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Estate Planning Intake Worksheet

This worksheet is designed to gather basic information needed to prepare a simple estate plan, including a will, general power of attorney, and advance directive for health care. Please complete as much information as you are comfortable providing. All information is kept strictly confidential. If you have questions about any section, you may leave it blank and we will review it with you.

General Information

Client 1 Full Legal Name (as it appears on your ID): _____
Preferred Name: _____ Date of Birth: _____
Address: _____
Email: _____ Phone: _____
Client 2 Full Legal Name (as it appears on your ID): _____
Preferred Name: _____ Date of Birth: _____
Address: _____
Email: _____ Phone: _____

Family Information

Marital Status: ☐ Single ☐ Married

Do you have children (C) and as appropriate, stepchildren (SC)? ☐ Yes ☐ No

(List all children, including adult children)

Full Legal Name _____	DOB _____	☐ C ☐ SC
Full Legal Name _____	DOB _____	☐ C ☐ SC
Full Legal Name _____	DOB _____	☐ C ☐ SC
Full Legal Name _____	DOB _____	☐ C ☐ SC
Full Legal Name _____	DOB _____	☐ C ☐ SC
Full Legal Name _____	DOB _____	☐ C ☐ SC

Guardians (Minor Children)

(Who would care for your children if both parents are unavailable)

Primary Guardian: _____ Alternate Guardian: _____

Distribution Wishes

(Who should receive your assets)

☐ Spouse
☐ Children equally
☐ Other: _____

Any Specific bequest to individuals or charitable organizations:

Common Disaster

(distribution is wealth outlives immediate family)

Testamentary Trust

(To protect assets for minor children or younger beneficiaries)

Co Trustees: _____ relationship: _____
and _____ relationship: _____

Suggested age band distribution (common way of structuring when and how beneficiaries (usually children) receive assets from a trust): _____

Executor (Person responsible for handling your estate)

Primary Executor: _____

Alternate Executor: _____

Financial Power of Attorney

(Person who handles finances if you cannot)

Primary Agent: _____

Alternate Agent: _____

Health Care Directive

(Person who makes medical decisions if you cannot)

Primary Agent: _____

Alternate Agent: _____

Real Estate

Do you own real estate? ☐ Yes ☐ No

If yes, address: : _____

Additional assets to be included in Will

(*Note: non-probate assets such as life insurance or retirement assets (i.e. 401k) which have a designated beneficiary are not included in the Will)

- Additional real estate: _____
- Bank accounts: _____
- Individually owned companies: _____

Additional Notes
