



Client Intake and Estate Planning Organizer

Welcome to Stone Law, LLC. Please provide as much information as possible, print neatly.

Date: _____ Home Phone: _____

Client: _____ Co-Client: _____
Full Legal Name Full Legal Name

Birthdate: _____ Birthdate: _____

Physical Address: _____ Mailing Address: _____
Street Street

City, State & Zip City, State & Zip

County County

Work or Cell Phone: _____ Work or Cell Phone: _____

Email: _____ Email: _____

Reason for visit:

- General Consultation
- Business
- Estate Planning
- Probate/Trust administration
- Elder Law concern
- Other

How did you hear about us?

- Personal Referral (from another attorney, an agency, a family member, or a friend): _____
- Web: _____
- Print: _____
- Radio: _____
- Other: _____

Please list names of the other parties involved, if any. (ie: case workers, attorneys, the opposing side etc.)

Have you ever consulted, retained, or been associated with a legal matter involving Andrew Stone? (If yes, please explain.)

No Yes _____

_____ **Initial.** Client understands the participation of a third-party in any communication with the attorney, waives the attorney-client privilege, unless the presence of the third-party is objectively necessary to facilitate the confidential communication with and to the client.

For our office use only.

APS: Conflict? Yes No

Confidential Estate Plan Organizer

Please help us assist you by filling out this form and the Client Intake form and bring them to our next meeting.

We recognize that this information is personal. We assure you that all information provided to this office by you will be treated as confidential and will not be revealed to anyone outside of this office without your permission.

Date: _____ Home Phone: _____

Client: _____
Full Legal Name

Co-Client: _____
Full Legal Name

Estate Planning Questions

	Client	Co-Client
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this your FIRST MARRIAGE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you expecting to receive an INHERITANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you personally have any SERIOUS HEALTH concerns?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to have a LIVING WILL prepared for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have LONG-TERM CARE INSURANCE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you and your spouse ever signed a Prenuptial or Postnuptial agreement? Yes No

Have you previously planned your estate? Yes No

Please bring copies of any prior documents to our initial meeting.

Beneficiary Information

Child 1: _____ Phone: _____
First, MI, Last

Address _____ Birthdate: _____
_____ Related to: Client Co-Client Both

Grandchildren: _____

Child 2: _____ Phone: _____
First, MI, Last

Address _____ Birthdate: _____
_____ Related to: Client Co-Client Both

Grandchildren: _____

Child 3: _____ Phone: _____
First, MI, Last

Address _____ Birthdate: _____
_____ Related to: Client Co-Client Both

Grandchildren: _____

Child 4: _____ Phone: _____
First, MI, Last

Address _____ Birthdate: _____
_____ Related to: Client Co-Client Both

Grandchildren: _____

Child 5: _____ Phone: _____
First, MI, Last

Address _____ Birthdate: _____
_____ Related to: Client Co-Client Both

Grandchildren: _____

Child Information (cont.)

- Are any of your children blind, disabled, or receiving SSI or SSDI? Yes No
 - Are any of your children receiving Medicaid or Medicare? Yes No
 - Do any of your children have problems with mental illness? Yes No
 - Do any of your children have problems with drug addiction or alcoholism? Yes No
 - Do any of your children have problems with debt/bankruptcy? Yes No
 - Do any of your children have marital difficulties? Yes No
- If you answered yes above list the name and above issue or concern. _____
- _____
- _____

If any child owes you money or has been given a gift advance on his/her inheritance please describe.

Client's Parents _____

Client's Siblings _____

Co-Client's Parents _____

Co-Client's Siblings _____

Other Beneficiaries (Please list any other individuals or institutions who might receive a gift from you through your will or trust. Supply the exact legal name for any charitable institution(s).)

Fiduciary Responsibilities (List names in the order they should serve.)

Personal Representative (Executor): Responsible for collecting assets, paying creditors, making distributions to beneficiaries. When married your spouse is usually listed as the primary personal representative.

