Estate Planning
Consult Information 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**	(Optional)
13	**DOB**	
14	**Age**	

15	**Client Veteran or Widow of a Deceased Veteran**	______ Yes ______ No

16	**How did you learn about us**	____ Referred _____ Internet ____ Facebook GG law firm website Print Ad Direct Mail
17	**If you were referred, who referred you**	

CLIENT – MARITAL HISTORY

18	**Client Marital Status**	_____ **Widow** _____ **Never Married** _____ **Divorced** **Date of Divorce:** _______________ **Paying Alimony:** ____________
19	**Children** **Yes** _____ **No** _____	**Child Full Name – Age - City/State. Note if Disabled:** 1. ________________________________ ______ _____________________ [ ] Disabled 2. ________________________________ ______ _____________________ [ ] Disabled 3. ________________________________ ______ _____________________ [ ] Disabled 4. ________________________________ ______ _____________________ [ ] Disabled

CLIENT - CURRENT ESTATE PLANNING DOCUMENTS

22	**Client Current Will?**	Yes______ No _____ If yes, date: ________________ STATE: ______________ Comments: ____
23	**Client Have any Trusts?**	Yes______ No _____ If Yes, Date_________________ STATE: ______________ Comments: ____
24	**Client Have Durable Power of Attorney?**	Yes______ No______ If Yes, Date_________________ STATE: ______________ Comments: ____
25	**Client Have Health Care Directive?**	Yes______ No ______ If Yes, Date ______________ STATE: ________________ Comments: ____
26	**Client Have Living Will?**	Yes _____ No ______ If Yes Date _______________ STATE: ________________ Withhold Nutrition: Yes: ________ No: ________

CLIENT PERSONAL OBJECTIVES

Personal Objectives in Wanting to Develop an Estate Plan *Rank how important each one is to you (1= Low Priority 5 = High Priority)*			
	Name a spokesperson for me if I become Incapacitated (Avoid Guardianship).		Preserve eligibility for public benefits for a person I want to leave assets to (e.g., SSI and Medicaid).
	Direct how my assets are used and managed if I become Incapacitated.		Shift my assets in a manner that will provide opportunities to save nursing home costs if I need long-term care.
	Avoid Probate. Keep my affairs private upon my passing.		Preserve as much of my assets as I can for my family upon my passing. (e.g. minimize estate taxes)
	Protect assets left to spouse and family from lawsuits, judgements, bankruptcy, and divorce.		Provide detailed instructions for how I want to be cared for if I become incapable of communicating.

LISTING OF ASSETS

(CONFIDENTIAL)

List all of the assets owned with current balance. It is important to be as accurate as possible. Include all bank checking, savings, and money market accounts, brokerage accounts, CD's, Bonds, Annuities, Life Insurance – Current Cash Surrender Value, Retirement Accounts current value.

Asset (In Dollars)	Client ($$)	Joint (w/ Others - $$)	Comments
Primary Residence			**Purchase Date:** **Price:**
1st Mortgage			**Orig Amount:** **Balance:**
Additional Residence			**Purchase Date:** **Price:**
1st Mortgage			**Orig Amount:** **Balance:**
Auto 1 **Make**______________ **Model:** ____________ **Year:**			**Mileage**
Owed on Auto 1			
Auto 2 **Make**______________ **Model:** ____________ **Year:**			**Mileage**
Owed on car			
Bank Acct			
Bank Acct			
Bank Acct			
Bank Acct			
Life Insurance			
CD 1			
CD 2			
IRA 1 (Current Value)			
IRA 2 (Current Value)			
401(k) (Current Value)			
Cemetery Plot			
Funeral Plans			
Annuity Value			
Bonds			
Bus Assets/Rental Prop			
TOTALS			

GROSS MONTHLY INCOME

(CONFIDENTIAL)

List all sources of income. Be sure to list the Gross Monthly Income (Amount before any deductions).

Source	Client (Monthly Gross $$)	TOTAL
GROSS Social Security (Retirement)		
IRA (Traditional) – Distributions		
GROSS Pension Amount		
Interest		
Dividends		
Gross 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 from whom)	
Gift tax returns ever filed? Ever give gifts to any one person exceeding $15,000?	

Cash Flow Analysis MONTHLY	
	TOTAL
TOTAL MONTHLY GROSS INCOME (All Sources)	
SHELTER COSTS	
Mortgage Payment	
Property Taxes	
Home Insurance	
Condo/Assoc. Dues	
Electric	
Water/Sewer	
Cable TV	
Telephone	
Other: ____________________	
Other:_____________________	
Total Shelter Costs	
OTHER EXPENSES	
Food	
Entertainment	
Auto Payment	
Auto Insurance	
Gasoline	
Credit Card Pmts	
Other: ____________________	
Other: ____________________	
Other ____________________	
Total Other Expenses	
HEALTH CARE COSTS	
Medicare Part B Premium	
Medicare Part D Premium	
Health Insurance Supplement	
Care Managers/Nurse Services	
Co-Pays and Deductibles	
Other: ___________________	
Other:___________________	
Total Health Care Costs	
Other: ___________________	
Other: ___________________	
GRAND TOTAL EXPENSES	
NET CASH FLOW	
Income taxes Paid - Last year	
Other Taxes:_______________	
Other: ________________	

TRANSFERS, GIFTS, OR SALES OF IN LAST 60 MONTHS

(Include any transfers from accounts held jointly with others)

(CONFIDENTIAL)

Asset Transferred or Sold	Date Transferred	Amount	To Who/Where

DEBTS

(CONFIDENTIAL)

Type of Debt	Date Transferred	Amount	To Who/Where
Credit Card 1 - ____________________			
Credit Card 2 - _____________________			
Credit Card 3 - _____________________			

COMMENTS/NOTES