FOR KNIGHT SOLUTIONS, LLC CONFIDENTIAL WORK PRODUCT

ESTATE PLANNING CLIENT INTAKE CHECKLIST

INSTRUCTIONS: Please complete the following form. If you are unsure what to put or whether a question applies to your situation, you may leave it blank. Please be sure to complete the summary of assets on the final pages of this form. It is important that we get a comprehensive overview of your financial circumstances so that we can work with you to prepare an estate plan that best meets your needs. Once you have completed the form, please mail, e-mail at <code>info@knightsolutionsllc.com</code>. A member of our team will be in contact with you to discuss the form.

NAME:	
Address:	
Telephone:	
E-Mail:	
Marital status:	Date of Marriage:
SSN: Client	Birth Date:
Client	Spouse
Citizenship: Client	Spouse
Have you or your spouse been	married previously?
California, Idaho, Louisi Washington? (Circle the sta	r resided in Alaska, Wisconsin, Arizona, ana, New Mexico, Nevada, Texas or te) If so, please provide the dates of ve states:
Do you have current Wills?originals to our appointment	If yes, please bring all
FAM	ILY INFORMATION
Please list the legal names	and birthdays of all of your children, and
-	of their own. Please also include the names whether they had any children.
Husband's Children	Date of Birth # and Age of Grandchildren

Wife's Children	Date of Birth	# and Age of Grandchildren
	ESTATE PLANNING INFORM	MATION
assets after your	death, coordinates wit tate according to your Wil	the person who manages your th the probate court, and ll. Who would you like to be
Legal Name	Relationship	Address (if not a relative)
1.		
2		
3		
minor children, gra or, for your survi appointed to manag	ndchildren, or disabled beving spouse, as applicat	ets after your death for any eneficiaries of your estate, ble. A trustee may also be ur own lifetime in certain
Legal Name	<u>Relationship</u>	Address (if not a relative)
1		
2		
3		
	erson who will take care dould be the guardian of y	of your minor children, after your minor children?
Legal name	Relationship	Address (if not a relative)
1		
3.		
Exclude a former spouse	?? Name:	
A General Durable I behalf for financia	Power of Attorney authorial and medical decisions	izes someone to act on your during your lifetime. Who may separate out medical and
A General Durable I behalf for financia would you like to a	Power of Attorney authorial and medical decisions	izes someone to act on your during your lifetime. Who

A living will, also called an "Advance Directive for Medical/Surgical Treatment" is a document in which you specify in advance whether or for how long you would like life support and artificial nutrition and hydration continued under certain circumstances. Do you want a living will? Husband Wife
The beneficiaries who are designated on your various investments, retirement accounts, and life insurance policies should be coordinated with your Wills. Do you have retirement accounts, life insurance policies, annuities, or other accounts that need beneficiary designation forms directing that these assets should pass upon your death in harmony with you Will?
Please note if any special family circumstances are applicable:
Do you want to disinherit anyone? Is anyone likely to contest your Will? Is anyone on governmental assistance? Does anyone have special needs, disabilities, or addictions? Will anyone need to enter a nursing home soon? Does anyone have creditor problems? Is divorce a concern for anyone? Other:
Please list any special financial circumstances:
Continuing obligations from a prior divorce? Prenuptial or other marital agreement? Have you or your spouse ever filed gift tax returns? Non-California assets? Oil, Gas, Mineral Interests? Agricultural interests? Water rights? Time-share or vacation home? Family business? Are you the beneficiary of any existing trust?
Total combined estate close to or over \$5 million? Do you have a long-term care policy? If yes, what are the benefits payable? Other:
DISTRIBUTION OF ESTATE:
1. Would you like to make gifts of specific assets under your Will? If so, please describe:

2. Please describe how you would like the rest your estate distributed
3. If any of the above beneficiaries are deceased, who would you want t be your contingent beneficiary or beneficiaries?
4. The Will's trust provision allows your Personal Representative to hol the gift to any beneficiary in trust until he or she reaches age 25 Please indicate if you would like the age of trust dissolution an outright distribution to be different.

SUMMARY OF ASSETS

Please list all of your assets on the below form. You may use "ballpark" figures, but it is important that this list is filled out completely, including an indication of the ownership of each asset.

<u>ASSETS</u>	HUSBAND	WIFE	<u>JOINT</u>	TENANTS IN COMMON
REAL ESTATE Home				
Other Real Estate				
CASH AND SECURITIES Cash and Checking Accounts				
Savings Accounts				
CDs, T-Bills, etc.				
Stocks/Bonds/Mutual Funds				
U.S. Savings Bonds				
Other				
PERSONAL PROPERTY Cars				
Household Furnishings				
Jewelry				
Recreation Equipment				
Collectibles				
Other				
OTHER Life Insurance				

Pension Death Benefits - Circle: IRA, KEOGH, Profit Sharing, Other		
Annuities		
Business Interests		
Loans Receivable		
Oil, Gas and Other Minerals		
Prospective Inheritances		
TOTAL ASSETS		
LIABILITIES		
MORTGAGES Home		
Other Real Estate		
OTHER LOANS Cars		
Other		
Unsecured Debts		
TOTAL LIABILITIES		
NET ESTATES		
GRAND TOTAL		
YEARLY INCOME		