

MULVENA LAW GROUP, PC

CONFIDENTIAL ESTATE PLANNING INTAKE FORM

This form is helpful as we assist you in meeting your estate planning objectives. Please fill out as much as possible using estimated figures where information is not easily attainable, and leaving items blanks for those questions which are inapplicable. Please feel free to write in the margins or to add other information that you think might be helpful.

Background Information

Client A (you)

Client B (spouse or partner)

Full legal name:	_____	_____
Principal Residence:	_____ _____ _____	_____ _____ _____
Telephone:	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	_____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
E-Mail:	_____	_____
Profession/Business:	_____	_____
Date of Birth:	_____	_____
Birthplace:	_____	_____
Citizenship:	_____	_____

A. Family Information

Children or Individuals Who Will Be Beneficiaries Of Your Estate

Name	Address	Telephone	DOB
_____		_____	
Spouse's Name		Names/Ages of children	

Name	Address	Telephone	DOB
_____		_____	
Spouse's Name		Names/Ages of children	

Name	Address	Telephone	DOB
_____		_____	

Spouse's Name

Names/Ages of children

Name

Address

Telephone

DOB

Spouse's Name

Names/Ages of children

B. Financial Information

Approximate Annual Income

Client A

Client B

1. Salary/commissions: _____
2. Interest/dividends: _____
3. Bonuses: _____
4. Other income: _____

Approximate Asset Values

Client A

Client B

Joint

1. Cash or near cash: _____
2. Investment accounts: _____
3. Homes (est. FMV): _____
4. Other real estate: _____
(est. FMV)
5. Personal possessions: _____
(i.e., tangible items)
6. Retirement accounts: _____
(i.e., IRA's, 401(k)'s)
7. Insurance cash value: _____
8. Do you own a business: _____
9. Other: _____
(e.g., S Corp stock,
other business
interests, intellectual
property interests, etc.)

Significant Liabilities (Mortgages, other debts, adverse legal judgments, etc.)

1. Amount and nature of liability: _____
2. Amount and nature of liability: _____
3. Amount and nature of liability: _____

C. Life Insurance

Insured	Type	Face Value	Cash Value	Beneficiary	Owner
<u>Client A</u>					
Policy #1:	_____	_____	_____	_____	_____
Policy #2:	_____	_____	_____	_____	_____
Policy #3:	_____	_____	_____	_____	_____
<u>Client B</u>					
Policy #1:	_____	_____	_____	_____	_____
Policy #2:	_____	_____	_____	_____	_____
Policy #3:	_____	_____	_____	_____	_____

D. Other Advisors

1. Accountant
Name: _____
Address: _____
Phone: _____
2. Investment Manager
Name: _____
Address: _____
Phone: _____
3. Life Insurance Agent
Name: _____
Address: _____
Phone: _____

F. Special Considerations

1. Do you have any existing estate planning documents (wills, trusts, health care proxies, etc.)?

2. Do you expect to inherit significant wealth from parents or other relatives?

3. Have you been previously married? If so please describe.

4. Do you have a pre-marital or post-marital agreement? Would you like to discuss having one?

5. To your knowledge, are you a beneficiary under any existing trusts?

6. Please list those individuals (name, relationship, and contact info) who may be appropriate to serve as Guardians of your minor children (if any):

7. Please list those individuals (name, relationship, and contact info) who you may each find to be appropriate to handle your financial affairs and medical decisions if you were both not able (please note if for any reason you would not name your partner/spouse as your primary for both):

8. Have you made any significant gifts of money or property during life?

8. Do you have any family members with special needs? _____ How related?

_____ What is the disability? _____

9. Do you have long term care insurance? _____

Do you have disability insurance? _____

10. Is Medicaid planning a concern?_____. If yes, Social Security # Client A_____ Social Security # Client B _____.