



Shillinger Law Trust and Estate Client Intake Sheet

Personal Information

Primary Person (1): _____
(Full name to be used in documents)

Date of Birth (mm/dd/yy): _____

Social Security Number: (last four digits) _____

Phone Number: _____

Secondary Person (2): _____
(Full name to be used in documents)

Date of Birth (mm/dd/yy): _____

Social Security Number: (last four digits) _____

Phone Number: _____

Joint Address: _____

City / State / Zip: _____

Phone #: Home: _____

Primary email: _____

Emergency Contact: (1) _____

Prior Marriage

Name	Date of Marriage	Date of Dissolution	Address

Children

Name	Date of Birth	Address	Phone Number	Other Parent



Brothers and Sisters

Name/ relationship to spouse 1 or 2	Date of Birth	Phone Number	Address

Grandchildren

Name	Date of Birth	Address	Phone Number	Parent

Proposed Executor: You need to name an executor (and alternate or successors) in your will. This is the person or corporation (such as bank or trust company) who must submit your will to court, collect your assets, pay your debts (including death taxes) and distribute your assets as you specify in the will. Generally, the first executor will be the surviving spouse. If applicable, then please name the alternates after the surviving spouse.

Name Proposed Executor (1)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
Name Proposed Executor (2)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		



Guardianship Provision: Would you like a guardianship provision included for your minor children? If so:

Name Proposed Guardian/ Relationship to you	Address	Phone No.
<u>1.</u>		
<u>2.</u>		

Would you like to include special instructions as to where you wish your minor child(ren) to reside; educational considerations; and/or provisions explaining why you wish to have the guardian someone other than the biological or "other" parent (if applicable) etc.? If so, please briefly describe your wishes below:

_____ (initial here).

Proposed Trustee: If you contemplate establishing a trust, please name and residence of each proposed trustee (the person or person who will administer and/or distribute the trust, make investments of funds, etc.) Generally, the first successor trustee will be the surviving spouse. If applicable, then please name the alternate successor trustees should the surviving trustee not be able to serve.

Name Proposed Trustee (1)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
Name Proposed Trustee (2)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		

Proposed Distribution: Please indicate briefly how you wish to have your estate distributed at death:

- (a) List any gifts of money or particular assets to specific persons:
(1) _____
- (b) Distribution of balance of property (residue):

- (c) Are distributions to children to be outright: [] outright [] in trust then answer (f) below.
- (d) If a trust is contemplated, please briefly indicate beneficiaries, if you wish them to have a tiered distribution plan (sprinkling trust). A tiered trust means that the distribution will be given in



increments based on age of the beneficiary. Thus, please indicate what age and percent of the beneficiary's share will be distributed and age of final distribution:

Durable Power of Attorney: Have you executed a Durable Power of Attorney for general business purposes? Y/ N If so, please provide copies. If not, to whom would you be willing to give this power in the event of your incapacity? If that person were unable to serve, name any alternates, in order you wish them to serve.

Name Proposed Agent (1)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
Name Proposed Agent (2)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		

Advanced Health Care Directive: Have you executed an Advanced Health Care Directive? Y/ N If so, please provide copies. If not, to whom would you be willing to give this power?

Name Proposed AHCD Agent (1)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
Name Proposed AHCD Agent (2)	Address	Phone No.
<u>1.</u>		
<u>2.</u>		

Life sustaining decision: Should the situation arise where you need to be put on a life support to keep you alive, what are your wishes? _____

_____. If you wish to be on life support -- for how long (ie. as long as financially feasible...). _____



Home Care/ Facility request: Should it be necessary that you be under constant care, what are your wishes? (ie. You remain home with nurse care until necessary...or assisted care facility or...)

Donation of Organs: Do you desire any of your organs to be donated to medical science at your death? If yes, have you contacted anyone about this? Y/N If yes, please provide details:

Burial Arrangements: Do you wish to be buried or cremated? _____

_____ Have you made any prior arrangements? If so, please provide details.

Assets:

For all assets listed below, please provide a **copy of any supporting documents:** i.e. the deed for real property and first page of the account statement from each of the applicable financial institutions.

Real (Residence) Property - Please submit a copy of the deed to the property

Address	% Owned	Form of Title	Date Acquired	Cost Basis	Mortgage	Estimated Value

Cash– Do you have a safety deposit box? If so, where is it located? Who is authorized to access the box? Who has a key? _____.

Bank Name / Location	Account Registration	Account Number	Account Balance

Brokerage Accounts / Mutual Funds

Financial Institution (Name & Address)	Name on Account	Account Number	Broker / Account Exec	Estimated Value



Employment Benefits

	Employer	Estimated Value	Death Benefit	Date of Vesting
Life Insurance				
Pension Plan				
401(k)				

Tangible Personal Property

Property Description (e.g. Antiques, Art, Precious Metals, other valuable collections)	Estimated Value

Certification: The undersigned hereby represents to Lön Shillinger and each of her agents that the information contained in this 5 page intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. We understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Date: _____

Signature of Client(s) _____