



Estate Planning Intake Form

CONFIDENTIAL PERSONAL INFORMATION FOR ESTATE PLANNING

Date: _____

CLIENT INFORMATION - Throughout this form, "Client #1" and "Client #2" will be used where applicable.

Client #1:

Full Legal Name _____ Birth Year _____

Marital Status _____ Social Security # XXX-XX-_____ County of Residence _____

Street Address _____ City, State, Zip _____

Phone Number # _____ Email _____

Client #2:

Full Legal Name _____ Birth Year _____

Marital Status _____ Social Security # XXX-XX-_____ County of Residence _____

Street Address _____ City, State, Zip _____

Phone Number # _____ Email _____

Children

Full Name	Date of Birth	<u>Child of:</u>		
_____	_____	Client 1	Client 2	Both
_____	_____	Client 1	Client 2	Both
_____	_____	Client 1	Client 2	Both
_____	_____	Client 1	Client 2	Both
_____	_____	Client 1	Client 2	Both
_____	_____	Client 1	Client 2	Both

Heidi L. Wolf

1244 Lincoln Road, Allegan, MI 49010 PHONE (269) 673-2105 FAX (269) 686-5996

www.wolflawoffices.com

PERSONAL REPRESENTATIVE/SUCCESSOR TRUSTEE - Name and contact information of who you wish to handle the distribution of your Estate. First choice is normally your spouse.

Client #1 - First Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #1 - Second Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #2 - First Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #2 - Second Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

GUARDIAN: If any children listed above are minors, list the name and contact information for a Guardian AND Successor Guardian of your choosing for the child(ren). These are trusted people you appoint if your spouse is not alive.

Client #1 - First Choice:

Full Name _____ Relationship _____

City, State, Zip _____ Phone Number # _____

Client #2 - First Choice:

Full Name _____ Relationship _____

City, State, Zip _____ Phone Number # _____

Heidi L. Wolf

1244 Lincoln Road, Allegan, MI 49010 PHONE (269) 673-2105 FAX (269) 686-5996

www.wolflawoffices.com

Client #2 - Second Choice:

Full Name _____ Relationship _____

City, State, Zip _____ Phone Number # _____

Client #2 - Second Choice:

Full Name _____ Relationship _____

City, State, Zip _____ Phone Number # _____

At what age do you prefer your children receive their distributive share? _____

DISBURSEMENT OF ASSETS:

Typical Disbursement: You may choose any disbursement of your assets that you wish. The below is typical.

FIRST CHOICE: All assets to spouse.

SECOND CHOICE: **(Choose 1)** (a) If spouse is deceased, then all assets children in equal shares.
(b) If spouse is deceased and you have no children, designate an heir and alternate heir.

THIRD CHOICE: **(Choose 1)** (a) If a child is deceased, then their share of the estate to their surviving children.
(b) If a child is deceased, then their share split between surviving siblings.

Client #1 _____

Client #2 _____

DISINHERITANCE: Are you specifically disclaiming/excluding anyone from the distribution of your assets? If so, please list their full name(s) here. Example: certain children.

SPECIFIC BEQUESTS: List specific items of personal property and who you wish them to go to upon your death. If you need more room, you may attach a separate sheet.

DISPOSITION OF REMAINS/FUNERAL PLANS: Should you have any specific wishes, list them here.

FINANCIAL POWER OF ATTORNEY: Name and contact information for the person you wish to name your financial Power of Attorney. This document authorizes the person you name, subject to limitations, to manage your financial affairs.

Client #1 - First Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #2 - First Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

MEDICAL POWER OF ATTORNEY/PATIENT ADVOCATE: Name and contact information for who you wish to make decisions for you medically if you are incapacitated and/or unable to make decisions for yourself. Your spouse is typically the first choice.

