

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 dropped off for review **PRIOR** to your meeting with Attorney. The Elder Law and Estate Planning Center

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INTAKE FORM - MARRIED

Spouse #1 Name:	Age:
<input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Retired <input type="checkbox"/> Employed	Marriage: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other
Address:	City:
County: State:	Zip Code:
Home Phone:	Email address:
Cell Phone:	
May we send you appointment reminders via text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Service: __/__/____
Spouse #2 Name:	Age:
<input type="checkbox"/> US Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Retired <input type="checkbox"/> Employed	Marriage: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other
Address: (if different)	City:
County: State:	Zip Code:
Home Phone: (if different)	Email address:
Cell Phone:	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Service: __/__/____
Emergency Contact Information:	
Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (Please explain)
Address:	
Phone:	

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

Child #1 Name:	Age:
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:	Children: <input type="checkbox"/> None - How many? _____ Ages
Potential problems/medical or financial hardship/issues:	
Child #2 Name:	Age:
ADDRESS:	<input type="checkbox"/> Ours <input type="checkbox"/> Hers <input type="checkbox"/> His
PHONE NUMBER:	

INTAKE FORM - MARRIED

<input type="checkbox"/> Single <input type="checkbox"/> Married - Spouse's name: Special needs considerations: Potential problems/medical or financial hardship/issues:	Children: <input type="checkbox"/> None - How many? _____ Ages
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Child #3 Name:	Age:
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: <input type="checkbox"/> None - How many? _____ Ages
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Child #4 Name:	Age:
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: <input type="checkbox"/> None - How many? _____ Ages
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Add below or separate sheet for more children

INTAKE FORM - MARRIED

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	Death Beneficiaries? If yes, who are the beneficiaries? Who are the contingent benes?
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.)	Owner	Value	Death Beneficiary(s)? Name of 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	Value Death Beneficiary(s) On Account?
A.			Death Benefit \$ _____
B.			Death Benefit \$ _____

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

INTAKE FORM - MARRIED

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	\$

FINANCIAL INFORMATION SHEET
Income information only needed for Asset Protection/Medicaid Planning Clients Only

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

INTAKE FORM - MARRIED

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

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

Other _____

