

ESTATE PLANNING PERSONAL DATA SHEET
(SINGLE)

Date _____ Tel. Home _____ Tel. Bus. _____

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

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PERSONAL DATA

Full Name _____
(print name as shown on your checks)

Address _____

_____ Zip _____

Birth Date _____ Social Security Number _____

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

If widowed, please list date of death of spouse _____

REFERRAL

By whom were you referred to this office?

Name _____

Address _____

_____ Zip _____

DISPOSITIVE INTENTIONS

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

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: _____

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

If so, how much and to whom? _____

Your choice of age: _____

4. 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: _____

5. Is there any family member that you want to specifically exclude from receiving anything under your Will? Yes _____ No _____

If so, whom? _____

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

If you have minor children, who do you want to act as Guardian?

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 _____

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

Name _____

Address _____

Zip _____

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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 (usually family member or friend)

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:

CHILDREN (if applicable)

CHILD'S NAME	ADDRESS WITH ZIP CODE	DATE OF BIRTH

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CLIENT ASSET INFORMATION

INTAKE FORM

SINGLE

Name of Client: _____

FINANCIAL SUMMARY

LIABILITIES

ASSETS

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: