

ELDER LAW & ESTATE PLANNING CENTER

Plan for Tomorrow, Today

Confidential

Client Personal and Financial Intake Form.

Client Name: _____

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

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www.hiltonheadelderlaw.com

FILLABLE INTAKE FORM - SINGLE

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"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Address:		City:	
County:		Zip Code:	
State:			
Home Phone:		Email address:	
Cell Phone:			
May we send you appointment reminders via text? <input type="checkbox"/> Yes <input type="checkbox"/> No Email? Yes No			
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Service:	
Emergency Contact Information:			
Name:		Son Daughter Other: (Please explain)	
Address:			
Phone:			
Existing Estate Planning			
Please indicate if you have any of the following documents:			State / Year Document Executed
Will	Yes	No	
Trust	Yes	No	
Power of Attorney	Yes	No	
Health Care Proxy	Yes	No	
Living Will	Yes	No	
Safety Deposit Box	Yes	No	N/A
Preuptial Agreement/Marital Agreement	Yes	No	
Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.			
Your Current health status		<input type="checkbox"/> Good <input type="checkbox"/> Concern <input type="checkbox"/> Problem – Specific Concern:	

FILLABLE INTAKE FORM - SINGLE

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.

Please list all children regardless of plans to disinherit

Child #1 Name:	Age:	Gender:	M	F	Other
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ADDRESS:

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 #2 Name:	Age:	Gender:	M	F	Other
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ADDRESS:

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 #3 Name:	Age:	Gender:	M	F	Other
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ADDRESS:

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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FILLABLE INTAKE FORM - SINGLE

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

Add below or separate sheet for more children

FILLABLE INTAKE FORM - SINGLE

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)	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 form.

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 form.

FILLABLE INTAKE FORM - SINGLE

Long Term Care Insurance (Death benefit and Cash value)	Account Type	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 form.

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	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		\$

FILLABLE INTAKE FORM - SINGLE

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

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Estranged Spouse/Ex-Spouse | Prenuptials or divorce agreements |
| Blended Family | Remarriage Protection |
| Disinherit children | Estranged children |
| Litigious Children/family members | Deceased children |
| Ownership of LLC's or business | Other: |
| 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
