



Confidential

Estate Planning Intake Form



Dear Client,

Thank you in advance for placing your trust in our Firm and for allowing our attorneys to assist in your estate planning needs.

Please complete the attached Confidential Estate Planning Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs and create a comprehensive plan that protects you, your family and your assets.

You may contact us at our toll free number at (866) 708-2335 or by email at attorneys@evansdavis.com. Please return the completed form at least three (3) business days prior to your scheduled meeting.

Please note that all information you share with our Firm will remain confidential and is a privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us at any time.

Congratulations on your commitment to move forward with this critical investment. Our Firm takes great pride in building long-standing relationships with each of our clients. Ultimately, our goal is to serve our clients and their families for a lifetime.

Warm Regards,

Evans & Davis

Confidentiality Statement

Our Firm acknowledges the information you provide in this Estate Planning Intake Form is highly confidential. We collect various information about you from this form and from our consultations. You can be assured that all of the information that you share with us will stay private and confidential.

Evans & Davis does not disclose, sell, trade, exchange, or otherwise provide any information regarding your family or your assets to any third parties unless specifically authorized by you or required by applicable law.

Our Firm restricts access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards to protect your confidential information.

Conflicts Of Interest

In the legal profession, it is generally unusual to represent more than one person as a party to any legal matter. Nevertheless, the nature of estate planning suggests that since spouses or partners usually have common goals, shared assets, and similar objectives, spouses or partners can sometimes act as a single client.

If you are single or if you do not share the same goals and objectives as your significant other, it is important that you have independent counsel.

Professional Fees

Quality estate planning requires a complete review of your financial information and a candid discussion of your personal circumstances, needs, goals, and desires. Estate planning documents implemented through the planning process usually have significant legal and tax consequences.

Prior to your initial appointment, we will review the information provided. As a courtesy to you and your professional advisors, we will not bill for that time nor the time for a consultation appointment. We generally bill on an hourly rate for your initial consultation after the first hour unless other arrangements have been made.

Sometimes clients choose to include family members, loved ones, and/or advisors in the planning process. You are welcome to make that decision if you are so inclined. However, it is important to remember that the attorney-client privilege, which protects the confidentiality of what is discussed, extends only between the attorney and the client. As a general rule, we would expect to meet with you individually or as a couple before family members or others are involved.

We rely on the information you provide to us in order to advise you regarding what we believe to be the most appropriate estate planning arrangements for your circumstances. By filling out this form, we consider your information to be accurate and complete.

Likewise, if a significant difference of opinion or a conflict occurs with your significant other after we have initiated representation, our Firm will be forced to stop the process and attempt to resolve that difference. In difficult situations, it may be necessary for our Firm to withdraw, and to advise you both to seek separate counsel.

After our initial meeting, we will provide you an outline of our recommended course of action along with the related fees based on complexity. At that time, we can usually provide a flat transactional fee amount for the entire estate plan.

If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

In all cases, the Firm's legal representation will not commence until the dual execution of a Contract for Legal Services by the Client(s) and the Firm, as well as receipt of your professional fees for the services rendered.



Client Information

Last Name: _____ First Name: _____ Middle: _____

Mr/Mrs/Dr/Other: _____ Other/Former Name(s): _____

Date of Birth: _____ Social Security Number: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Occupation/Position: _____

Annual Salary: _____ Business Phone: _____

Other Monthly Income:

Pension \$ _____ Source: _____

Rental \$ _____ Source: _____

Disability \$ _____ Source: _____

Investment \$ _____ Source: _____

Social Security \$ _____ Source: _____

Are you making payments pursuant to a divorce or property settlement? Self Spouse N/A

Have you ever had a will or a trust? Will: Yes No Trust: Yes No

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: _____ Date: _____

What is your current health status? Excellent Good Poor

Any specific health concerns/issues? _____

Are you a US Citizen? Yes No

Are you a disabled veteran? Yes No

Who referred you to Evans & Davis? _____



Spouse/Partner Information (If Applicable)

Last Name: _____ First Name: _____ Middle: _____

Mr/Mrs/Dr/Other: _____ Other/Former Name(s): _____

Date of Birth: _____ Social Security Number: _____

Date of Marriage: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

Employer: _____ Occupation/Position: _____

Annual Salary: _____ Business Phone: _____

Other Monthly Income: _____

Pension	\$ _____	Source: _____
Rental	\$ _____	Source: _____
Disability	\$ _____	Source: _____
Investment	\$ _____	Source: _____
Social Security	\$ _____	Source: _____

