BOOKBINDER LAW, LLC
Protecting the Future You Want®

Estate Planning Intake

Client 1: Please print your name as you generally sign it on legal documents.

_____a/k/a _____

Client 2: Please print your name as you generally sign it on legal documents.

_____a/k/a _____

Address

_____

Phone

Home _____ Cell (1)_____(2)_____

Email (1)_____ (2)_____

Do you consent to having drafts of documents emailed to you? (Y / N) The firm uses encryption for added security. If you receive your drafts by email, you may also request a hard copy.

Who else may we speak to regarding your file? (You may wish to include individuals whom you will appoint as agents under your Powers of Attorney or Health Care Directives, financial advisors, CPAs, etc.)

Additional Contacts (include phone numbers):

(1) _____ (2) _____

(3) _____ (4) _____

Do you have old estate planning documents? If you have a trust (revocable or irrevocable), be sure to indicate below:

_____

Do you have long-term care insurance? (Y / N)

Are you interested in protecting assets from future long-term care expenses? (Y / N)

Are you a Veteran? (Y / N) _____

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Please list beneficiary information in the chart below. In column 1, please indicate the relation of the beneficiary to the client(s) such as child, stepchild, niece, nephew, sibling, etc., or friend (if unrelated). In column 2, check if you anticipate that any of the issues listed may apply to the beneficiary now or in the future. Please complete column 3, adding additional explanation. If you plan to exclude individuals that are of the same relation as other beneficiaries who are included, please list them as well.

Name_____ Relation_____ Address_____ Phone _____ Email (optional) _____	Minor_____ Divorce_____ Creditors _____ Disability_____ Gov't Benefits____	Does this beneficiary have biological or adopted children? _____ Does this beneficiary have stepchildren?_____ Does this beneficiary have any children with special needs? _____ *Additional information*_____ _____
Name_____ Relation_____ Address_____ Phone _____ Email (optional) _____	Minor_____ Divorce_____ Creditors _____ Disability_____ Gov't Benefits____	Does this beneficiary have biological or adopted children? _____ Does this beneficiary have stepchildren?_____ Does this beneficiary have any children with special needs? _____ *Additional information*_____ _____
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Who should receive your estate if you were to pass away? Do you intend to make specific gifts to grandchildren, other individuals, or charities? If you intend for unequal distributions, please indicate.

_____

_____

_____

_____

_____

Executors, Guardians, Trustees

Please list at least two choices for the following positions. You may list your spouse and choose co-agents. You will receive information at our meeting on the responsibilities of each appointment.

Executors	
Self	**Spouse/ Partner**
1	1
2	2
3	3
Guardians of any minors or individuals with special needs	
1	
2	
3	
Trustees, if you wish to create a trust for a minor or other beneficiary	
1	
2	
3	

Health Care Power of Attorney/Living Will

Client 1: Do you want your living will to direct that life sustaining treatment be withheld if two doctors determine that there is no hope of regaining a meaningful qualify of life? (Y / N / not sure)

If you are interested in organ donation, indicate here _____

Client 2: Do you want your living will to direct that life sustaining treatment be withheld if two doctors determine that there is no hope of regaining a meaningful qualify of life? (Y / N / not sure)

If you are interested in organ donation, indicate here _____

Please list your Health Care Agents below. Co-agents are not recommended. (Spouses may list the same or different individuals):

1 _____ 1 _____

2 _____ 2 _____

3 _____ 3 _____

General Durable Power of Attorney

Client 1: Do you want to appoint one or more individuals to have authority to pay bills and manage your finances if you are ever unable to manage this yourself? (Y / N / not sure)

Client 2: Do you want to appoint one or more individuals to have authority to pay bills and manage your finances if you are ever unable to manage this yourself? (Y / N / not sure)

Please list the individuals to serve as your Agents under your Power of Attorney below. You may choose co-agents.

1 _____ 1 _____

2 _____ 2 _____

3 _____ 3 _____

Please list asset information below. As account values fluctuate, it is not necessary to be precise. Do not list account numbers. Please bring recent account statements with you to your meeting. If you are interested in protecting assets from future long-term care expenses, it would be helpful to bring the deed to any properties.

REAL ESTATE	How is the owner listed? (If in trust, please indicate)	Mortgage/lien?	Cost Basis	Current Estimated Value

Financial Institution and Asset Type (retirement, annuity, life ins, brokerage, mutual fund, stock)	Owner 1 (If titled to a trust, please indicate):	Owner 2 (If titled to a trust, please indicate):	Joint Assets:	List any named beneficiaries: (Assets with beneficiaries always go to those beneficiaries.)
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	

Financial Institution and Asset Type **(retirement, annuity, life ins, brokerage, mutual fund, stock)**	**Owner 1** **(If titled to a trust, please indicate):**	**Owner 2** **(If titled to a trust, please indicate):**	**Joint Assets:**	**List any named beneficiaries:** **(Assets with beneficiaries always go to those beneficiaries.)**
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	
_____ _____	$	$	$	

LIABILITIES_____

Please sign and date below to indicate that you have reviewed this information and believe that it is accurate.

_____ _____

Thank you for completing this information form. We will take the time necessary to answer your questions at the first meeting to ensure that your estate plan achieves your goals. If you would like to contact the firm prior to your meeting, please dial (856) 334-1800.