name of Beneficiary:

---

*Please provide proof of the Annuity (documentation).*

---

*If more than 1 Annuity, please provide the above information for each Annuity.*

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**FINANCIAL WEBSITES AND BANKING**

Do you use online banking through the internet? (i.e. offshore banking)

---

Name of Website

---

E-mail Accounts associated with account.

---

*Do you have the username and password?*

---

*If more than 1 account, please provide the above information for each account.*

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**SOCIAL MEDIA ACCOUNTS**

Do you use social media?

---

Name of Provider:

---

E-mail Accounts:

---

*Do you have usernames and password?*

USE THE SPACE BELOW PROVIDE INFORMATION FOR ADDITIONAL ITEMS.

**ESTATE DEBTS:**

(Please answer the questions below if they are applicable)

**HOME MORTGAGE:**

---

Name of Lender:

---

Please provide copy of bill showing amounts unpaid after date of death.

**PROPERTY TAX:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**HOME INSURANCE:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**UTILITIES:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**MEDICAL EXPENSES:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**FUNERAL EXPENSES:**

---

Please provide copy of bill showing amounts paid.

**AUTO LOAN:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**STUDENT LOANS:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**CREDIT CARDS:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**BANK LOANS:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**BUSINESS LOANS:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**PROMISSORY NOTES:**

---

Please provide copy of bill showing amounts unpaid after date of death.

**OTHER OPEN CREDIT ACCOUNTS:**

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Please provide copy of bill showing amounts unpaid after date of death.