

CAIN & HERREN, ALC  
ESTATE PLANNING INTAKE

*The information in this intake sheet is attorney-client work product and will be held confidential and shall not be released to any third party.*

////////////////////////////////////

Who is the Testator (Person Writing Last Will)?

\_\_\_\_\_

Please list the contact information of the person we should be following up with to review/revise documents:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Our normal turn-around time is approximately two weeks from the date of retaining. Are there any particular timing considerations that necessitate this file to be expedited (hospice/deathbed issue, etc. Please describe).

Do you have a current plan?       Yes       No

If yes, please drop off a photocopy of the current estate plan to ATTN: Michael.

What services are required?

- Durable Power of Attorney
- Living Will/Health Care Directive
- Will
- Revocable Trust
- Quitclaim Deed
- Other \_\_\_\_\_

What is the gross value of your estate?

What is the name, address, and phone number of the person who you want to serve as executor of your will or as successor trustee of your trust?

1st Choice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

2nd Choice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

What assets do you have to distribute when you pass away? (Please use the back of this form if more room is needed.)

Describe your general distribution scheme (how do you want your property to be devised)?

Do you have a life insurance policy?       Yes       No

If the answer to the above question is “Yes,” what is the face value of the policy and who is the death beneficiary?

\_\_\_\_\_

Face Value

\_\_\_\_\_

Death Beneficiary

Do you have a retirement account, pension, 401k, 403b or other retirement benefit?  Yes  No

If the answer to the above question is “Yes,” what is the amount in the account and who is the death beneficiary?

\_\_\_\_\_  
Amount in Account

\_\_\_\_\_  
Death Beneficiary

Do you have children?  Yes  No

If the answer to the previous question is “Yes” what are their names and ages?

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Name

\_\_\_\_\_  
Age

If any of the above are minors, who would you like to be named as guardian should you pass away?

Do you have a preference regarding funeral arrangements or disposal of remains (burial, cremation, etc.)?

Should you become incapacitated, do you have any particular wishes regarding end of life decisions? Please describe.

What is the name and address of your primary care physician.

Should you become incapacitated, who do you want to handle your business or financial matters?

1st Choice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

2nd Choice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

Should you become incapacitated, who do you want to handle your medical decisions?

1st Choice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

2nd Choice

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

What are your main goals in creating your estate plan:

Please sign to acknowledge that the information contained above is accurate to the best of your personal knowledge.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date