

**Estate Planning  
In-Take Sheet**  
(Single)

Date of Interview: \_\_\_\_\_  
 Location: \_\_\_\_\_ Boynton Ofc. Other: \_\_\_\_\_  
 Others Present: \_\_\_\_\_

**CLIENT - GENERAL INFORMATION**

1	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
2	Salutation	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms <input type="checkbox"/> Dr.
3	Full Name	_____		
4	Home Address	_____		
5	City, State, Zip	_____		
6	County	_____		
7	Home Phone	_____		
8	Cell Phone	_____		
9	Work Phone	_____		
10	Email	_____		
11	Citizenship	<input type="checkbox"/> U.S. Citizen & Resident	<input type="checkbox"/> U.S. Resident	<input type="checkbox"/> Other

**CLIENT - DETAILED INFO**

12	Soc Sec Number	_____
13	DOB	_____
14	Age	_____
15	Over 55	<input type="checkbox"/> YES <input type="checkbox"/> NO
15	Life Expectancy	_____
16	Client Veteran OR Widow of Veteran	<input type="checkbox"/>
17	Client Widow of Veteran	<input type="checkbox"/>

**CLIENT - MARITAL HISTORY**

18	Client Marital Status	<b>MARRIED</b>
19	Children CURRENT Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <u>Full name of each child age, city and state. Disabled?:</u> 1. _____ 2. _____ 3. _____ 4. _____
19	Previous Marriage	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, divorce date _____
	Children PREVIOUS Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <u>Full name of each child age, city and state. Disabled?:</u> 1. _____ 2. _____ 3. _____ 4. _____

**CLIENT - CURRENT ESTATE PLANNING DOCUMENTS**

20	<b>Client Current Will</b>	Yes _____ No _____ If Yes, Date: _____ STATE: _____  Comments:
21	<b>Client Trusts</b>	Yes _____ No _____ If Yes, Date _____ STATE: _____  Comments:
22	<b>Client DPOA</b>	Yes _____ No _____ If Yes, Date _____ STATE: _____  Comments:
23	<b>Client Healthcare Surrogate</b>	Yes _____ No _____ If Yes, Date _____ STATE: _____  Comments:
24	<b>Client Living Will</b>	Yes _____ No _____ Date _____ STATE: _____ Withhold Nutrition: Yes: _____ No: _____



**IX. GROSS MONTHLY INCOME**

Source	TOTAL (Gross \$\$)
GROSS Social Security (Retirement)	
IRA (Traditional)	
IRA (Roth)	
Pension	
CD Income	
VA Pension Aid Attendance	
VA Compensation	
401(k)	
Annuity Income	
Interest	
Dividend	
Wages	
<b>Gross Total Income</b>	

ADDITIONAL QUESTIONS	Client	Spouse
Where do you keep important papers (Wills, Insurance policies)		
Do you have safe deposit box (Location) Names who have access		
Expecting any inheritances (When how much from whom)		
Gift tax returns ever filed? Ever give gifts to any one person exceeding \$10,000?		
Are you do you have a power of appointment or are you named as a personal representative in anyone else's Will or named trustee?		
Are you party to buy-sell agreement, stock option plan, salary continuation plan, or deferred compensation plan. (not pension or profit sharing plan)		

# HOTDOCS DATA ENTRY FORM

DURABLE POWER OF ATTORNEY, HEALTHCARE SURROGATE, LIVING WILL, HIPAA

DPOA	CLIENT
<p>___ CO-DP 1</p> <p>___ CO-DP 2</p>	<p>CO-DPOA?: Yes ___ No: ___</p> <p>DP1: _____            DP1 Relation: _____            DP1 City State: _____            DP1 Phone: _____            DP1 Email: _____</p> <p>DP2: _____            DP2 Relation: _____            DP2 City State: _____            DP2 Phone: _____            DP2 Email: _____</p>
<p>DP3: _____            DP3 Relation: _____            DP3 City State: _____            DP3 Phone: _____            DP2 Email: _____</p> <p>Add Home Address: Yes: ___ No: ___            Power Change Bens: Yes: ___ No: ___            Pay caregivers: Yes: ___ No: ___            Qualified Tuition Plan: Yes: ___ No: ___            Business Interest: Yes: ___ No: ___            Self Deal: Yes: ___ No: ___            Require Acctg: Yes: ___ No: ___</p>	

HEALTHCARE SURROGATE
<b>CLIENT</b>
<p>Same as DPOA: Yes: ___ No: ___</p> <p>HS1: _____            HS1 Relation: _____            HS1 City State: _____            HS1 Phone: _____            HS1 Email: _____</p> <p>HS2: _____            HS2 Relation: _____            HS2 City State: _____            HS2 Phone: _____            HS2 Email: _____</p> <p>HS3: _____            HS3 Relation: _____            HS3 City State: _____            HS3 Phone: _____            HS2 Email: _____</p>

<b>LIVING WILL</b>	<b>Withhold Nutrition: Yes: _____ No: _____</b>	<b>Withhold Nutrition: Yes: _____ No: _____</b>

**COMMENTS NOTES**