

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

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	<p>_____ Yes _____ No If Yes:</p> <p>Full name of each child age, city and state. Disabled?:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
19	Previous Marriage	Yes No If Yes, divorce date
	Children PREVIOUS Marriage	<p>_____ Yes _____ No If Yes:</p> <p>Full name of each child age, city and state. Disabled?:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>

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: _____

VIII. LISTING OF ASSETS

Asset (In Dollars)	You (\$\$)	Joint (w/ Others - \$\$)	Comments
Primary Residence			
1 st Mortgage			
Additional Residence			
1 st 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	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	
Gross Total Income	

ADDITIONAL QUESTIONS	Client
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			