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Welcome to Your Estate Planning Intake Form We’re here to help you protect what matters most—your family, your health choices, and your assets. This form is straightforward and confidential. Filling it out ahead of time makes our meeting more efficient and lets us focus on your goals.

Here’s what this form covers:

- **Your Personal Information** — Basic details about you and your family.
- **Health Care Decisions** — Who you trust to make medical choices for you if you can’t, including decisions about life-sustaining treatment.
- **Financial Decisions** — Who should handle your finances (paying bills, managing accounts, etc.) if you’re unable to do so.
- **Guardians for Minor Children** — Who would step in to raise and care for your kids with the same love and values you have (if applicable).
- **How Your Assets Are Passed On** — Your wishes for distributing your resources after you’re gone—who gets what, when, and how (to keep things fair, protected, and hassle-free).
- **Asset Inventory** — A summary of what you own and its approximate value.

NOTES / QUESTIONS FOR ATTORNEY - Please list any questions, concerns, or special circumstances you would like to discuss:

Take your time—estimates or “not sure yet” answers are fine. We’ll discuss everything in detail at our meeting.

CLIENT 1

Full Legal Name:

Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Home Address: Street: _____

City: _____ State: ____ ZIP: _____

Phone Number (include area code):

Email Address:

Names and Dates of Birth of All Your Children
(List each child on a separate line, e.g., “Jane Doe – 01/15/2010”)

Do you or any of your children receive disability benefits?

Yes No

If yes, please briefly explain:

Your Citizenship (Country):

Are you a military veteran?

Yes No

Do you have a prior estate plan (will, trust, powers of attorney, etc.)?

Yes No

If yes, what documents do you currently have?

CLIENT 2 (IF APPLICABLE)

Full Legal Name:

Date of Birth (MM/DD/YYYY): ____ / ____ / _____

Home Address: Street: _____

City: _____ State: ____ ZIP: _____

Phone Number (include area code):

Email Address:

Names and Dates of Birth of All Your Children
(List each child on a separate line or write “same” if same as Client 1)

Do you or any of your children receive disability benefits?

Yes No

If yes, please briefly explain:

Your Citizenship (Country):

Are you a military veteran?

Yes No

Do you have a prior estate plan (will, trust, powers of attorney, etc.)?

Yes No

If yes, what documents do you currently have?

Client 1

Client 2

First Patient Advocate

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Second Patient Advocate

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Third Patient Advocate (Optional)

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Life Support Choice

I want my patient advocate to remove life support if two doctors agree I am in an irreversible coma or permanent vegetative state.

I want my patient advocate to remove life support if two doctors agree I am in an irreversible coma or permanent vegetative state.

I want to be kept alive as long as possible, regardless of my condition.

I want to be kept alive as long as possible, regardless of my condition.

Organ Donation Choice

I want my patient advocate to donate my organs.

I want my patient advocate to donate my organs.

I do not want my organs donated.

I do not want my organs donated.

Funeral Representative

I want my patient advocate to be my funeral representative.

I want my patient advocate to be my funeral representative.

I do not want a funeral representative.

I do not want a funeral representative.

Do you foresee needing nursing home care for a family member soon?

Yes No Unsure

Backup Financial Decision-Maker

(Primary = Spouse/Partner. Backups = Successors if spouse unable/unwilling)

Recommendation: Name **each other** as primary. Use the **same** backup people (in same order) to avoid disputes & probate issues.

First Backup (After Spouse *If Applicable) – Recommended same for both

Name: _____ Relationship: _____

Address: _____ Phone: _____

(City, ST ZIP) Email: _____

Second Backup (Recommended) – Same for both preferred

Name: _____ Relationship: _____

Address: _____ Phone: _____

(City, ST ZIP) Email: _____

Guardianship of Minor Children

Check if **no minor children** → skip this section.

- Name one person (not a couple) as guardian to ensure clear authority and avoid confusion or court delays.
- Naming a couple can lead to conflicts over parenting styles, living arrangements, or decisions—potentially causing disputes or complications.
- If all children are from this relationship (no children outside the couple), you can usually name the same guardian(s) for both of you—simplifying the form to one shared column.

