



PERSONAL AND CONFIDENTIAL

**ESTATE PLANNING INTAKE FORM (If married an additional client intake form must be completed by spouse.)**

**1. CLIENT BACKGROUND INFORMATION**

First Name: \_\_\_\_\_ Single:

Middle Name: \_\_\_\_\_ Married:

Last Name: \_\_\_\_\_ Widowed:

Home Phone: \_\_\_\_\_ Divorced:

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen?     Yes     No

**2. SPOUSE INFORMATION (IF APPLICABLE)**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are they a U.S. Citizen?     Yes     No

**3. REAL ESTATE OWNERSHIP:**

Residence:       Own       Rent

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Do you own an interest in a seasonal or second residence or any other investment property?

Yes       No

If so, list the address for each property and general value.

Description: \_\_\_\_\_

Address: \_\_\_\_\_

Value: \_\_\_\_\_

Description: \_\_\_\_\_

Address: \_\_\_\_\_

Value: \_\_\_\_\_

**4. EXISTING ESTATE PLANNING DOCUMENTS**

*\* Please provide us with copies, if yes. \**

	Yes	No
a. Existing Will	<input type="checkbox"/>	<input type="checkbox"/>
b. Trust(s)	<input type="checkbox"/>	<input type="checkbox"/>
c. Power of Attorney – Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
d. Power of Attorney – Property	<input type="checkbox"/>	<input type="checkbox"/>
e. Transfer on Death Instrument	<input type="checkbox"/>	<input type="checkbox"/>
f. Other documents: _____		
_____		

**5. FAMILY INFORMATION**

a. Previous Marriages by Client, if any (Include Previous Spouse’s Names):

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**CHILDREN** – *Include adopted children.*

**Child 1:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Grandchildren (if any): \_\_\_\_\_

**Child 2:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Grandchildren (if any): \_\_\_\_\_

**Child 3:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Grandchildren (if any): \_\_\_\_\_

**Child 4:**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

Grandchildren (if any): \_\_\_\_\_

Do you have any deceased children?  Yes  No

Name of deceased child(ren): \_\_\_\_\_

Date of death: \_\_\_\_\_

Grandchildren (if any): \_\_\_\_\_

Any children or grandchildren adopted?  Yes  No

Do you have any children or grandchildren with special needs?  Yes  No

**6. OTHER POTENTIAL BENEFICIARIES (relatives, friends, charities, etc.)**

1. Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Potential Gift \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Potential Gift \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_

**7. DISTRUBITION INSTRUCTIONS**

***Instructions:*** *In the following lines, please describe how you would like your assets distributed upon your death. Feel free to list individuals or draw diagrams in the space provided below.*

Beneficiaries/Legatees	Relationship	Interest to convey (1/3,1/2, or % etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Additional Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. CHOICE OF GUARDIAN FOR MINOR CHILDREN (if applicable)**

***Guardian for Children:*** *The individual(s) who has the legal care and control over your children in the event you are incapacitated or deceased. Please list your preferences:*

First Choice: \_\_\_\_\_

Please include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Please include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

**9. CHOICE OF EXECUTOR FOR WILL (required)**

***Personal Executor:*** *Your nominated Executor will liquidate and administer your probate estate if necessary.*

First Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

*(Optional)* Third Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

**10. CHOICE OF SUCCESSOR TRUSTEE(S) (required for Revocable Trust)**

***Successor Trustee:*** *When your estate plan involves a revocable trust, you and/or your spouse usually serve as the initial Trustees. The Successor Trustee can be an individual(s) or corporate entity. Please select your Successor Trustee(s), that will manage and distribute your assets in the event of your incapacity or death.*

First Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

(Optional) Third Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

## **11. CHOICE OF AGENT(S) FOR POWER OF ATTORNEY – PROPERTY**

***Durable Power of Attorney:*** *An agent under a POA-Property serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial compacity. Your Attorney-in-Fact's powers may be effective immediately or they may become effective only upon your incapacitation. Please list your preference, in order, for your selection of you Attorney-in Fact.*

First Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

(Optional) Third Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

**12. CHOICE OF AGENT(S) FOR POWER OF ATTORNEY – HEALTHCARE**

***Healthcare Power of Attorney:*** *A Healthcare Power of Attorney is an individual that you select as an agent to make decisions should you become incapacitated. Please list your preference for your selection of a Healthcare Power of Attorney.*

First Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

Second Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

*(Optional)* Third Choice: \_\_\_\_\_

If not previously listed above, include Address & Phone#:

\_\_\_\_\_

Relationship: \_\_\_\_\_

**13. ASSET INFORMATION (You may bring your own asset list instead or attach additional pages).**

a. Estimate of total assets in estate (for estate tax and probate considerations what is the approximate total estate value, choose one):

Less than \$100,000	Yes	No
More than \$100,000 but less than 4 million dollars	Yes	No
More than 4 million dollars*	Yes	No

\*Estates greater than 4 million dollars are generally subject to Illinois Estate Tax.



**14. ASSET INFORMATION** (You may bring your own asset list instead or attach additional pages)

**a. Real Estate and Land (Residence, Vacation Home, Rentals, Investments Properties, etc.)**

<u>Description</u>	<u>Title</u>	<u>Mortgage</u>	<u>Market Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**b. Bank and Savings Accounts (Checking, Savings, Money Market, CD's, etc.)**

<u>Financial Institution</u>	<u>Type</u>	<u>Account Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**c. Investment Accounts, Stock and Bonds (Non-Retirement Accounts)**

<u>Financial Institution</u>	<u>Type</u>	<u>Account Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**d. Retirement Accounts (IRA, 401(k), 403(b), Roth IRA, Pension, Profit Sharing, etc.)**

<u>Financial Institution</u>	<u>Type</u>	<u>Beneficiaries</u>	<u>Account Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**e. Life Insurance Policies and Annuities**

<u>Financial Institution</u>	<u>Type</u>	<u>Beneficiaries</u>	<u>Face Value</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**f. Other Assets**

<u>Description</u>	<u>Owner(s)</u>	<u>Market Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**g. YOUR FINANCIAL ADVISORS (e.g. financial planner, accountant, insurance agent, broker)**

<u>Name</u>	<u>Role</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**I/we understand Fuqua Winter Ltd. will need to rely on the information provided to develop estate planning documents. I/we understand inaccurate or incomplete information could negatively impact our estate plan(s). I/we represent the information and distribution instructions in this intake form are accurate and complete.**

**Client 1:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client 2:** \_\_\_\_\_ **Date:** \_\_\_\_\_