## Estate Planning Consult In-Take Sheet (Married)

Date	of Interview:Loc	ation: Boynton Other:
GEN	IERAL INFORMATION	
1	Client Full Name	
2	Client Soc Sec Number	er en
3	Client DOB	
4	Client Age	
5	Client Home Address	
6	Client City, State, Zip	
7	Client County	
8	Client Home Phone	
9	Client Cell Phone Client Work Phone	
11	Client Email	
12	Client Citizenship	
13	Client Veteran OR Wid	low of Veteran
14	Client Widow of Veter	
15	Client Marital Status	Married
16	Previous Marriage	Yes No If Yes, divorce date
	Children from previous marriage?	Yes No If Yes:
	(If answered No in #15 above mark N/A)	Full name of each child age, city and state:  1. 2. 3.
17	Client Current Will	Yes No Date
18	Client Trusts	YesNoDate
19	Client DPOA	Yes No Date
20	Client Healthcare Surrogate	Yes No Date
21	Client Living Will	Yes No Date
00	B: 11 10::::	
22	Disabled Children or 0	Grandchildren Yes No

## SPOUSE INFORMATION

SPC	USE INFORMATION	N					
23	SPOUSE NAME						
24	Spouse previously Married	Previous Marriage? Date of Divorce? Children Previous Marriage?					
25	SS#						
26	DOB						
27	Age						
28	Address						
29	City, State Zip						
30	County						
31	Phone	Cell Phone: Home Phone: Work Phone :					
32	Spouse Citizenship	Yes No					
33	Spouse Veteran	Yes No					
0.4	10 :	1					
34	Spouse previous marriages?	Yes No	0	If yes date of divorce			
	Spouse Children from previous marriage?	Yes No If Yes:  Full name of each child age, city and state:  1. 2. 3.					
35	Spouse Current Will	YesNo	Yes No Date				
36	Spouse Trusts	Yes No Date					
37	Spouse DPOA	Yes No Date					
38	Spouse Healthcare Surrogate	Yes No Date					
39	Spouse Living Will	Yes No Date					
40	Disabled Children or 0	Grandchildren	Y	'es No			
CUII	DREN OF YOUR CURRE	ENT MARRIAGE					
CHIL	DREN OF TOUR CURRE	INI WARRIAGE		Address City State			
Full N	Full Name			Phone: Email:			

## VIII. LISTING OF ASSETS

Asset	You	Spouse	Joint	TOTAL	Comments
		-			
Primary Residence					
1 <sup>st</sup> Mortgage Additional Residence					
Additional Residence					
1 <sup>st</sup> Mortgage					
Vehicle 1					
Owed on Car:					
Vehicle 2					
Owed on car					
Personal Property					
BANK – Savings					
BANK Checking					
Life Insurance Cash Value					
Cemetery Plot		1			
Funeral Plan	T	<b>†</b>			
Burial Fund	†	†	t	f	
Annuities	<u> </u>	†		 	
Ronde	<del> </del>	†	<b>†</b>	†	
401(k)	· †	<u> </u>	1	<u> </u>	
Stocks	<del></del>	<u> </u>		<del>!</del>	
Bus Assets/Rental Prop	<u> </u>	†	1		
		<b>-</b>			
TOTALS					

IX. GROSS MONTHLY INCOME (Current Market value date of Meeting)

Source	You	Spouse	TOTAL
GROSS Social Security (Retirement)			
IRA (Traditional)			
IRA (Roth)			
Pension			
CD Income			
VA Pension Aid Attendance			
VA Compensation			
401(k)			
Annuity Income			
Interest			
Dividend			
Gross Total Income			