Client 1

Client 2

Guardian After Child/Childrens Other Parent

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Backup After Guardian After Child/Childrens Other Parent

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Distribution Plan

Check here if this section does NOT apply (e.g., Powers of Attorney and/or deed only). Skip if checked.

Why a Clear Plan Matters A clear distribution plan avoids confusion, reduces probate court involvement (even with a trust), lowers costs, and ensures more of your assets go to loved ones instead of fees or disputes.

Common Options for Families with Children

- **Equal shares** among children is popular for fairness and family harmony.
- If a child passes away before you: Their share usually goes to their children (your grandchildren). If no grandchildren, it divides equally among your surviving children.
- **Protecting young or immature beneficiaries:** Assets often go into a trust (not outright at age 18). The trustee can distribute funds as needed for **health, education, maintenance, and support** (HEMS standard)—e.g., college tuition, medical bills, basic living—but has discretion to prevent misuse.
- **Staggered (timed) distributions:** Many clients choose partial payouts at set ages to encourage responsibility (e.g., half at 25, remainder at 30 or 35). This provides a safety net while letting beneficiaries mature.

For Others (no minor children, or custom wishes)

- Keep it simple and clear to honor your wishes quickly.
- Many prefer keeping gifts in the family bloodline.
- You can make special gifts to friends, charities, distant relatives, etc.—just describe them.

Choose Your Preferred Distribution Plan – Check ONE main option

Option A: Standard equal to children with trust & staggered ages (most common for parents) After my/our passing, divide remaining assets equally among my/our children.

- If a child predeceases me/us: Their share goes to their children (grandchildren). If no grandchildren, divide equally among surviving children.
- Assets for beneficiaries under [age, e.g., 25/30] held in trust. Trustee distributes as needed for health, education, maintenance, support (HEMS).
- At age **25**, beneficiary receives **half** of their trust share.
- At age **30**, beneficiary receives the **remainder**.

Option B: Same as A, but different ages (Describe your preferred ages and percentages, e.g., 1/3 at 25, 1/3 at 30, balance at 35):

Option C: Equal to children, but full immediate distribution (no trust/staggering) After my/our passing, divide remaining assets equally among my/our children (outright, no trust). If a child predeceases: Share to their children, or if none, to surviving children.

Option D: In addition to A/B/C above, I want special/specific gifts (Describe: who gets what, e.g., "\$10,000 to charity X"):

Option E: Completely different/custom plan Describe your wishes in detail (e.g., unequal shares, specific percentages, conditions, charities, friends, etc.):

Any additional notes, concerns, or family dynamics (e.g., blended family, special needs child, unequal gifts for reasons)?

To evaluate the need for tax planning, is the total value of your estate over \$6 million?

Yes No Unsure

ASSET INVENTORY (OPTIONAL)

REAL ESTATE

Property #1

Address: _____

Ownership: Individual Joint Trust Other: _____

Approx. Value: \$ _____ Mortgage Balance: \$ _____

Property #2

Address: _____

Ownership: Individual Joint Trust Other: _____

Approx. Value: \$ _____ Mortgage Balance: \$ _____

FINANCIAL ACCOUNTS

Bank Accounts (Checking, Savings, CD, Money Market)

Institution	Type	Owner(s)	Balance

Investment Accounts (Brokerage, Stocks, Bonds, Funds)

Institution	Type	Owner(s)	Balance

Retirement Accounts (IRA, 401(k), Pension, Annuity)

Institution	Type	Owner(s)	Balance

LIFE INSURANCE

Policy #1

Company: _____

Policy Type: _____

Beneficiary(ies): _____

Death Benefit: \$ _____ Cash Value: \$ _____

Policy #2

Company: _____

Policy Type: _____

Beneficiary(ies): _____
Death Benefit: \$ _____ Cash Value: \$ _____

BUSINESS INTERESTS

Business Name	Entity Type	Ownership %	Approx. Value

OTHER ASSETS

(Trust interests, notes receivable, valuable personal property, cryptocurrency, etc.)

Description	Approx. Value

Client 1 Signature: _____ Date: _____

Client 2 Signature: _____ Date: _____