

Confidential Estate Planning Intake

I. PERSONAL AND FAMILY INFORMATION

(A) Self:

Full Name: _____

Address: _____

Date of Birth: _____ SSN: _____

U.S. Citizen? Yes _____ No _____ If no, where: _____

Domicile: State: _____ County: _____

Occupation: _____ Phone Number: _____

Email: _____

(B) Spouse/Partner (circle one):

Full Name: _____

Address: _____

Date of Birth: _____ SSN: _____

U.S. Citizen? Yes _____ No _____ If no, where: _____

Domicile: State: _____ County: _____

Occupation: _____ Phone Number: _____

Email: _____

(C) Children:

Full Name, Address, and Telephone (if applicable)	Date of Birth	Married	# Children
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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(D) Professional Advisors:

Financial Advisor: Name: _____ Phone #: _____

Life Insurance Agent: Name: _____ Phone #: _____

Accountant: Name: _____ Phone #: _____

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II. FINANCIAL INFORMATION

Description of Asset	Name Titled In	Estimated Value	Primary Beneficiary (list if applicable)	Contingent Beneficiary (list if applicable)
Example Home: 12 Main St Erlanger, KY	John & Sara Smith	\$150,000.00	Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:
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			Name:	Name:
			Name:	Name:
			Name:	Name:
			Name:	Name:

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III. DOCUMENT/ISSUE CHECKLIST

		Check if Yes -	<i>Self</i>	<i>Spouse/Partner</i>
1.	Prior Wills		_____	_____
2.	Existing Revocable Trust(s)		_____	_____
3.	Existing Irrevocable Trust(s)		_____	_____
4.	Prior Marriages		_____	_____
5.	Children from Prior Marriages		_____	_____
6.	Obligations under Divorce Decree/Separation Agreement		_____	_____
7.	Prior Residency in Community Property State ¹		_____	_____
8.	Pre-Nuptial or Post-Nuptial agreement		_____	_____
9.	Expectation of Substantial Inheritance		_____	_____
10.	Beneficiary of Third-Party Trust		_____	_____
11.	Power of Appointment under Third-Party Trust		_____	_____
12.	Present or Impending Financial Problems/Bankruptcy		_____	_____
13.	Special Needs/Disabilities		_____	_____
14.	Present or Anticipated Health Issues		_____	_____
15.	Filed Federal Gift Tax Returns (Form 709)		_____	_____
16.	Party to Buy-Sell Agreement for Business/Real Estate		_____	_____
17.	Custodian of Uniform Transfer to Minors Account		_____	_____
18.	Donor of 529 College Saving Account		_____	_____
19.	Child with Special Needs/Disabilities		_____	_____
20.	Child with Financial Problems/Bankruptcy		_____	_____

Are there any other areas of concern?

¹ AZ, CA, ID, LA, NV, NM, TX, WA, WI

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I acknowledge that the attorneys of LEONARD LAW, P.S.C. will rely on the information provided herein when they recommend and prepare my estate plan. I realize that if the information is incomplete or inaccurate, the estate plan may be inappropriate as a result.

If I am married or in a domestic partnership, I also understand that my dispositive wishes to my family, friends and charities and the dispositive wishes of my spouse/partner may not be identical, and therefore the potential for a conflict of interest in representing both my spouse/partner and me may exist. I nonetheless wish LEONARD LAW, P.S.C. to represent both of us. Furthermore, I have made an informed decision not to seek independent legal counsel at this time (retaining the right to do so any time hereafter) and understand that there are no confidences between LEONARD LAW, P.S.C. and me and my spouse/partner and that each of us is entitled to know any information or direction given by the other to LEONARD LAW, P.S.C.

I understand that I will be meeting with attorney Jennifer T. Leonard for the purposes of estate planning and that fees and the fee schedule will be discussed during this meeting. Further, I also understand that if I choose not to have Jennifer T. Leonard proceed with estate planning on my behalf, I will be charged for her time and expertise at her standard hourly rate, payable upon conclusion of our first meeting.

Client #1 Signature

Client #2 Signature

Date

Date