

Dispositive Intentions:

Beneficiaries:			
Whom do you want your will to benefit and in what amounts/percents? What if the beneficiary does not survive you?			
Name of beneficiary	Address of beneficiary	Relationship	Amount/Percent

Charities:		
Do you want to leave a specific amount of money or other assets to any charity? <input type="checkbox"/> YES <input type="checkbox"/> No		
If yes, please list:		
Name of charity	Address of charity	Dollar amount

Fiduciary Appointments		
EXECUTOR	Name	Address
Client:		
Primary Executor		
Alternate Executor (if primary cannot serve)		
TRUSTEE	Name	Address
Client:		
Primary trustee		
Alternate trustee (if primary cannot serve)		

Living Will and Durable Power of Attorney for Health Care Decisions:

CLIENT:

Do you want your living will to provide for withdrawal of artificial food and fluid? YES No

Do you want to donate your eyes or organs? YES No

Do you want your health care agent to consult with any other person prior to acting? YES No

If yes, whom? _____

Who would make your health care decisions if you cannot: _____

Street address _____

City _____ State _____ Zip _____

Name of proposed alternate if that person cannot serve: _____

Street address _____

City _____ State _____ Zip _____

What is the name and address of your primary care physician? _____

Street Address _____

City _____ State _____ Zip _____

General Durable Power of Attorney: (Makes financial decisions when you are unable)

CLIENT:

Name of proposed financial agent: _____

Street address _____

City _____ State _____ Zip _____

Name of proposed alternate financial agent: _____

Street address _____

City _____ State _____ Zip _____

Miscellaneous:		
Do you have any other legal issues which I should be aware of?	<input type="checkbox"/> YES	<input type="checkbox"/> No
If yes, explain _____		
What is the location of your important papers? _____		
Do you have a safe deposit box?	<input type="checkbox"/> YES	<input type="checkbox"/> No
if yes, please indicate the name and address of the location _____		
Have you ever made gifts to any one person in excess of \$10,000 in any one calendar year?	<input type="checkbox"/> YES	<input type="checkbox"/> No
Have you ever filed a federal gift tax return?	<input type="checkbox"/> YES	<input type="checkbox"/> No

Business Arrangements and Governing Documents		
	Date	Location of Documents
Stock Purchase Agreement		
Buy-Sell Agreement		
Employment Agreement		
Stock Options		
Split Dollar Agreement		

Continuing Obligations		
	Date	Location of Documents
Property Settlement Agreement		
Divorce Decree		
Premarital Agreement		
Other (explain)		

Prospective Inheritances	
Source	Anticipated Value

Assets:

		Fair Market Value & Ownership		
Real estate:	Address or location:	Value	Joint Owner	Beneficiary
Residence				
Vacation Property				
Rental Property				
Oil, gas & Minerals				
Other real Estate				
Stocks (please attach list)				
Bonds (please attach list)				
Notes (please attach list)				
Business Assets/family business/ Private corporation (please attach most recent Form k-1 or financial statements)				
Cash and Savings				
Certificates of Deposit				
Money Market (please attach list)				
Mutual Funds (please attach list)				
Annuities				
Life Insurance (Complete Life Insurance Section)				
Retirement Plans (Complete Retirement Plan Section)				
Personal Property (insured amount)				
Automobiles				
TOTAL ASSETS				

Liabilities:

Liabilities	Amount	Joint?
Loans		
Mortgages		
Other		
Total Liabilities		

Life Insurance:

Company	Owner	Amount	Beneficiaries	Type
			Primary	<input type="checkbox"/> Term
			Secondary	<input type="checkbox"/> Whole <input type="checkbox"/> Variable
			Primary	<input type="checkbox"/> Term
			Secondary	<input type="checkbox"/> Whole <input type="checkbox"/> Variable
			Primary	<input type="checkbox"/> Term
			Secondary	<input type="checkbox"/> Whole <input type="checkbox"/> Variable
			Primary	<input type="checkbox"/> Term
			Secondary	<input type="checkbox"/> Whole <input type="checkbox"/> Variable
Total Amount (also put in Assets section)				

Retirement Plans:

Type of Plan	Plan Sponsor	Value		Beneficiaries
Money Purchase				Primary
				Secondary
Profit Sharing Plan				Primary
				Secondary
401(k) Savings				Primary
				Secondary
IRA				Primary
				Secondary
Total Value (also put in Assets section)				
		Current Accrued Monthly Benefit	Projected Monthly Benefit at Age 65	Benefit Option
Pension Plan				<input type="checkbox"/> Life Annuity <input type="checkbox"/> Joint Life Annuity

Certification:

The undersigned hereby represents to Law Office of Jennifer L. Stultz, LLC, and its attorneys that the information contained in this 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.

Signature of client(s) or client representative:
