

**ESTATE PLANNING INFORMATION FORM
(SINGLE)**

This form is extremely important. Your accuracy and completeness in responding will help me best represent you and provide you with accurate legal advice. Please bring this information with you to the appointment.

DATE _____

Who referred you to this office?

Name and Address _____

PERSONAL DATA

Full Legal Name: _____

Also Known As: _____

Address: _____

Home Phone: _____ Work Phone: _____ Other: _____

Birth Date: _____ Social Security Number: _____

U.S. Citizen? Yes _____ No _____ Annual Income _____

Source of Income: SS Pension Other: _____

If widowed, please list name of spouse and date of death _____

If divorced, do you have any ongoing financial or insurance requirements for your spouse or children ?

If divorced, does your spouse have any ongoing financial or insurance requirements for you or your children? _____

Will you provide copy of Settlement Agreement and Divorce Decree at Initial Consultation, QDRO, etc.
Yes ___ No _____

Do you currently have a Will or Trust? Yes _____ No _____
If so, please provide a copy including all codicils and amendments.

Do you currently have Powers of Attorney for Healthcare? Yes _____ No _____

Do you currently have Powers of Attorney for Property? Yes _____ No _____

Do you currently have a Living Will? Yes _____ No _____
If so, please provide copies.

ADVISORS

Financial Advisor/Planner or other Advisor: _____

Accountant: _____

CHILDREN (if applicable)

Please list ALL your children, including deceased children, children born out of wedlock, and children you wish to omit from your estate plan. Please note if a deceased child was survived by any children. You may use another page if necessary.

| CHILD'S NAME | ADDRESS WITH ZIP CODE | DATE OF BIRTH |
|--------------|-----------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

1. Are any of your children under a disability? If so, please explain: _____

2. Have any children received an advance on their inheritance, or do any children owe you money? If so, please explain: _____

3. Do you have any special concerns or objectives for your children? If so, please explain: _____

INTENTIONS FOR DISTRIBUTIONS FROM YOUR ESTATE

1. For whom do you want to provide in your Will? _____

2. If you have children, do you wish to treat all of your children equally?
Yes _____ No _____ If no, please explain: _____

3. After your death, at what age do you want distribution to your children?
(e.g. a typical plan provides for 1/3 at age 25, 1/3 at age 30 and 1/3 at age 35)
Your choice of age: _____

4. If a child predeceases you, should that share pass to his or her children?
Yes _____ No _____
Do you have any grandchildren born out of wedlock? Yes _____ No _____
If so, please explain: _____

5. If you have grandchildren, do you wish to leave a specific amount of money or a percentage of your estate directly to your grandchildren? Yes _____ No _____

6. Do you want to leave a specific amount of money or other assets to any charity?
 If so, how much? _____
 Name(s) and Address(es) of Charity: _____

7. Are there any family members that you want to specifically exclude from receiving anything under your Will? If so, whom? _____
8. If all of the persons you want to receive from your estate after death predecease you, to whom should your estate pass? _____

EXECUTOR

An Executor is responsible for probating your will, collecting your assets, paying your debts, and settling your estate. Who do you wish to serve as your Executor?

- First Choice: _____ Relationship _____
 Address: _____
- Second Choice: _____ Relationship _____
 Address: _____
- Third Choice: _____ Relationship _____
 Address: _____

TRUSTEE

If you are establishing a trust, who should serve as your Trustee? A Trustee would manage your estate during your lifetime and after your death until the trust is no longer viable or is dissolved.

- First Choice: _____ Relationship _____
 Address: _____
- Second Choice: _____ Relationship _____
 Address: _____
- Third Choice: _____ Relationship _____
 Address: _____

GUARDIAN FOR CHILDREN

A guardian would have physical and legal control over your minor or disabled children. If you have minor or disabled children, who do you want to act as Guardian? Ignore this section if you have no minor or disabled children.