- | | |
|----------------|-------------------|
| Client: | Co-Client: |
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

Guardian: Responsible for care of any minor children. A child's other parent is almost always the primary guardian; those named below are backup guardians if both parents die.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

Trustee: Responsible for managing assets and making distributions to the beneficiaries (including you) of any trust established by your documents. List below names of trustees upon your (and your spouse's if married) death or incapacity. When married your spouse usually serves as primary trustee for the benefit of the other.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

Financial Agent: Responsible for accessing and managing non-trust assets (with a Power of Attorney) when you are determined incompetent or otherwise unable to do so.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

Medical Agent: Responsible for making decisions regarding medical care when you are determined incompetent or otherwise unable to do so.

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |

Financial Information

Do you own a **HOME** or any other **REAL ESTATE**?

Address	Name(s) on Title	Mortgage Amount	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL:			\$ _____

Do you own any other **TITLED PROPERTY** (cars, boats, etc.)?

Description	Name(s) on Title	Loan Amount	Market Value
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
TOTAL:			\$ _____

Do you have any **RETIREMENT ACCOUNTS** (IRAs, 401Ks, KEOGHs, etc.)?

Name of Institution	Account Owner	Beneficiary	Approx. Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL:			\$ _____

Do you have any **BANK ACCOUNTS**?

Name of Bank	Name(s) on Title	Type (checking, savings, etc.)	Approx. Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL:			\$ _____

Any **BROKERAGE ACCOUNTS** (excluding retirement accounts)?

Name of Institution	Name(s) on Title	Approx. Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

Any **MUTUAL FUNDS, STOCKS, or BONDS** not in a brokerage account?

Name of Institution	Name(s) on Title	Approx. Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

Do you have any **LIFE INSURANCE POLICIES**?

Name of Company	Policy Owner	Insured	Beneficiary	Death Benefit
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
TOTAL:				\$ _____

Do you have any ANNUITIES?

Name of Company	Owner	Beneficiary	Death Benefit/Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL:			\$ _____

Do you have any other BUSINESS INTERESTS or PARTNERSHIPS?

Description	Name(s) on Title	Approx. Value
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL:		\$ _____

Do you have any COLLECTIBLES (antiques, coins, jewelry, etc.)?

Description	Approx. Value	
_____	\$ _____	
_____	\$ _____	
TOTAL:		\$ _____

Does anyone OWE YOU money (mortgage, personal loan, etc.)?

Description	Balance Due
_____	\$ _____

Do YOU OWE anyone money (not listed elsewhere)?

Description	Balance Due
_____	\$ _____

My Questions, Fears, and Concerns

- Who will take care of my **YOUNG CHILDREN** if I die before they are adults?
- If I **DIE PREMATURELY**, will my family have **ENOUGH MONEY**?
- How can I **PROTECT MY ASSETS** from **LAWSUITS** and **CREDITORS**?
- I have a loved one in a **NURSING HOME**.
- Do I have **ENOUGH MONEY TO RETIRE**?
- Am I paying too much in **INCOME TAXES** and **INVESTMENT COSTS**?
- How can I increase my **RETIREMENT INCOME**?
- Who will be in **CONTROL** if my health declines?
- I'm afraid of losing everything to **NURSING HOMES** and **HEALTH CARE COSTS**.
- How can I specify my **END-OF-LIFE HEALTH CARE WISHES**?
- After I'm gone, will my estate be tied up in **PROBATE COURT**?
- How can I pay no **ESTATE TAXES**?
- How can I protect my surviving spouse from **ELDER FRAUD** and **ABUSE**?
- Will our children be protected if **MY SPOUSE REMARRIES** after I'm gone?
- Could my spouse **DISINHERIT MY CHILDREN** after I'm gone?
- How can I protect my child's inheritance from loss in a **DIVORCE**?
- Can I give my children protection from **CREDITORS** and **LAWSUITS**?
- How can I restrict my children from **SPENDING** their inheritance **TOO FAST**?
- Can I make sure my life savings **STAYS IN THE FAMILY** for grandchildren?
- What's the best way to **GIVE BACK TO MY COMMUNITY**?
- Other: _____