



ESTATE INTAKE

PERSONAL INFORMATION

Full Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Second Address _____

City _____ State _____ Zip _____

Phone:

Home _____ Cell _____ Work _____ Fax _____

Email Address _____ Social Security # _____

Full Time Nevada Resident?

U.S. Citizen?

Age _____

Profession _____

Marital Status _____ How Long (Date) _____

Is this your first marriage? If not is spouse still alive?

Financial responsibilities from previous marriage?

If married, do you have a marital agreement concerning your assets?

Do you wish to be cremated?

Do you have a will or trust?

YOUR SPOUSE (IF LIVING)

Full Name _____

Address _____

City _____ State _____ Zip _____

Second Address _____

City _____ State _____ Zip _____

Phone:

Home _____ Cell _____ Work _____ Fax _____

Social Security # _____ Email _____

CHILDREN AND OTHER BENEFICIARIES

(Please name ALL natural and adopted children even if they will not receive any part of the estate & other intended beneficiaries)

Name _____ Age _____

Parent _____ Relationship _____

Name _____ Age _____

Parent _____ Relationship _____

Name _____ Age _____

Parent _____ Relationship _____

Name _____ Age _____

Parent _____ Relationship _____

Name _____ Age _____

Parent _____ Relationship _____

Do you anticipate additional children?

Do any beneficiaries have special needs? Who? _____

What are your estate planning and special concerns?

How would you like to distribute your estate after your death?

Who will administer your estate or trust after your death? _____

Alternate if needed _____

Who will be the guardian of your children if necessary? _____

Alternate if needed _____

Have you made taxable gifts? To _____

To whom would you give Durable Power of Attorney? _____

Who will make health care decisions for you if you are unable? _____

Who will be your guardian if necessary? _____

Do you desire a living will?

ASSETS (Use additional sheets or provide statements if desired)

	<u>Short Description</u>	<u>Value</u>	<u>Owner</u>
Residence/Home	_____	_____	_____
	_____	_____	_____
Other Real Estate	_____	_____	_____
	_____	_____	_____
Cash/Cash Equivalents	_____	_____	_____
	_____	_____	_____
Investments	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
IRA Accounts	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other Retirement Accounts	_____	_____	_____
	_____	_____	_____

Life Insurance			
<u>Whole Life</u>	<u>Face Amount</u>	<u>Cash Value</u>	<u>Owner/Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you anticipate an inheritance?

From whom? _____ When? _____ Value? _____

Are you a beneficiary of a trust created by another? _____ Benefits received? _____

Notes, Mortgages, and Obligations payable to you

Other assets or income of which you have any interest

Other information which may be important
