

INTAKE FORM - MARRIED

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

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INTAKE FORM - MARRIED

Existing Estate Planning			
Please indicate if you have any of the following documents:			
Description	Husband Name:	Wife Name:	State / Year Document Executed
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Preuptial Agreement/Marital Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.	
Husband: Current health status:	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> Problem – Specific Concern:
Wife: Current health status:	<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> Problem – Specific Concern:

Estate Planning Goals	
Rank the following in order of importance for you currently - (1 = Most Important to 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	

Personal and Family Information	
Please List ALL children, both living, estranged, deceased, etc.**Include all children regardless of plans to disinherit	
Child #1 Name:	Age: Gender: Male Female Other
ADDRESS:	<input type="checkbox"/> Ours <input type="checkbox"/> Hers <input type="checkbox"/> His
PHONE NUMBER:	
<input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse's name:	Children: None - How many? Ages
Special needs considerations:	
Potential problems/medical or financial hardship/issues:	
Child #2 Name:	Age: Gender: Male Female Other
ADDRESS:	<input type="checkbox"/> Ours <input type="checkbox"/> Hers <input type="checkbox"/> His
PHONE NUMBER:	

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<input type="checkbox"/> Single Married - Spouse's name: Special needs considerations: Potential problems/medical or financial hardship/issues:	Children: None - How many? Ages
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Child #3 Name:	Age:	Gender:	Male	Female	Other
ADDRESS:	<input type="checkbox"/> Ours	<input type="checkbox"/> Hers	<input type="checkbox"/> His		
PHONE NUMBER:					

<input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse's name: Special needs considerations: Potential problems/medical or financial hardship/issues:	Children: None - How many? Ages
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Child #4 Name:	Age:	Gender:	Male	Female	Other
ADDRESS:	<input type="checkbox"/> Ours	<input type="checkbox"/> Hers	<input type="checkbox"/> His		
PHONE NUMBER:					

Single Married - Spouses name: Special needs considerations: Potential problems/medical or financial hardship/issues:	Children: None - How many? Ages
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Add below or separate sheet for more children

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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.			\$	
B.			\$	
C.			\$	
D.			\$	
E.			\$	
F.			\$	

*Additional accounts can be added on the back of this page or attached additional pages to the from.

Retirement Accounts (IRAs, 401k, Annuities) Name of Bank or Financial Institution	Account Type (IRA, Roth IRA, 401K, 403B, SEP, etc.) Include Crypto Currency & Crypto Type (Bitcoin, Ethereum, etc) Include 529 Accounts	Owner	Value	Did you name a death beneficiary on this account? Did you name a contingent? List all named beneficiaries.
A.			\$	
B.			\$	
C.			\$	
D.			\$	
E.			\$	

Additional accounts can be added on the back of this page or attached additional pages to the from.

Life Insurance (Death benefit and Cash value)	Account Type (Whole life, term, etc.)	Owner - Who owns the Account	Value Death Beneficiary(s) On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

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Additional accounts can be added on the back of this page or attached additional pages to the from.

Long Term Care Insurance (Death benefit and Cash value)	Account Type	Owner	Value Death Beneficiary(s) On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

Real Estate	County/ State	Owner (Joint? Individual Name? In name of a Trust?)	Value
Real estate: Primary Residence			\$
Real estate: Other Real Property			\$ \$
Timeshares/condos/other property			\$

Vehicles (Automobile, motorcycle, boats, snowmobiles, etc.)	Make/Model/Year	Owner (Joint? Individual Name? In name of a Trust?)	Value
A.			\$
B.			\$

OTHER ASSETS NOT LISTED
(Personal Effects, paintings, collections etc.)

TYPE/ Description	Owner	Account or Serial Number	TOTAL
A.			\$
B.			\$
C.			\$

LIABILITIES

TYPE	TOTAL
Mortgage	\$
Loans Payable	\$
Other	\$
Total Value	\$

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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
- Trust for surviving pets
- Lifetime loans to children/grandchildren (advancements)
- Privacy
- 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 (\$250 Single - \$300 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