

Shillinger Law

Trust and Estate Client Intake Sheet

1. Personal Information

Name: _____
(Full name to be used in documents)

Citizenship: _____

Primary Address: _____

City / State / Zip: _____

Phone #: **Home:** _____

Business: _____

Mobile: _____

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

Social Security #: (last four digits) _____

Primary email: _____

Emergency Contacts: _____

Prior Marriage to whom: _____ (name), city _____ and dissolution date: _____

Existence of Trust/Will: **Date of Execution:** _____

Name of Trust: _____

Residence at time of Execution: _____

Power of Appointment: Do you have a power of appointment under any will or trust? Y/ N
 Please attach a copy of the operative document.

Prior Marriage

Name	Date of Marriage	Date of Dissolution	Address

Children

Name	Date of Birth	Social Security Number	Address	Other Parent	Adopted?

Brothers and Sisters

Name/ relation	Date of Birth	Social Security Number	Address

Grandchildren

Name	Date of Birth	Social Security Number	Address	Parent

Guardianship Provisions: (if applicable)

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 children 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 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.

Name Proposed Executor	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		

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.)

Name Proposed Trustee	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		

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

(a) List any specific gifts of money or particular assets to be given to named persons below:

(1) _____

(2) _____

(b) After distribution once gifts and bills are paid, who shall get the balance of your estate (residue):

(c) Distribution if person listed in (b) does not survive you (i.e. do you want the estate to go to their children?):

(d) Contingent (back up) distribution if none of the foregoing survive you:

(e) Are distributions to children to be outright: [] outright or [] in trust, then answer (f) below.

(f) 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 / Relationship to You	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
<u>3.</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?

AHCD Power	Address	Phone No.
<u>1.</u>		
<u>2.</u>		
<u>3.</u>		

Life sustaining decision: Should the situation arise where you need to be put on a life support system 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.

2. Assets – for all assets listed below, please provide a copy of any supporting documents: ie. the deed for real property and first page of the account statement from the applicable financial institution.

Real 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 and who is authorized to access and who has a key? _____.

Bank Name / Location	Account Registration	Account Number	Account Balance

Securities

CUSIP Number	Certificate #	Number of Shares	Company Name	Type of Security	Name on Security	Date Acquired	Costs Basis	Estimated Value	Restricted (y/n)

Brokerage Accounts / Mutual Funds

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

Stock Options

ISO/NQ	Company	Shares Authorized	Shares Vested	Grant Date	Exercise Price	Expiration Date	Estimated Value

Employment Benefits

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

Tangible Personal Property

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

Copyrights / Patents

Description	Estimated Value

3. Certification

The undersigned hereby represents to LÖan Shillinger and each of her agents that the information contained in this 6 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. I 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: _____