

ESTATE PLANNING MARRIED CLIENT INTAKE SHEET

Estate Planning Terminology

Fiduciary: A person who holds a position of trust and confidence in your estate plan. The rest of the definitions on this page refer to examples of fiduciaries.

Personal Representative (Executor): The person identified in your Will to manage your estate through the probate process. If married, the first choice is usually the surviving spouse. If not married (or upon the deaths of both spouses), you will need to identify persons (i.e. members of your family or close friends), financial situations with trust departments, or professionals (i.e., CPAs or attorneys) to serve in this capacity.

Guardian of the Person: The person appointed by a court to provide for the care and well-being of a disabled (i.e., incompetent) adult or minor child. Guardians for minors may be appointed, without court approval, by their parents in the parents' Wills. An adult may appoint a guardian that would become effective, with court approval, at some time in the future if that adult becomes disabled.

Guardian of the Property: The person appointed by a court to manage the property interests of a disabled person or a minor. Like guardians of the person, guardians of the property of disabled persons can be appointed by an adult.

Trustee: A person or financial institution appointed by the person who sets up a trust to hold and manage property put into the trust, and to make distributions of trust property to the beneficiaries of the trust. Examples of such trusts include:

1. **Children's Trusts**: set up for children using trusted family members, friends, or financial institutions as trustees. A primary trustee, as well as back up trustee should be identified.
2. **Tax-Planning Trusts**: set up for the benefit of the surviving spouse to save estate taxes upon that spouse's death; the surviving spouse is often the primary trustee, with trusted family members, friends, professionals, or financial institutions as successors or co-trustees.
3. **Revocable Living Trust**: set up by you for your benefit should you ever become disabled. You may be the original trustee (with your spouse as co-trustee, if you are married). Trusted family members, friends, professionals, or financial institutions should be identified as successor trustees.

Agent Under a General Power of Attorney: A person named by you to manage your financial affairs pursuant to the terms and conditions set forth in a written power of attorney, without court intervention, should you ever become disabled. If married, often the spouse is named as the first agent. Usually family members or other trusted individuals are identified as successor agents.

Agent Under a Health Care Power of Attorney: A person named by you to make health care decisions for you if you cannot do so yourself. If married, the spouse is normally named, with family members or other trusted individuals as successor agents.

Personal Information

Spouse 1's First Name MI Last Name

Date of Birth Social Security Number

Spouse 2's First Name MI Last Name

Date of Birth Social Security Number

Street Address

City County State Zip Code

Date of Marriage Home Phone

Spouse 1's Cell Phone Other Phone Email

Spouse 2's Cell Phone Other Phone Email

Your Children

Child 1 of: Both Spouse 1 Spouse 2

Child 1's Full Name

Date of Birth Spouse's Name

Street Address

City County State Zip Code

Home Phone Cell Phone Email

Child 1's Children:

Grandchild 1's Full Name Grandchild 2's Full Name

Grandchild 3's Full Name Grandchild 4's Full Name

Child 2 of: Both Spouse 1 Spouse 2

Child 2's Full Name

Date of Birth Spouse's Name

Street Address

City County State Zip Code

Home Phone Cell Phone Email

Child 2's Children:

Grandchild 1's Full Name Grandchild 2's Full Name

Grandchild 3's Full Name Grandchild 4's Full Name

Child 3 of: Both Spouse 1 Spouse 2

Child 3's Full Name

Date of Birth Spouse's Name

Street Address

City County State Zip Code

Home Phone Cell Phone Email

Child 3's Children:

Grandchild 1's Full Name Grandchild 2's Full Name

Grandchild 3's Full Name Grandchild 4's Full Name

Child 4 of: Both Spouse 1 Spouse 2

Child 2's Full Name

Date of Birth Spouse's Name

Street Address

City County State Zip Code

Home Phone Cell Phone Email

Child 4's Children:

Grandchild 1's Full Name Grandchild 2's Full Name

Grandchild 3's Full Name Grandchild 4's Full Name

Questions About You, Your Family, and Your Property

If you answer “Yes” to any of these questions, please provide an explanation on Question 13.