Do you have a prenuptial agreement? Yes No

Are you making payments pursuant to a divorce or property settlement? Self Spouse N/A

Have you ever had a will or trust? Will: Yes No Trust: Yes No

What is your current health status? Excellent Good Poor

Any specific health concerns/issues? _____

Are you a US Citizen? Yes No

Are you a disabled veteran? Yes No



Introduction

Estate Planning involves the creation of a comprehensive plan governing your personal and financial affairs. During the process, you select who will receive your assets following your death, how and when they receive them, and under what conditions. During the process, we strive to create a plan which minimizes taxes, costs, fees and hassle following your incapacity or death. To help you with designing your personal plan, it is useful to know what you hope to achieve through this process. A clear understanding of your hopes, fears, goals, and aspirations is critical. An appreciation of those beliefs and values is the foundation upon which Evans & Davis builds your estate plan.

**To assist with creating your estate plan, please answer the following questions.
Please note there are no right or wrong answers—only your answers:**

Identify any of the following issues that are important to you with an “X”

	Client	Spouse/Partner
Minimize Gift and Estate Taxes	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Disabled Descendants	<input type="checkbox"/>	<input type="checkbox"/>
Eliminate Probate or Guardianship	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children/Grandchildren from Divorce and Creditors	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Children	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children from Immature Spending Habits	<input type="checkbox"/>	<input type="checkbox"/>
Provide for Grandchildren	<input type="checkbox"/>	<input type="checkbox"/>
Protect Children’s Inheritance in the Event of a Subsequent Remarriage by the Survivor	<input type="checkbox"/>	<input type="checkbox"/>
Plan for a Disability	<input type="checkbox"/>	<input type="checkbox"/>
Pass Values and Responsibility to Family Members	<input type="checkbox"/>	<input type="checkbox"/>

What is your goal in meeting with our firm?

What is your most important financial goal?

What do you see as the major threat to your personal goals?

Do you have any family dynamics that may affect your estate planning?

Are you or your spouse taking a trip out of the state or out of the country in the next 12 months?

Yes No Maybe



Family Information

Previous Marriage(s) by Client (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Previous Marriage(s) by Spouse/Partner (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Living Children (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

2) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

3) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

4) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

5) Full Name: _____ DOB: _____ Child of: _____ Adopted(Y/N): _____
Gender: _____ Current Address: _____

Deceased Children (On the "Child of" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

Name	Birth Date	Date of Death	Male/Female	Child of
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you or your Spouse/Partner pregnant or anticipating becoming pregnant in the near future? Yes No

Have you or your Spouse/Partner ever had a child born outside of marriage? Yes No

Have you or your Spouse/Partner ever had a child given up for adoption or for which parental rights have been terminated? Yes No



Family Information (Continued)

Grandchildren

Name	Birth Date	Parents' Names	M/F	Adopted(Y/N)

Client's Parents

Name	Relation	Select One
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>

Spouse/Partner's Parents

Name	Relation	Select One
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>

Client's Siblings

Name	Relation	Select One
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>

Spouse/Partner's Siblings

Name	Relation	Select One
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>
		Living <input type="checkbox"/> Deceased <input type="checkbox"/>

Have any of the above named people ever had a child given up for adoption or for which parental rights have been terminated? Yes No

Does anyone in your immediate family have any special educational, medical, or physical needs? Yes No

If yes, please explain: _____

Other than with your minor children (if applicable), do you foresee a time when someone may be dependent on you? Yes No

If yes, please explain: _____



Bank Accounts and Investment Accounts

Please do not list retirement accounts in this section such as: IRAs, 401Ks, Roth IRAs, SEPs, etc.

1) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

2) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

3) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

4) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

5) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

6) Name of Bank/Institution: _____
Account Type: _____ Account Number: _____
Name(s) on Account: _____ Balance: \$ _____
Advisor Name: _____

Do you have any Safe Deposit Boxes? Yes No If yes, what is the Box Number? _____

Name of Institution: _____ Name(s) on Box: _____



Retirement Accounts

Please list your IRAs, 401ks, SEPs, Profit Sharing, Thrift Savings, etc.

1) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

2) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

3) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

4) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

5) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

6) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____

7) Name of Institution: _____ Name(s) on Account: _____
Account Type: _____ Account Number: _____ Balance: \$ _____
Current Beneficiaries: _____ Advisor: _____



Life Insurance Policies

1) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

2) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

3) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

4) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

5) Life Insurance Company: _____
Owner of Policy: _____
Current Beneficiaries: _____
Type of Policy: _____

Policy Number: _____
Insured: _____
Death Benefit: _____
Agent Name: _____

Disability Insurance:

Do you currently have disability insurance?

Yes No

Insurance Provider: _____

Policy No: _____



Information for Business Owners

Do you own a business? (if no please proceed to the next section) Yes No

Name of Business: _____

Address of Business: _____

Phone Number: _____ FEI Number of Businesses: _____

How is your business currently being taxed? C-Corp S-Corp Partnership Sole Proprietorship

List the Owners/Members/Shareholders of your business and the ownership percentage for each on the lines below:

Owner/Member/Shareholder	Percentage	Units/Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please Indicate which of the following your business already has in place, if any:

Operating Agreement Corporate Minutes Bylaws Buy-Sell Agreement

Other: _____

Do you anticipate the business continuing operations following your retirement, incapacitation or death? Yes No

Has your business been valuated? Yes No

Current value of your business? \$ _____

Do you have whole or part ownership in another/other business? Yes No

Other Information or Businesses: _____

Please use a separate sheet for additional businesses.



Advisors

Financial Planner:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner?

Yes

No

Accountant:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant?

Yes

No

Life Insurance Agent:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent?

Yes

No

Attorney:

Company: _____

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney?

Yes

No

Funeral Home:

Address: _____

Phone: _____

Email: _____

Client(s) authorize(s) Evans & Davis Attorneys to contact their Funeral Home?

Yes

No



Please review and be familiar with the items on the following pages. However, the majority of the information may require additional guidance or instruction from your attorney during your upcoming estate planning meeting.

Trust Information

Preferred Name of Trust:

Successor Trustee

The Successor Trustee takes over control of your trust after you can no longer serve. When your estate plan involves a revocable trust, you and/or your Spouse/Partner usually serve as the initial Trustees. The Successor Trustee can be an individual, more than one individual, or a corporate entity (such as a bank or a trust company.)

First Choice:

Second Choice:

Third Choice:

Special Instructions:

Guardian for Minor Children (If Applicable)

Please list the individual(s) who should be responsible for the legal care and control over your children in the event you are incapacitated or deceased.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice:

Second Choice:

Third Choice:

Special Instructions:



Personal Representative/Executor

Your Personal Representative/Executor will liquidate and administer your probate estate if necessary. Typically your Personal Representative is the same person or entity that you have named as your Successor Trustee.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice: _____

Second Choice: _____

Third Choice: _____

Durable Power of Attorney

A Durable Power of Attorney is an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. Your Attorney-in-Fact's powers may be effective immediately or they may become effective only upon your incapacitation.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice: _____

Second Choice: _____

Third Choice: _____

Should your Attorney-in-Fact have the right to immediately exercise these powers?: Yes No

Special Instructions: _____

Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual you select as an agent to make decisions in regard to your medical care should you become incapacitated.

Client's Choice

Spouse/Partner's Choice (if applicable)

First Choice: _____

Second Choice: _____

Third Choice: _____

Special Instructions: _____

If you are at the end of your life or in a terminal condition, do you wish to be on life support? Yes No

Do you wish to be buried or cremated? Remain Silent Buried Cremated

Does your spouse wish to be buried or cremated? Remain Silent Buried Cremated

Do you want to be an organ donor? Client: Yes No Spouse: Yes No



HIPAA Agent

The individual(s) you appoint as your HIPAA Agent will immediately have full access to any and all of your medical records. Please list the individuals to be named as Authorized Recipients under the Health Insurance Portability and Accountability Act (HIPAA). You may want to include your Healthcare Agents, Attorney-in-Fact, and Trustees who will serve during any incapacity. You may likely want to list your children and close friends, as well.

Client's Choice

Spouse/Partner's Choice (if applicable)

Agent Name:

Agent Name:

Agent Name:

Agent Name:

Agent Name:

Agent Name:

Agent Name:



