

Client Intake and Estate Plan Questionnaire



PLEASE READ THIS PAGE BEFORE BEGINNING QUESTIONNAIRE

The purpose of this questionnaire is to determine the complexity of your desired Estate Plan. Your answers to this Questionnaire will determine whether you are eligible for the Simple Estate Plan Package, which is offered for a flat fee of \$2,500, or the Complex Estate Plan, which is billed on an hourly basis at my standard rate of \$250/hr.

The Simple Estate Plan Package (\$2,500) includes the following:

Consultation Time:

1. A total of up to 5 hours of consultation with the attorney to discuss your estate plan and develop a plan to best suit your needs. This time includes discussions of - and possible revisions to - the documents described below.

Documents:

1. Revocable Living Trust
2. Pour Over Will
3. Advance Health Care Directive
4. Power of Attorney (if applicable)

Signing:

1. Meet with attorney to sign final documents.

PLEASE PROCEED TO QUESTIONNAIRE ON NEXT PAGE



I. CLIENT INTAKE

1. Legal Name (First, Middle, Last):

2. Birthdate:

3. Are you a U.S. Citizen?

Y or N

3a. If "YES," go to Question 4 of this Section. If "NO," please write the name of the country where you have citizenship:

4. Are you a citizen of two or more countries?

Y or N

4a. If "NO," go to Question 5 of this Section. If "YES," please write the name(s) of the countr(ies) where you have citizenship:

5. If U.S. Citizen, please provide Social Security No.: _____

6. E-Mail Address:



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7. Phone Number:

7a. Is the Firm permitted to text message you?

Y or N

8. Mailing Address:

9. Physical Address (if different from mailing):

PLEASE PROCEED TO PART II OF QUESTIONNAIRE ON NEXT PAGE



II. FAMILY INFORMATION

A. SPOUSE

1. Are you currently legally married?

Y or N

1a. If "NO," skip to Question 2 of this Section. If "YES," please provide legal name of your spouse:

1b. Are both you and your spouse seeking my Estate Planning services?

Y or N

1c. If "YES," skip to Question 2 of this section. If "NO" to Question 1b, please provide the following:

i. Birthdate of Spouse:

ii. Address of Spouse (if different than your address):


2. Are you currently engaged to be legally married?

Y or N

2a. If "NO," go to Question 3 of this section. If "YES," please provide legal name of fiancé:



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2b. If “YES” to Question 2, are both you and your fiancé seeking my Estate Planning services?

Y or N

3. Have you ever been divorced?

Y or N

3a. If "NO," go to Question 4. If “YES,” please write the name(s) of and divorce date(s) for all prior spouses:

4. Do you have biological or adopted children?

Y or N

4a. If “NO,” go to Question 5. If “YES,” please complete the following chart:

| Name of Child | Address of Child (if different from you) | Birthdate of Child |
|---------------|---|--------------------|
| | | |
| | | |
| | | |

| Name of Child | Address of Child (if different from you) | Birthdate of Child |
|---------------|---|--------------------|
| | | |
| | | |
| | | |

5. Is there any person who you want to explicitly disinherit? (i.e., Is there a current spouse, biological or adopted child, a parent, sibling, etc. that you want “cut out of the Will?”)

Y or N