

CONFIDENTIAL ESTATE PLANNING INTAKE QUESTIONNAIRE – BRIEF

This form should be used as merely a guide to preparing for our initial meeting. It is not necessary that you have completed the form prior to scheduling a meeting with Kimberly.

File Information (To be completed by attorney):

File Name: _____

File #: _____ Date Opened: _____

1. **About you:**

Client Name: _____ DOB: _____ U.S.Citizen? ___

Spouse/Partner Name: _____ DOB: _____ U.S.Citizen? ___

Address: _____

Email: _____

Client Phone: _____ Employer: _____

Spouse/Partner Phone: _____ Employer: _____

Client SSN: _____ Spouse/Partner SSN: _____

I am: ___ Single / ___ Legally Married (Date: _____) / ___ Divorced (Date: _____) / ___ Widowed

I have adopted/biological children from a prior marriage/relationship Yes ___ No ___ (List on back Names/DOB)

How many biological or adopted children do you and your spouse/partner share? _____ (Names/DOB)

Have you or your spouse/partner ever served in the military? Yes ___ No ___ Dates: _____

2. **Beneficiaries:** Who do you wish to inherit from you? (SEPARATE SHEET INCLUDED IF NEEDED)

Primary Beneficiary is my spouse : ___ Yes ___ No

After Spouse: Name*: _____ Relationship: _____

Share: _____ (\$ amount or percentage) How? ___ Outright or ___ Distributions at stated ages/events?

*If this person is deceased at your death, who will inherit this share?

___ other beneficiaries ___ his/her children ___ his/her spouse

3. **Powers of Attorney:** If you cannot manage your health & finances, who will make those decisions for you?:

A. your PROPERTY & FINANCES? (you may NOT name co-agents) Full name, address, phone #

1st.: _____

2nd.: _____

3rd.: _____

B. your HEALTHCARE? (you may NOT name co-agents) Full name, address, phone #

1st.: _____

2nd.: _____

3rd.: _____

4. Executor of Your Will. Whether you choose a trust-based plan or a will-based plan, a will is created. The Executor of your will is a person or bank who will pay your final debts and taxes, and distribute the assets not held by a trust. List the names of those you wish to manage your property not held by a trust in the order that they will serve. (Be sure to consider the abilities and availability of those you select).

1st.: _____

2nd.: _____

3rd.: _____

OPTIONAL BENEFICIARY SEPARATE SHEET (If needed)

Name*: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Share: _____ (\$ amount or percentage) How? ___ Outright or ___ Distributions at stated ages/events?

*If this person is deceased at your death, who will inherit this share?

___ other beneficiaries ___ his/her children ___ his/her spouse

Name*: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Share: _____ (\$ amount or percentage) How? ___ Outright or ___ Distributions at stated ages/events?

*If this person is deceased at your death, who will inherit this share?

___ other beneficiaries ___ his/her children ___ his/her spouse

Name*: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Share: _____ (\$ amount or percentage) How? ___ Outright or ___ Distributions at stated ages/events?

*If this person is deceased at your death, who will inherit this share?

___ other beneficiaries ___ his/her children ___ his/her spouse

Name*: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Share: _____ (\$ amount or percentage) How? ___ Outright or ___ Distributions at stated ages/events?

*If this person is deceased at your death, who will inherit this share?

___ other beneficiaries ___ his/her children ___ his/her spouse

Name*: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Share: _____ (\$ amount or percentage) How? ___ Outright or ___ Distributions at stated ages/events?

*If this person is deceased at your death, who will inherit this share?

___ other beneficiaries ___ his/her children ___ his/her spouse

ASSET INFORMATION

In filling out the form, keep in mind the following: (a) Value approximations are acceptable and it is preferable that you estimate one or more values rather than delay in completing the form, and (b) Identification of your assets and how they are owned is very important.

1. Real Estate:

Address	Legal Title Held By	Value	Mortgage amt

2. Financial Accounts (Non-Retirement Accts):

Bank/Institution	Last 4 digits of Acct. #	Type	Title (Joint?)	Avg. Amount
SAMPLE CITY BANK	-1234	Checking	John Doe and Mary Doe	\$X,000

3. Retirement Accounts:

Type	Beneficiaries	Amount

4. Vehicles:

Owner on Title	Year	Make	Model	Value	Loan?

5. Safe Deposit Box:

Bank	Box #	Owner:
Contents: _____		

6. Stocks/Bonds (held outright):

Company	# of shares	Owner	Value

7. Collectibles: (Cars, figurines, artwork, coins, etc...)

8. Insurance Policies (Life/LTC/Annuities):

Company	Owner	Beneficiaries	Amt of Benefit
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9. Other Assets (Attach a separate sheet if necessary):

Type	Title	Value
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10. Do you expect to inherit from anyone other than your spouse? Yes or No (Please explain)

11. Income:(Source, whose, and amount)

I understand that this confidential questionnaire is designed to provide attorney Kimberly Myers with important information for estate planning purposes and that her ability to advise clients with respect to lifetime and testamentary disposition of assets, with minimization of adverse tax consequences, depends on the accuracy and completeness of such information. I hereby confirm that such information is substantially correct and complete, and I understand that no contract for services is formed by completing this questionnaire.

_____ Date: _____

_____ Date: _____

Return to:
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