



# DOWLEY LAW, P.C.

## CONFIDENTIAL ESTATE PLANNING INTAKE FORM

This form is helpful as we assist you in meeting your estate planning objectives. Please fill out as much as possible using estimated figures where information is not easily attainable, and leaving items blanks for those questions which are inapplicable. Please feel free to write in the margins or to add other information that you think might be helpful.

### Background Information

#### Client A (you)

#### Client B (spouse or partner)

Full legal name: \_\_\_\_\_

\_\_\_\_\_

Principal Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

Cell  Home  Work

Cell  Home  Work

E-Mail: \_\_\_\_\_

\_\_\_\_\_

Profession/Business: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Birthplace: \_\_\_\_\_

\_\_\_\_\_

Citizenship: \_\_\_\_\_

\_\_\_\_\_

### **A. Family Information**

#### Children

Name	Address	Telephone	DOB
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\_\_\_\_\_

\_\_\_\_\_

Name	Address	Telephone	DOB
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\_\_\_\_\_

\_\_\_\_\_

Spouse's Name

Names/Ages of children

Name	Address	Telephone	DOB
Spouse's Name		Names/Ages of children	

Name	Address	Telephone	DOB
Spouse's Name		Names/Ages of children	

**B. Financial Information**

***Approximate Annual Income***

**Client A**

**Client B**

- |                        |       |       |
|------------------------|-------|-------|
| 1. Salary/commissions: | _____ | _____ |
| 2. Interest/dividends: | _____ | _____ |
| 3. Bonuses:            | _____ | _____ |
| 4. Other income:       | _____ | _____ |

***Approximate Asset Values***

**Client A**

**Client B**

**Joint**

- |   |       |       |       |
|---|-------|-------|-------|
| 1. Cash or near cash:                               | _____ | _____ | _____ |
| 2. Investment accounts:                             | _____ | _____ | _____ |
| 3. Homes (est. FMV):                                | _____ | _____ | _____ |
| 4. Other real estate:<br>(est. FMV)                 | _____ | _____ | _____ |
| 5. Personal possessions:<br>(i.e., tangible items)  | _____ | _____ | _____ |
| 6. Retirement accounts:                             | _____ | _____ | _____ |
| 7. Insurance cash value:                            | _____ | _____ | _____ |
| 8. Do you own a business:                           | _____ | _____ | _____ |
| 9. Other:<br>(e.g., S Corp stock,<br>other business | _____ | _____ | _____ |

interests, intellectual property interests, etc.)

***Significant Liabilities (Mortgages, other debts, adverse legal judgments, etc.)***

1. Amount and nature of liability: \_\_\_\_\_
2. Amount and nature of liability: \_\_\_\_\_
3. Amount and nature of liability: \_\_\_\_\_

**C. Life Insurance**

<b>Insured</b>	<b>Type</b>	<b>Face Value</b>	<b>Cash Value</b>	<b>Beneficiary</b>	<b>Owner</b>
<u>Client A</u>					
Policy #1:	_____	_____	_____	_____	_____
Policy #2:	_____	_____	_____	_____	_____
Policy #3:	_____	_____	_____	_____	_____
<u>Client B</u>					
Policy #1:	_____	_____	_____	_____	_____
Policy #2:	_____	_____	_____	_____	_____
Policy #3:	_____	_____	_____	_____	_____

**D. Other Advisors**

1. Accountant  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Investment Manager  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
3. Life Insurance Agent  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**F. Special Considerations**

1. Do you have any existing estate planning documents (wills, trusts, health care proxies, etc.)? If so, please provide copies.

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2. Do you expect to inherit significant wealth from parents or other relatives?

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3. Have you been previously married? If so please provide a copy of the final agreement.

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4. Do you have a pre-marital or post-marital agreement? Would you like to discuss having one?

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5. To your knowledge, are you a beneficiary under any existing trusts?

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6. Please list those individuals (name, relationship, and contact info) who may be appropriate to serve as Guardians of your minor children (if any):

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7. Please list those individuals (name, relationship, and contact info) who you may each find to be appropriate to handle your financial affairs and medical decisions if you were both not able (please note if for any reason you would not name your partner/spouse as your primary for both):

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8. Have you made any significant gifts of money or property during life?

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8. Do you have any family members with special needs? \_\_\_\_\_ How related?

\_\_\_\_\_ What is the disability? \_\_\_\_\_

9. Do you have long term care insurance? \_\_\_\_\_

Do you have disability insurance? \_\_\_\_\_

10. Is Medicaid planning a concern? \_\_\_\_\_