



Confidential

Estate Planning Intake Form



Creating a quality estate plan requires a thorough review of your financial information and an open conversation of your personal circumstances, needs, goals, and wishes.

Please fill out the attached *Confidential Estate Planning Intake Form* as comprehensively as possible. The details you provide enable us to analyze your specific needs and create a comprehensive plan that protects you, your family, and your assets. Please return the completed form to Tessa@WashingtonEstateServices.com prior to your meeting.

All information you share with us will remain confidential and is a privileged attorney/client communication.

During or following our initial consultation, we will provide you with a recommended plan and the fees to complete your estate plan.

If you have any questions or need help at any time during the intake process, please contact us at (253) 498-0200 or via e-mail at Tessa@WashingtonEstateServices.com.

Washington Estate Planning Services

Confidential Estate Planning Intake Form

Personal and Confidential

Client Information

Last Name: _____ First Name: _____ Middle: _____

Mr/Mrs/Dr/Other: _____ Other/Former Name(s): _____

Date of Birth: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Preferred Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Occupation/Position: _____

Annual Salary: _____

Other Monthly Income: \$ _____ Source: _____

Are you making payments pursuant to a divorce or property settlement? Self Spouse N/A

Have you ever had a will or a trust? Will: Yes No Trust: Yes No

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: _____ Date: _____

What is your current health status? Excellent Good Poor

Any specific health concerns/issues? _____

Are you a US Citizen? Yes No

Are you a disabled veteran? Yes No

Who referred you to Washington Estate Services? _____

Spouse/Partner Information (If Applicable)

Last Name: _____ First Name: _____ Middle: _____

Mr/Mrs/Dr/Other: _____ Other/Former Name(s): _____

Date of Birth: _____ Date of Marriage: _____

Preferred Phone: _____

Email: _____

Address: _____

Employer: _____ Occupation/Position: _____

Annual Salary: _____

Other Monthly Income: \$ _____ Source: _____

Do you have a prenuptial agreement? Yes No

Are you making payments pursuant to a divorce or property settlement? Self Spouse N/A

Have you ever had a will or trust? Will: Yes No Trust: Yes No

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: _____ Date: _____

What is your current health status? Excellent Good Poor

Any specific health concerns/issues? _____

Are you a US Citizen? Yes No

Are you a disabled veteran? Yes No



To assist with creating your estate plan, please answer the following questions.
Please note there are no right or wrong answers—only your answers:

Identify any of the following issues that are important to you with an “X”

	Client	Spouse/Partner
Minimize Gift and Estate Taxes	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Disabled Descendants	<input type="checkbox"/>	<input type="checkbox"/>
Eliminate Probate or Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children/Grandchildren from Divorce and Creditors	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Children	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children from Immature Spending Habits	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children’s Inheritance in the Event of a Subsequent Remarriage by the Survivor	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Pass Values and Responsibility to Family Members	<input type="checkbox"/>	<input type="checkbox"/>

What is your goal in meeting with our firm?

What is your most important financial goal?

What do you see as the major threat to your personal goals?

Do you have any family dynamics that may affect your estate planning?

Are you or your spouse taking a trip out of the state or out of the country in the next 12 months?

Yes No Maybe

Family Information

Previous Marriage(s) by Client (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Previous Marriage(s) by Spouse/Partner (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Living Children (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

2) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

3) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

4) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

5) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

Deceased Children (On the "Child of" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

Name	Birth Date	Date of Death	Male/Female	Child of
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or your Spouse/Partner pregnant or anticipating becoming pregnant in the near future? Yes No

Have you or your Spouse/Partner ever had a child born outside of marriage? Yes No

Have you or your Spouse/Partner ever had a child given up for adoption or for which parental rights have been terminated? Yes No

Bank Accounts and Investment Accounts

Please **do not list** retirement accounts in this section such as: IRAs, 401Ks, Roth IRAs, SEPs, etc.

1) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

2) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

3) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

4) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

5) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

6) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

Do you have any Safe Deposit Boxes? Yes No If yes, what is the Box Number? _____

Name of Institution: _____ Name(s) on Box: _____

Retirement Accounts

Please list your IRAs, 401ks, SEPs, Profit Sharing, Thrift Savings, etc.

1) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

2) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

3) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

4) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

5) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

6) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

7) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

Life Insurance Policies

1) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

2) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

3) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

4) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

5) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

Disability Insurance:

Do you currently have disability insurance?

Yes No

Insurance Provider: _____

Policy No: _____

Information for Business Owners

Do you own a business? (If no, please proceed to the next section) Yes No

Name of Business: _____

Address of Business: _____

Phone Number: _____ FEI Number of Businesses: _____

How is your business currently being taxed? C-Corp S-Corp Partnership Sole Proprietorship

List the Owners/Members/Shareholders of your business and the ownership percentage for each on the lines below:

Owner/Member/Shareholder	Percentage	Units/Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Indicate which of the following your business already has in place, if any:

Operating Agreement Corporate Minutes Bylaws Buy-Sell Agreement

Other: _____

If possible, please include a copy of these documents with your intake form.

Do you anticipate the business continuing operations following your retirement, incapacitation or death? Yes No

Has your business been valuated? Yes No

Current value of your business? \$ _____

Do you have whole or part ownership in another/other business? Yes No

Other Information or Businesses: _____

Please use a separate sheet for additional businesses.

Advisors

Financial Planner:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

Accountant:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

Life Insurance Agent:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

Attorney:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

Please review and be familiar with the items on the following pages. However, the majority of the information may require additional guidance or instruction from your attorney during your upcoming estate planning meeting.

Trust Information

Preferred Name of Trust:

Successor Trustee

The Successor Trustee takes over control of your trust after you can no longer serve. When your estate plan involves a revocable trust, you and/or your Spouse/Partner usually serve as the initial Trustees. The Successor Trustee can be an individual, more than one individual, or a corporate entity (such as a bank or a trust company.)

First Choice:

Second Choice:

Third Choice:

Special Instructions:

Personal Representative/Executor

Your Personal Representative/Executor will liquidate and administer your probate estate if necessary. Typically your Personal Representative is the same person or entity that you have named as your Successor Trustee.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice:

Second Choice:

Third Choice:

Durable Power of Attorney

A Durable Power of Attorney is an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. Typically he same person or entity that you have named as your Successor Trustee.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice:

Second Choice:

Third Choice:

Guardian for Minor Children (If Applicable)

Please list the individual(s), including spouse, who should be responsible for the legal care and control over your children in the event you are incapacitated or deceased.

Client's Choice	Spouse/Partner's Choice (if applicable)
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____
Special Instructions: _____	_____

Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual or spouse you select as an agent to make decisions in regard to your medical care should you become incapacitated.

Client's Choice	Spouse/Partner's Choice (if applicable)
First Choice: _____	_____
Second Choice: _____	_____
Third Choice: _____	_____
Special Instructions: _____	_____
Do you wish to be buried or cremated?	Remain Silent <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/>
Does your spouse wish to be buried or cremated?	Remain Silent <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/>
Do you want to be an organ donor?	Client: Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are at the end of your life, do you wish to be on life support?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your spouse is at the end of their life, do they wish to be on life support?	Yes <input type="checkbox"/> No <input type="checkbox"/>

HIPAA Agent

The individual(s), including spouse, you appoint as your HIPAA Agent will immediately have full access to any and all of your medical records. Please list the individuals to be named as Authorized Recipients under the Health Insurance Portability and Accountability Act (HIPAA).

Client's Choice	Spouse/Partner's Choice (if applicable)
Agent Name: _____	_____
Agent Name: _____	_____
Agent Name: _____	_____
Agent Name: _____	_____