



ESTATE PLANNING INTAKE FORM

CLIENT INFORMATION

FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS CITY

STATE ZIP CODE EMAIL ADDRESS

HOME PHONE CELL PHONE WORK PHONE

____ M/ F _____
GENDER MARITAL STAUS DATE OF BIRTH (DIGITS)



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SERVICES & DOCUMENTS

(PLEASE CHECK ALL REQUESTS)

- ☐ WILL
- ☐ INFORMATION FOR CAREGIVERS AND SURVIVORS
- ☐ DURABLE POWER OF ATTORNEY FOR FINANCE
- ☐ ADVANCED HEALTH CARE DIRECTIVE (A/K/A LIVING WILL)
- ☐ REVOCABLE LIVING TRUST WITH CERTIFICATION
- ☐ IRREVOCABLE TRUST
- ☐ LETTER OF INSTRUCTION TO SURVIVORS
- ☐ FINAL ARRANGEMENTS DOCUMENT
- ☐ PROPERTY WORKSHEET
- ☐ REVOCATION OF HEALTH CARE DIRECTIVE
- ☐ REVOCATION OF POWER OF ATTORNEY
- ☐ TRANSFER ON DEATH DEED (STATE SPECIFIC/CURRENTLY AVAILABLE IN DC & VA)

Rec'd By Team Member/Date

CLIENT'S SIGNATURE / DATE

** OTHER ESTATE PLANNING DOCUMENTS AVAILABLE UPON REQUEST

***SERVICE FEES AVAILABLE DURING INITIALCONSULTATION