- 1. Is anyone a citizen of a country *other than* the United States?
 - a. Spouse 1 Yes, country of citizenship _____ No
 - b. Spouse 2 Yes, country of citizenship _____ No
 - c. Children Yes, country of citizenship _____ No

- 2. Do any of your children have special educational, medical or physical needs?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

- 3. If you answered Yes to Question 2, does this child receive governmental support or benefits (Medicaid, SSI) as the result of these needs?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

- 4. Have either of you been divorced?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

- 5. Are you making payments or otherwise obligated to make provisions for a former spouse or children pursuant to a divorce or property settlement agreement?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

- 6. Have either of you signed a pre-marital or post-marital agreement?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

If Yes, please bring a copy to the first meeting.

- 7. Have you ever made a gift to an individual exceeding \$10,000 in one calendar year?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

- 8. If you answered Yes to Question 7, did you file a Federal Gift Tax return (Form 709) for these gifts?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

- 9. Do you own real property in multiple states?
 - a. Spouse 1 Yes No If yes, which state(s)? _____
 - b. Spouse 2 Yes No If yes, which state(s)? _____
 - c. Both Spouses, jointly Yes No If yes, which state(s)? _____

- 10. Do you own an interest in a business (LLC, Corporation, family business, partnership, or proprietorship)?
 - a. Spouse 1 Yes No
 - b. Spouse 2 Yes No

If Yes, please describe the type of business and your ownership interest under Question 13 and bring the operating documents to the first meeting.

11. Are you expecting an inheritance in the foreseeable future?
 a. Spouse 1 Yes No
 b. Spouse 2 Yes No
12. Do you have long-term care insurance (sometimes called nursing home insurance)?
 a. Spouse 1 Yes No
 b. Spouse 2 Yes No
13. Please explain any "Yes" answers:
If you have any documents that help explain these answers, please bring them to the first meeting.

14. Do you have any health concerns (physical or mental) which would impact the urgency of your estate planning, or which would impact your ability to execute legal documents?
Spouse 1:

Spouse 2:

15. Please check the estate planning issue(s) listed below that concern you:
- Ability to manage property during disability
 - Planning for long-term nursing home costs
 - Minimizing Federal or State Estate Taxes
 - Identifying persons to manage assets for your children or other family members
 - Avoiding probate
 - Maintaining privacy of your financial affairs
 - Developing a method for distributing your estate upon death
 - Identifying persons to care for your minor children (if applicable)
 - Avoiding in-court guardianship proceedings should you ever become disabled (i.e., incompetent)
 - If you have had children with a prior partner, do you wish to address how to make distributions to your "blended family"?
 - Business succession planning issues (if you own a small business)
 - Asset protection
 - Charitable giving or philanthropy (religious, education, civic)

16. Describe any other estate planning concerns that you may have that were not listed in Question 15:

End of Life: Funeral Arrangements and Medical Decision-making

1. Funeral Arrangements

- a. Spouse 1 Burial Cremation Other
b. Spouse 2 Burial Cremation Other

Special funeral, burial, memorial service, or other provisions that you would like to include in your Will:

2. Are you an Organ Donor?

- a. Spouse 1 Yes No
b. Spouse 2 Yes No

3. Preferences in the event of terminal condition, persistent vegetative state, or end-stage condition (check one, or write your preference in your own words below):

Spouse 1: Spouse 2:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. I do not want to receive nutrition and fluids by tube or other medical means |
| <input type="checkbox"/> | <input type="checkbox"/> | Keep me comfortable and allow natural death to occur. I do not want any medical interventions used to try to extend my life. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means |
| <input type="checkbox"/> | <input type="checkbox"/> | Try to extend my life for as long as possible, using all available interventions that in reasonable medical judgment would prevent or delay my death. If I am unable to take enough nourishment by mouth, however, I want to receive nutrition and fluids by tube or other medical means |

Preferences for pain medication:

Spouse 1: Spouse 2:

 No matter what my condition, give me the medicine or other treatment I need to relieve pain

 I direct that no matter what my condition, medication or other treatment not be given to me to relieve pain and suffering if such medication may hasten my death.

Specific guidelines or instructions for end of life medical treatments:

4. Preferences for pregnancy (if applicable) during a diagnosed terminal condition, persistent vegetative state, or end-stage condition (check one):

- Not applicable for either spouse
- I direct that my Agent shall make any determination, in my Agent's sole and absolute discretion, to provide, continue, withhold or withdraw life-sustaining measures during such pregnancy
- I direct that my Agent shall make any determination, based upon my best interests, to provide, continue, withhold or withdraw life-sustaining measures during such pregnancy.
- I direct that my Agent shall make any determination, based upon the best interest of my infant in gestation, to provide, continue, withhold or withdraw life-sustaining measures during such pregnancy.

