



The Law Office of
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Estate Planning Intake Form
Confidential – Attorney–Client Privileged

You are interested in:

Last Will and Testament Trust Not sure – will discuss with attorney

Client Information:

- Full Legal Name: _____
- Date of Birth: _____
- Marital Status: Single Married Divorced Widowed
- Home Address: _____
- Phone Number(s): _____
- Email Address: _____
- Occupation/Employer: _____
- Retired? Yes No Veteran? Yes No Disability Rating: _____

Spouse Information:

- Full Legal Name: _____
- Date of Birth: _____
- Phone/Email: _____
- Is spouse a U.S. citizen? Yes No
- Date and place of marriage: _____
- Retired? Yes No Veteran? Yes No Disability Rating: _____

Children and Dependents:

List all children (including adult, minor, adopted, step-children, or deceased):

1. Name: _____ DOB: _____ Minor? Yes No
Special Needs or Chemical Dependent? Yes No Married? Yes No
Do they have children? Yes No
Whose Child? (Husband/Wife): _____

2. Name: _____ DOB: _____ Minor? Yes No
Special Needs or Chemical Dependent? Yes No Married? Yes No
Do they have children? Yes No
Whose Child? (Husband/Wife): _____

3. Name: _____ DOB: _____ Minor? Yes No
Special Needs or Chemical Dependent? Yes No Married? Yes No
Do they have children? Yes No
Whose Child? (Husband/Wife): _____

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Children and Dependents (continued):

List all children (including adult, minor, adopted, step-children, or deceased):

4. Name: _____ DOB: _____ Minor? ___Yes ___No
Special Needs or Chemical Dependent? ___Yes ___No Married? ___Yes ___No
Do they have children? ___Yes ___No
Whose Child? (Husband/Wife): _____

5. Name: _____ DOB: _____ Minor? ___Yes ___No
Special Needs or Chemical Dependent? ___Yes ___No Married? ___Yes ___No
Do they have children? ___Yes ___No
Whose Child? (Husband/Wife): _____

6. Name: _____ DOB: _____ Minor? ___Yes ___No
Special Needs or Chemical Dependent? ___Yes ___No Married? ___Yes ___No
Do they have children? ___Yes ___No
Whose Child? (Husband/Wife): _____

Other dependents (elderly parents, others): _____

Prior Estate Planning Documents:

Do you currently have any of the following?

___ Will ___ Revocable Trust ___ Irrevocable Trust

Approximate value of estate: ___ \$500,000 or less ___ \$1M ___ \$3M ___ \$10M

Identify Assets:

Real Estate

- Address: _____
- Address: _____
- Is your home a manufactured home? ___ Yes ___ No
- Real estate in other states? ___ Yes ___ No
- Mineral rights? ___ Yes ___ No

Financial Accounts:

- Checking/Savings: \$ _____
- Brokerage/Investment: \$ _____
- Retirement (401k, IRA, pension): \$ _____

Business Interests:

- Type/Name: _____ Ownership %: _____

Life Insurance:

- Carrier: _____ Face Value: \$ _____

Beneficiaries & Distribution Goals:

- Who should inherit your estate?

Children equally Children, but not equally Other beneficiaries
 Charities Not sure – will discuss with attorney

- Specific gifts (people or charities): _____

- Age beneficiaries should receive inheritance (if applicable): _____

Fiduciary Appointments:

Executor / Personal Representative

- Primary: _____
- Alternate: _____

Trustee (if applicable)

- Primary: _____
- Alternate: _____

Guardian for Minor Children

- Primary: _____
- Alternate: _____

Incapacity Planning:

Financial Power of Attorney (all things financial decision making)

- Agent: _____ Alternate: _____
- Effective: immediately on incapacity

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Health Care Agent (medical decision making)

- Primary: _____
- Alternate: _____

End-of-life preferences (optional):

Life-prolonging treatment Comfort-focused care Regular burial Cremation

Special burial instructions: _____

Organ donation Undecided / discuss with attorney

Special Concerns:

(Check any that apply)

- Blended family
- Special needs beneficiary
- Chemically dependent or alcoholic beneficiary
- Spendthrift beneficiary
- Business succession planning
- Estate tax concerns due to higher net worth
- Asset protection in case there is a lawsuit
- Privacy concerns

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- ____ Long term costs and Medicaid recovery of property (Note: Medicare only pays a maximum of 100 day for long term care. Health insurance does not issue coverage. It is an out of pocket expense unless you use Medicaid. Medicaid requires payback or the state can recover the amount spent from your real estate. Nursing home costs are currently \$9,000 or more a month. We will discuss this with you at your consultation.)
- ____ Other: _____

Additional Notes or Goals:

Use this space to describe any concerns, family dynamics, or goals you want your attorney to understand:

Acknowledgment:

I certify that the information provided is accurate to the best of my knowledge.

Client Signature: _____ Date: _____

Waiver:

Guest Present: I agree that _____ may accompany me during the consultation with the attorney. I understand that having a guest present detracts from the confidentiality of my estate planning.

Spouses: We hereby agree to be present together during our estate planning. We have been informed about the issues of confidentiality in having the same attorney drafting our wills or estate planning documents. If at any time, we are uncomfortable we understand that we can request separate attorneys to avoid any conflicts.

Husband's Signature _____

Wife's Signature: _____