## Estate Planning Intake Form

Client 1	Client 2
	Client 1

Address		
Street:		
City, State:		
Zip:		

Children				
Full Name	Date of	Address and Phone	Parent	
(Including middle)	Birth	number	Joint or	
			Separate	

## Who would you like to make decisions for you?

Successor Trustees					
	Full Name	Address	Phone Number		
	(Including middle)				
1 <sup>st</sup>					
Choice					
2 <sup>nd</sup>					
Choice					
3 <sup>rd</sup>					
Choice					
4 <sup>th</sup>					
Choice					

Client 1 Financial Agents				
	Full Name	Address	Phone Number	
	(Including middle)			
1 <sup>st</sup>				
Choice				
2 <sup>nd</sup>				
Choice				
3 <sup>rd</sup>				
Choice				
4 <sup>th</sup>				
Choice				

Client 2 Financial Agents							
	Full Name Address Phone Number						
	(Including middle)						
1 <sup>st</sup>							
Choice							
2 <sup>nd</sup>							
Choice							

3 <sup>rd</sup>		
Choice		
4 <sup>th</sup>		
Choice		

Client 1 Health Care Agents				
	Full Name	Address	Phone Number	
	(Including middle)			
1 <sup>st</sup>				
Choice				
2 <sup>nd</sup>				
Choice				
3 <sup>rd</sup>				
Choice				
4 <sup>th</sup>				
Choice				

Client 2 Health Care Agents				
	Full Name	Address	Phone Number	
	(Including middle)			
1 <sup>st</sup>				
Choice				
2 <sup>nd</sup>				
Choice				
3 <sup>rd</sup>				
Choice				
4 <sup>th</sup>				
Choice				

	Full Name	Address	Phone Number
	(Including middle)		
1 <sup>st</sup>			
Choice			
2 <sup>nd</sup>			
Choice			
3 <sup>rd</sup>			
Choice			
4 <sup>th</sup>			
Choice			
1) Up	on your death, how and to w	hom do you want your	assets distributed?
			<del></del>
			<del></del>
			·····
2) Are	there any charities you would	I like to make a gift to?	
		-	Cift Amount
ivan	ne and Address of Charities		Gift Amount

**Guardians for Minor Children** 

3)	Would you like to give certain individu monetary gifts?	als any :	specific iter	ns or
	Name	lt	em/Monet	ary Amount
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