Client #1 - First Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #1 - Second Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #1 - Third Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #2 - First Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Heidi L. Wolf

1244 Lincoln Road, Allegan, MI 49010 PHONE (269) 673-2105 FAX (269) 686-5996

www.wolflawoffices.com

Client #2 - Second Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

Client #2 - Third Choice:

First Name _____ Street Address _____

City, State, Zip _____ Phone Number # _____

SPECIAL CARE INSTRUCTIONS

Typical Instructions: If my physician believes that I have no reasonable expectation of recovery from an incurable or terminal injury, disease, or illness, and if my advocate determines, after consulting with my physician, that applying life-sustaining procedures would serve only to prolong life artificially, I authorize my advocate to direct that such procedures be withheld or withdrawn. Examples of life-sustaining procedures include surgery, drugs, renal dialysis, cardiopulmonary resuscitation, artificial feeding, and ventilators or respirators. I acknowledge that the decision to withhold or withdraw treatment could or would allow me to die. Under these circumstances, I want treatment limited to measures, medication, and hydration that will provide me with comfort and freedom from pain.

Below:

[Write "typical" for each client if above instructions are what you desire]. Otherwise, write in the blanks what special instructions each client wishes to grant to their Patient Advocate.

Client #1: _____

Client #2: _____

LIST OF ASSETS: Please list what the asset is, what company it is held with, who is on the account, and the beneficiaries named on the asset if applicable.

Bank/Financial Accounts _____

Name(s) on Acct? _____ Payable on death named? _____

Bank/Financial Accounts _____

Name(s) on Acct? _____ Payable on death named? _____

Heidi L. Wolf

1244 Lincoln Road, Allegan, MI 49010 PHONE (269) 673-2105 FAX (269) 686-5996

www.wolflawoffices.com

Bank/Financial Accounts _____

Name(s) on Acct? _____ Payable on death named? _____

Life Insurance _____ Beneficiaries _____

Life Insurance _____ Beneficiaries _____

Retirement Account _____ Beneficiaries _____

Retirement Account _____ Beneficiaries _____

Retirement Account _____ Beneficiaries _____

Retirement Account _____ Beneficiaries _____

Investment Account _____ Beneficiaries _____

Investment Account _____ Beneficiaries _____

LLC Interest _____ Beneficiaries _____

LLC Interest _____ Beneficiaries _____

ADDRESSES OF ALL PROPERTIES OWNED

1. Property Address: _____

Name(s) on deed: _____ Is there a mortgage on the property? _____

How do you hold the title? (Tentants by Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate?) _____

2. Property Address: _____

Name(s) on deed: _____ Is there a mortgage on the property? _____

How do you hold the title? (Tentants by Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate?) _____

3. Property Address: _____

Name(s) on deed: _____ Is there a mortgage on the property? _____

How do you hold the title? (Tentants by Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate?) _____

Heidi L. Wolf

1244 Lincoln Road, Allegan, MI 49010 PHONE (269) 673-2105 FAX (269) 686-5996

www.wolflawoffices.com

IMPORTANT FAMILY QUESTIONS

YES

NO

1. If married, have you and your spouse signed a prenuptial agreement? If yes, please provide our office with a copy.
2. Have you or your spouse previously had estate planning documents drafted? If yes, please provide our office with a copy.
3. Are there any charitable organizations that you wish you make provisions for at the time of your death? If yes, please list them here.

4. Do any of your children have any special educational, medical, or physical needs?
5. Do any of your children receive governmental support or benefits?
6. Are you or your spouse currently receiving social security, disability, or other governmental benefits?

Heidi L. Wolf

1244 Lincoln Road, Allegan, MI 49010 PHONE (269) 673-2105 FAX (269) 686-5996

www.wolflawoffices.com



HEIDI L. WOLF

PHONE: 269-673-2105
FAX: 269-686-5996

Date: _____

Name: _____

Address: _____

Phone Number#: _____

E-mail address: _____

How did you find us:

Allegan County Legal Assistance Center

Facebook

Allegan News

On-line

Referred by: _____

Other (please explain) _____

Type of Case:

Criminal

Family Law

Wills/Trusts

Litigation

Bankruptcy

Probate

Other (please explain): _____