

WILL PLANNING INTAKE SHEET

CLIENT

SPOUSE

Full Name:	<hr/>	<hr/>
Address:	<hr/>	<hr/>
	<hr/>	<hr/>
(home ph.):	<hr/>	<hr/>
(cell/wk ph.):	<hr/>	<hr/>
Soc. Sec. #:	<hr/>	<hr/>
Birth date:	<hr/>	<hr/>

CHILDREN

Name, Birthdates and Address:

CONTACTS/INFORMATION

(optional)

Accountant:	<hr/>	ph: <hr/>
Stock Broker:	<hr/>	ph: <hr/>
Fin. Planner:	<hr/>	ph: <hr/>
Clergy:	<hr/>	ph: <hr/>
Safety deposit box:	<input type="checkbox"/> yes <input type="checkbox"/> no	location: <hr/>

Prior Will:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Prior POA:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Primary Banking Connection:

Pre-paid funeral plan? yes no yes no

Do you own any cemetery plots? If so, name and location:

Funeral Home Preference?

EXECUTOR

Your will must identify a person (or institution) to probate your estate, process claims, liquidate assets, if necessary, and fund any trusts you may have set up to care for minor children.

Name:	<hr/>
Address:	<hr/>
Successor:	<hr/>
Address:	<hr/>
Alternate Successor:	<hr/> (optional)
Address:	<hr/>
Alternate Successor:	<hr/> (optional)
Address:	<hr/>

ADVANCED DIRECTIVES
(Durable Power of Attorney)

Many clients choose to identify an agent to make financial and/or health care decisions in the event of disability or other incapacity. If you are interested in doing so, complete the following:

1. Financial transactions:

Name of agent: _____ (usually your spouse)
Address: _____
Successor agent: _____
Address: _____

Do you desire to limit the authority of the agent for any reason? If so, please explain:

2. Health Care Decision:

Name of agent: _____ (usually your spouse)
Address: _____
Phone Number: _____
Successor agent: _____
Address: _____

Do you desire to limit the authority of the agent for any reason? If so, please explain:

CHILDREN'S TRUSTS

If you choose to place your minor children's share of your estate into a trust, you will need to identify a trustee to manage the money. Unless you indicate otherwise, the trustee will be required to turn over each child's share of the estate to each child when they reach the age of 18. If your estate is probated, the trustee will not take control over any funds until your estate is closed by the executor. The trustee can be but does not have to be the same person as the executor.

Trustee: _____ Age to distribute to children: _____
Successor: _____

GUARDIANSHIPS
(Minor children only)

If you have minor children, you should designate a Guardian for their financial estates and a Guardian to take over their custody, control, and education. The Guardian of the Estate will manage only those funds that for some reason pass to your children outside of your will (ie. life insurance); most people name the trustee of the children's trust as the Guardian of Estate. The children will most likely reside with the Guardian of the Person.

	Guardian of Estate	Guardian of Person
Name:	_____	_____
Successor:	_____	_____
Alt. Successor:	_____	_____

ASSETS

1. Specific Bequests: (family heirlooms, certain gifts, etc.)

If you desire certain individuals to receive particular items of your personal property, please identify the property and the person to receive it here. Leave this blank if you believe your executor has sufficient knowledge of your wishes to properly distribute your personal effects.

Item: _____	recipient: _____
Item: _____	recipient: _____
Item: _____	recipient: _____
Item: _____	recipient: _____
Item: _____	recipient: _____

2. Real Estate:

Address: _____	Approx. net equity: \$ _____
Address: _____	Approx. net equity: \$ _____
Address: _____	Approx. net equity: \$ _____

3. Bank Accounts:

Institution: _____	Type Acct.: _____	Approx. Bal.: \$ _____
Institution: _____	Type Acct.: _____	Approx. Bal.: \$ _____
Institution: _____	Type Acct.: _____	Approx. Bal.: \$ _____

4. Retirement Accounts: 401(k), Profit Sharing, ESOP., etc.:

Company: _____	FMV: \$ _____	Beneficiary: _____
Company: _____	FMV: \$ _____	Beneficiary: _____
Company: _____	FMV: \$ _____	Beneficiary: _____

5. Life Insurance:

Company: _____	Insured: _____	Benefit Amt.: \$ _____
Company: _____	Insured: _____	Benefit Amt.: \$ _____
Company: _____	Insured: _____	Benefit Amt.: \$ _____
Company: _____	Insured: _____	Benefit Amt.: \$ _____

6. Stocks and Bonds:

Company: _____	Basis: \$ _____	FMV: \$ _____
Company: _____	Basis: \$ _____	FMV: \$ _____
Company: _____	Basis: \$ _____	FMV: \$ _____

DISTRIBUTION OF YOUR ESTATE

A. Upon your death:

1. ___ entire estate to spouse, OR

2. ___ fractional distribution as follows:

___ % to _____, of _____
___ % to _____, of _____
___ % to _____, of _____
___ % to _____, of _____

3. ___ other: _____

B. Upon death of spouse:

1. ___ entire estate to children, in equal shares, per stirpes, OR

2. ___ fractional distribution as follows:

___ % to _____, of _____
___ % to _____, of _____
___ % to _____, of _____
___ % to _____, of _____

3. ___ other: _____

C. Catastrophic clause (neither spouse, children, nor grandchildren survive):

1. ___ 50% percent to heirs-at-law and 50% to spouses heirs at law, OR

2. ___ fractional distribution as follows:

___ % to _____, of _____
___ % to _____, of _____
___ % to _____, of _____
___ % to _____, of _____

3. ___ other: _____

D. Other:

I, _____, authorize Krentz, Salfisberg & Swanson Haggard, P.C. to rely upon the above information as a complete disclosure of my financial/estate planning information as of the date signed.

Dated this ___ day of _____, 20__.

CLIENT