

**ESTATE PLANNING PERSONAL DATA SHEET
(MARRIED)**

Date _____ Tel. Home _____ Tel. Bus. _____

This form is extremely important. Your accuracy and completeness in responding will help best represent you. Bring this information with you to the appointment. Please list names that would appear on legal documents.

PERSONAL DATA

(Husband)
Full Name _____

(Wife)
Full Name _____

Address _____

Zip _____

(Husband)
Birth Date _____

(Wife)
Birth Date _____

Social Security Number _____

Social Security Number _____

U.S. Citizen? Yes ___ No ___

U.S. Citizen? Yes ___ No ___

Annual Income _____

Annual Income _____

REFERRAL

By whom were you referred to this office?

Name _____

Address _____

DISPOSITIVE INTENTIONS

1. Do you wish to provide primarily for your spouse and secondarily for your children?
Yes _____ No _____

Do you wish to treat all of your children equally?

Do you wish to treat all of your children equally? Yes _____ No _____

After your spouse's 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: _____

2. Do you want to leave a specific amount of money or a percentage of your estate to your grandchildren? Yes _____ No _____

If so, do you wish to treat them equally? Yes _____ No _____

If so, how much? _____

Your choice of age: _____

For what purpose? _____

Beneficiary: _____

3. Do you want to leave a specific amount of money or other assets to any charity?
Yes _____ No _____

If so, how much? _____

Name and Address of Charity: _____

4. If you have no children, who do you wish to provide for in your Will?

EXECUTOR

Who do you wish to serve as your Executor?

First Choice: _____

Second Choice: _____

TRUSTEE

Who do you want to serve as your Trustee?

First Choice: _____

Second Choice: _____

GUARDIAN

Who do you want to act as Guardian of your minor children?

First Choice: _____

Second Choice: _____

LIVING WILL

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

Yes _____ No _____

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

Do you want your Health Care Representative to consult with any other person prior to acting?

Yes _____ No _____

Name of proposed Health Care Agent (usually family member or friend) _____

Address of proposed Health Care Agent _____

_____ Zip _____

Name of proposed Alternate Health Care Agent _____

Address of proposed Alternate Health Care Agent _____

_____ Zip _____

What is the name, address and telephone number of your primary care physician?

POWER OF ATTORNEY

Name of proposed Financial Agent (usually family member or friend) _____

Address of proposed Financial Agent _____

_____ Zip _____

Name of proposed Alternate Financial Agent _____

Address of proposed Alternate Financial Agent _____

_____ Zip _____

MISCELLANEOUS

Do you have any other legal issues which I should be aware of? Yes _____ No _____

If yes, please explain _____

**CLIENT ASSET INFORMATION
INTAKE FORM
MARRIED**

Name of Client: _____

FINANCIAL SUMMARY

	<u>ASSETS</u>		
<u>LIABILITIES</u>	Husband	Wife	Joint
Bank Accounts			
Real Estate (residence)			
Real Estate (other)			
Savings Certificates (CD's)			
Stocks – Non Mutual Funds (Not Held by Broker)			
Stocks – Non Mutual Funds (Held by Broker)			
Bonds – Non Mutual Funds (Not Held by Broker)			
Bonds – Non Mutual Funds (Held by Broker)			
Mutual Funds			
Note and Mortgages Receivables			
Business Interests			

Inheritance, etc.

Automobiles

Jewelry & Collections

Non-IRA Tax Qual, Retirement Plans

IRA's

Life Insurance

Annuities

Other Assets

TOTALS

The undersigned hereby represents to Beasley & Ferber, P.A., 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: _____