Choice of Fiduciaries

During our initial meeting, we will discuss your choices for the fiduciary agents in your various estate planning documents (in broad terms, individuals who you designate to handle medical and financial decision-making on your behalf). For more information about the different fiduciary agents, please review the terms provided at the beginning of this intake sheet.

Please bring addresses, telephone numbers, and email addresses for each of your fiduciary agents to the initial meeting.

Agent Under a Health Care Power of Attorney

Name of Individual for Spouse 1:

Relationship to you:

1. _____

2. _____

3. _____

Name of Individual for Spouse 2:

Relationship to you:

1. _____

2. _____

3. _____

Agent Under a Financial Power of Attorney

Name of Individual for Spouse 1:

Relationship to you:

1. _____

2. _____

3. _____

Name of Individual for Spouse 2:

Relationship to you:

1. _____

2. _____

3. _____

Personal Representative

Name of Individual for Spouse 1:

Relationship to you:

1. _____

2. _____

3. _____

Name of Individual for Spouse 2:

Relationship to you:

1. _____

2. _____

3. _____

Guardian of Minor Children (If Applicable)

Name of Individual:

Relationship to you:

1. _____

2. _____

3. _____

Trustee of Trust for Children (If Applicable)

Name of Individual:

Relationship to you:

1. _____

2. _____

3. _____

Assets and Liabilities - (Approximate Value)

Assets	<u>Titled Only in Spouse 1's Name</u>	<u>Titled Only in Spouse 2's Name</u>	<u>Titled in Both Spouses' Name</u>
Cash - bank accounts, money market accounts, CDs, etc.	_____	_____	_____
Investments - include stocks, bonds, mutual funds, etc.	_____	_____	_____
Real Property			
Residence	_____	_____	_____
Vacation	_____	_____	_____
Investment	_____	_____	_____
Timeshare	_____	_____	_____
Personal Property - furniture, jewelry, collections, cars, etc.	_____	_____	_____
Notes Receivable	_____	_____	_____
Retirement Accounts - IRAs, Roth, 401(k), etc.	_____	_____	_____
Life Insurance - face value	_____	_____	_____
Business Interest	_____	_____	_____
Other	_____	_____	_____
Total Value of Assets	_____	_____	_____

Addresses of All Real Property Owned

Street Address	City	State	Zip
Street Address	City	State	Zip
Street Address	City	State	Zip

Liabilities	<u>Titled Only in Spouse 1's Name</u>	<u>Titled Only in Spouse 2's Name</u>	<u>Titled in Both Spouses' Name</u>
Notes Payable	_____	_____	_____
Mortgages	_____	_____	_____
Credit Cards	_____	_____	_____

Bank Loans	_____	_____	_____
Student Loans	_____	_____	_____
Other	_____	_____	_____
Total Value of Liabilities	_____	_____	_____
Net Worth (Assets - Liabilities)	_____	_____	_____

Income	<u>Spouse 1</u>	<u>Spouse 2</u>	<u>Jointly</u>
Wages/Salary	_____	_____	_____
Social Security	_____	_____	_____
Retirement Plans	_____	_____	_____
Investments	_____	_____	_____
Rental Income	_____	_____	_____
Business Income	_____	_____	_____
Total Income	_____	_____	_____

Life Insurance Policies and Retirement Accounts

In addition to setting up your core estate planning documents, a comprehensive estate plan also includes updating your beneficiary designations to reflect your estate planning goals. We will discuss with you the best way to designate your beneficiaries so that these designations (i) make sense from an income and estate tax perspective, (ii) fit into your overall estate distribution plan, and (iii) properly designate any testamentary trusts you incorporate into your plan. Please provide a list of all your life insurance policies, retirement accounts and annuities, including their approximate values below.

Life Insurance Policies

Name of Provider	Approximate Value	Insured and Owner	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IRA, 401(k), Pension, Annuity, or Other Retirement Accounts

Where Account Held	Approximate Value	Account Holder	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

Advisors

If you are currently working with any advisors, please provide their information below:

Accountant

Financial Planner

Attorney

Other

Referral Source

Who referred you to Davis, Agnor, Rapaport & Skalny, LLC?

Name of Referral Source (e.g. friend, accountant, financial planner)