Estate Planning
In-Take Sheet
(Married)

Date of Interview: ____________________
Location: ______ **Boynton Ofc.** **Other:** ________________

Others Present: ____
____

CLIENT - GENERAL INFORMATION

1	**Gender**	_____ **Male** ______ **Female**
2	**Salutation**	_____ **Mr.** ____ **Mrs.** _____ **Ms** ________ **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**	U.S. Citizen & Resident U.S. Resident Other

CLIENT - DETAILED INFO

12	Soc Sec Number	
13	**DOB**	
14	**Age**	
15	**Over 55**	_____ YES ____ NO
15	Life Expectancy	

16	Client Veteran OR Widow of Veteran	
17	Client Widow of Veteran	

CLIENT – MARITAL HISTORY

18	**Client Marital Status**	**MARRIED**
19	**Children** **CURRENT Marriage**	____ Yes ____ No If Yes: **<u>Full name of each child age, city and state. Disabled?:</u>** 1. ______________________ 2. ______________________ 3. ______________________ 4. ______________________
19	**Previous Marriage**	Yes No If Yes, divorce date
	Children **PREVIOUS Marriage**	____ Yes ____ 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	**Client Current Will**	Yes______ No _____ If Yes, Date: _________________ STATE: _______________ Comments:
21	**Client Trusts**	Yes______ No _____ If Yes, Date__________________ STATE: _______________ Comments:
22	**Client DPOA**	Yes______ No______ If Yes, Date__________________ STATE: ________________ Comments:
23	**Client Healthcare Surrogate**	Yes______ No ______ If Yes, Date _______________ STATE: _________________ Comments:
24	**Client Living Will**	Yes _____ No ______ Date ___________________ STATE: _________________ Withhold Nutrition: Yes: ________ No: ________

SPOUSE - GENERAL INFORMATION

1	**Gender**	______ **Male** _______ **Female**
2	**Salutation**	_____ **Mr.** ____ **Mrs.** ______ **Ms** ________ **Dr.**
1	**Full Name**	
2	**Home Address**	
3	**City, State, Zip**	
4	**County**	
5	**Home Phone**	
6	**Cell Phone**	
7	**Work Phone**	
8	**Email**	
9	**Citizenship**	

SPOUSE - VITALS

12	**Soc Sec Number**	
13	**DOB**	
14	**Age**	
15	**Over 55**	_____ YES ____NO
15	**Life Expectancy**	

16	**Client Veteran OR Widow of Veteran**	
17	**Client Widow of Veteran**	

SPOUSE – MARITAL HISTORY

18	**Client Marital Status**	**MARRIED**
19	**Children** **CURRENT Marriage**	____ Yes ____ No If Yes: **Full name of each child age, city and state. Disabled?:** 1. ______________________________ 2. ______________________________ 3. ______________________________ 4. ______________________________
19	**Previous Marriage**	____ Yes ____ No If Yes, divorce date _______________
	Children **PREVIOUS Marriage**	____ Yes ____ No If Yes: **Full name of each child age, city and state. Disabled?:** 1. ______________________________ 2. ______________________________ 3. ______________________________ 4. ______________________________

SPOUSE - CURRENT ESTATE PLANNING DOCUMENTS

1	**Spouse Current Will**	Yes______ No _____ If Yes, Date: ________________ STATE: ______________ Comments:
2	**Spouse Client Trusts**	Yes______ No _____ If Yes, Date________________ STATE: ______________ Comments:
3	**Spouse DPOA**	Yes______ No______ If Yes, Date________________ STATE: _______________ Comments:
4	**Spouse Healthcare Surrogate**	Yes______ No ______ Date ______________ Comments:
5	**Spouse Living Will**	Yes _____ No ______ Date __________________ STATE: ________________ Withhold Nutrition: Yes: ________ No: ________

VIII. LISTING OF ASSETS

Asset (In Dollars)	You ($$)	Spouse ($$)	Joint (H&W - $$)	Joint (w/ Others - $$)	Comments
Primary Residence					
1st Mortgage					
Additional Residence					
1st Mortgage					
Vehicle 1					
Owed on Car:					
Vehicle 2					
Owed on car					
Bank – Savings					
Bank - Savings					
Bank Check					
Bank Check					
Cemetery Plot					
Funeral Plan					
Burial Fund					
Annuities					
Bonds					
401(k)					
Stocks					
Bus Assets/Rental Prop					
TOTALS					

IX. GROSS MONTHLY INCOME

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

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 form 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)		

CASHFLOW ANALYSIS			
	Applicant	Spouse	Total
TOTAL INCOME			
SHELTER COSTS			
Mortgage Payment			
Home Insurance			
Home Maintenance			
MIP			
Condo/Association Fee			
Property Taxes/Escrowed			
Telephone			
Cable TV			
Miscellaneous Upkeep			
Plumbing/Electric			
Lawn care			
Water/Sewer			
Total Shelter Costs			
DAILY LIVING EXPENSES			
Entertainment			
Food, Care Products			
Gasoline			
Car Payment			
Auto Insurance			
Life Insurance premiums			
Temple/Church Dues			
Housekeeper Services			
Credit Card Pmts			
Other Taxes			
Total Daily Living Expenses			
HEALTH CARE COSTS			
Health Ins Supplement			
Care Asst/Mgr/Nurse			
NH / ALF Pat Responsibility			
Adult Day Care Services			
Co-Pays			
Med Supplies			
Non-Prescription Drugs			
Prescription Drugs			
Total Health Care Costs			
GRAND TOTAL EXPENSES			
NET CASH FLOW			

COMMENTS/NOTES