First Choice: _____ Relationship _____
 Address: _____

Second Choice: _____ Relationship _____
 Address: _____

Third Choice: _____ Relationship _____
 Address: _____

FINANCIAL INVENTORY

Use approximate dollar values of each asset. Use an additional page if necessary. NOTE: Please bring copies of deeds to all real estate you own. We will need the legal description and parcel identification number. If any property is in a Land Trust, bring the trust document. If you own any property with another person, please indicate the ownership and percent ownership (i.e., joint with right of survivorship, tenants in common @ 50%, etc.). Please list any designations of beneficiaries assigned to any assets.

| ASSETS ***List Beneficiaries designated also | APPROXIMATE VALUE | OTHER OWNER(S) |
|---|---------------------|----------------|
| Homestead Market Value & Mortgage(s) | Value: Mortgage: | |
| Other Real Estate Address: | Value: Mortgage: | |
| Other Real Estate Address: | Value: Mortgage: | |
| Checking Account(s) (Banks) | | |
| Savings Account(s) (Banks) | | |
| Money Market Account(s) (Banks) | | |

| ASSETS | APPROXIMATE VALUE | OTHER OWNER(S) |
|--|-------------------|----------------|
| Certificates of Deposit (Banks) | | |
| Stocks | | |
| Bonds | | |
| Mutual Funds (not in Retirement accounts) | | |
| Retirement Accounts (IRA, 401(k), 403(b), SEP,etc.) | | |
| Annuities (non-retirement, non- qualified) | | |
| Life Insurance (death benefit & cash value) | | |
| Closely Held Business Interests | | |
| Automobiles (current value and loans) | Value: Loans: | |
| Boats, Trailers, etc. | | |
| Personal Property (est. value if sold) (furniture, jewelry, art work, etc.) | | |
| Other Assets | | |
| TOTAL | | |

LIVING WILL

This document includes your preferences for end of life decisions.

Do you want your Living Will to provide for withdrawal of artificial food and fluid?

Yes _____ No _____

POWER OF ATTORNEY FOR HEALTH CARE

This document includes preferences, limitations and directions regarding your health wishes and appoints an agent to act on your behalf when you are unable to do so yourself.

Do you want to donate your eyes or organs? Yes _____ No _____

Specific organs? _____

Do you want your health care representative to consult with any other person prior to acting? If so, whom? _____

Disposition of your remains? (burial, cremation with burial, cremation with dissemination of ashes, burial in veterans cemetery, etc.) _____

Do you have any burial plot, prepaid funeral, etc? Explain: _____

Who would you name as your Health Care Agent (usually family member or friend):

First Choice: _____ Relationship: _____

Address: _____

Second Choice: _____ Relationship: _____

Address: _____

Third Choice: _____ Relationship: _____

Address: _____

Do you have a primary care physician? ? Yes _____ No _____

POWER OF ATTORNEY FOR PROPERTY

This document allows you to grant another person the power to act on your behalf to manage your financial affairs. The person you name will be able to manage your assets and pay your bills if you become incapacitated, disabled, incompetent or are otherwise unable to manage your affairs.

Who would you name as your Financial Agent (usually family member or friend):

First Choice: _____ Relationship: _____

Address: _____

Second Choice: _____ Relationship: _____

Address: _____

Third Choice: _____

Relationship: _____

Address: _____

MISCELLANEOUS

Do you have any other legal issues that I should be aware of? If so, please explain:

Are you expecting an inheritance in the future? Yes ___ No _____

Do you have a safe deposit box? Yes _____ No _____

If so, who has access to your box? _____

Are there any assets in your safe deposit box that are not already listed here? _____

The undersigned hereby represents to PEGGY A. PRATSCHER, LTD., and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information which I am furnishing. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature of Client or Client Representative: Date:

I hereby waive confidentiality for the following persons to work with and communicate with my attorney for matters of my estate plan, but reserve my right to withdraw this waiver at any time.

Name: _____

- I waive for the initial meeting only
- I waive for the initial meeting and subsequent communications related to the establishment of my estate plan.
- I want this person to receive copies of all correspondence sent to me.

Name: _____

- I waive for the initial meeting only
- I waive for the initial meeting and subsequent communications related to the establishment of my estate plan.
- I want this person to receive copies of all correspondence sent to me.

Signature of Client or Client Representative:

Date:
