



ESTATE PLANNING INTAKE FORM (SINGLE CLIENT)

SECURING YOUR LEGACY- ONE STEP AT A TIME

This form is intended for an individual client seeking estate planning services. Married couples should complete the appropriate intake form for married persons. To ensure an effective consultation, please fill out this form completely and submit it at least 48 hours prior to your scheduled appointment. Failure to do so will result in the cancellation of your consultation. Submitting this form in advance allows us to thoroughly review your information and prepare for a more productive discussion. While providing detailed information helps streamline the planning process, there's no need to spend excessive time gathering every document or detail beforehand—any additional information can be provided later as needed.

Please note that completing this form does not create an attorney-client relationship, as initial consultations are limited in scope and do not obligate either party to proceed further.

Today's Date: _____

How did you hear about FOREVER LEGAL? _____

PERSONAL INFORMATION

What is your full name? *[First Name, Middle, Last Name]* _____

List any other former names: _____

What is your birthday? _____

What is your driver's license number? _____

Are you a U.S. citizen? ☐ Yes ☐ No

What is your social security number? *[Optional]* _____

What is your address? *[Street Address or PO Box, City, State, Zip]* _____

What is your county of residence? _____



What is your email address? _____

What is your phone number? _____

What is your preferred method of contact? _____

ESTATE PLANNING GOALS

Identify any of the following issues that are important to you: *[Check all that apply.]*

- ☐ Minimize gift taxes.
- ☐ Make charitable gifts.
- ☐ Set up Generation-Skipping Trusts.
- ☐ Provide for disabled relatives.
- ☐ Eliminate probate or guardianship [if possible].
- ☐ Protect children/grandchildren from divorce and creditors.
- ☐ Provide for children.
- ☐ Protect children from immature spending habits.
- ☐ Provide for grandchildren.
- ☐ Protect children's inheritance in the event of a subsequent remarriage by the survivor.
- ☐ Plan for a disability.
- ☐ Pass values and responsibility to family members.
- ☐ Other: *[In your own words, briefly explain any issues or concerns you have. Some examples include: "I have a special needs child, I'm on Medicaid, I'm divorcing my spouse, I'm interested in asset protection strategies, I have assets outside of Texas."]*

EMPLOYMENT AND FINANCIAL INFORMATION

Are you currently employed? ☐ Yes ☐ No

If Yes:

Occupation/Position: _____

Employer Name, Address, and Contact Information: _____



Estimated Annual Income from Salary, Bonuses,
etc.: _____

What is your estimated annual investment income? *[dividends, interests, etc.]*

Do you have an Insurance Agent? ☐ Yes ☐ No

If yes, provide their name and contact information: _____

Do you authorize **FOREVER LEGAL** to contact? ☐ Yes ☐ No

Do you have a Broker, Financial Planner, or Accountant? ☐ Yes ☐ No

If yes, provide their name and contact information: _____

Do you authorize **FOREVER LEGAL** to contact? ☐ Yes ☐ No

Do you have a safe deposit box? ☐ Yes ☐ No

If yes:

Where is it located? _____

What is the safety deposit box number? _____

What is your current health status?

☐ Excellent

☐ Good

☐ Poor

Explain: _____

Are you a Disabled Veteran? ☐ Yes ☐ No

Do you currently receive Medicaid/SSI Benefits? ☐ Yes ☐ No

MARITAL STATUS

Are you currently married? ☐ Yes ☐ No



If yes:

Date of marriage: _____

Spouse's name: _____

Are you widowed? ☐ Yes ☐ No

If Yes:

Name of deceased spouse: _____

Date of death: _____

Did your spouse leave a Will? ☐ Yes ☐ No *[If yes, provide a copy of the Will.]*

Was the Will probated? _____

Are you divorced? ☐ Yes ☐ No

If yes:

Name of ex-spouse: _____

Date of divorce: _____

State of divorce: _____

List any financial obligations, such as alimony, child support, etc.

Do you have a premarital or post-marital agreement? *[If yes, please include a copy.]*

☐ Yes ☐ No

FAMILY INFORMATION

Do you have any children? ☐ Yes ☐ No

If yes:

Please list all children (deceased and alive). Include each child's first and last name, birthdate, and address.



Have any of the above-named people ever had a child given up for adoption or for which parental rights have been terminated? ☐ Yes ☐ No

Are you pregnant or anticipating becoming pregnant in the near future? ☐ Yes ☐ No

Do you have grandchildren? ☐ Yes ☐ No

If yes:

Please list all grandchildren [deceased and alive]. Include each child's first and last name, birthdate, and address.

Have any of the above-named people ever had a child given up for adoption or for which parental rights have been terminated? ☐ Yes ☐ No

What are the names of your parents? Please state whether they are deceased or alive.

Mother's Name: _____

Father's Name: _____

Do you have any family dynamics that may affect your estate planning? Please explain:

ASSET INFORMATION

Do you own any Real Property [land] or Mineral Interests? ☐ Yes ☐ No

If yes:

List each residence, state, approximate value, and mortgage balance for each. State the name[s] which appear on the title, if known, and state whether the property is held with right of survivorship, if known.



Do you have a Savings Account? ☐ Yes ☐ No

If yes:

List the account type, financial institution, any beneficiaries, and approximate value for each account.

Do you have a Checking Account? ☐ Yes ☐ No

If yes:

List the account type, financial institution, any beneficiaries, and approximate value for each account.

Do you have a Brokerage Account? ☐ Yes ☐ No

If yes:

List the account type, financial institution, any beneficiaries, and approximate value for each account.

Do you have an Individual Retirement Account (IRA Account)? ☐ Yes ☐ No

List Institution/Custodian, balance, any beneficiaries.

Do you have an Employee Benefit Plan, 401K Plan? ☐ Yes ☐ No

List Plan type, Institution/Administrator, balance, any beneficiaries for each plan. For defined contribution plans, such as 401K plans, please list the current account balance. For defined contribution plans please also list your yearly contribution. For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment period for stock options, please indicate current value.

Do you have Life Insurance or Annuities? ☐ Yes ☐ No



List Institution/Administrator, cash value, payoff amount, any beneficiaries for each.

Do you have any Trust Interests? *[including Powers of Appointments]* ☐ Yes ☐ No

If yes, explain: [Provide full Trust name.] _____

Do you have any other major assets? *[fine artwork or jewelry, pending lawsuits, etc.]*

☐ Yes ☐ No

If yes, please list: _____

Do you have any anticipated inheritance? ☐ Yes ☐ No

If yes, name of person who may leave you something: _____

Relationship: _____

Rough estimate of amount: _____

BUSINESS OWNERSHIP

Do you own a business? ☐ Yes ☐ No

If yes, name of business: _____

Business industry: _____

Is this a family-owned business? _____

Address: _____

EIN Number: _____

List the Owners/Members/Shareholders of your business and the ownership percentage for each.

Has your business been evaluated? ☐ Yes ☐ No

Approximate value: _____

Number of employees: _____

Please indicate which of the following your business already has in place, if any:



- ☐ Operating Agreement
- ☐ Corporate Minutes
- ☐ Bylaws
- ☐ Buy-Sell Agreement

Do you have whole or part ownership in another/other business? ☐ Yes ☐ No

If yes, explain: _____

Do you own any Automobiles (including boats and trailers)? ☐ Yes ☐ No

If yes:

Prove Make and Year, Date Acquired, Owner on Title, Issuer State, Value, Loan amounts.
Include whether the automobile is co-owned.

LIABILITIES

List any liabilities you have (excluding mortgages or car loans listed above).

Consumer Debts: provide description and amounts. _____

Business Debts: provide description and amounts. _____

Guarantees: provide description and amounts. _____

PRIOR GIFTS

Have you ever made any taxable gifts? [Please include copies of gift tax returns that you have filed]

☐ Yes ☐ No

If yes, please list the recipient, amount, date, and source of funds.

EXISTING ESTATE PLANNING DOCUMENTS



Do you currently have a Will? *[Please include a copy.]* ☐ Yes ☐ No

Do you currently have a Trust? *[Please include a copy.]* ☐ Yes ☐ No

If yes, please provide the full legal name of Trust and date of creation.

ESTATE DISTRIBUTION

In your own words, describe how you want your estate to be distributed (*all to spouse, to my friend, to my children in equal shares*)?

TRUSTS FOR MINOR CHILDREN

Your Will may set up basic Trusts for any minor children, grandchildren, or other relatives who might inherit under your Will. **At what age should these Trusts terminate and distribute the assets outright to the children?**

EXECUTOR, GUARDIAN, AND TRUSTEES

Name an Executor. Your executor is responsible for probating your Will and distributing your assets to beneficiaries. Choose someone you trust; married individuals often name their spouse. Banks or institutions can act as executors for a fee, but it's often better to appoint a willing heir for smaller or simpler estates. If you have minor children, appoint a Guardian to care for them if both parents pass before they turn 18. You can name a married couple as Co-Guardians. Additionally, appoint a Trustee to manage any inheritance for your children—this is often the same person as the Guardian but can be someone different if preferred. Include names of any alternates you wish to appoint.

Primary Executor:

Name

City & State:

Relationship:

First Alternate Executor:

Name



City & State: _____

Relationship: _____

Second Alternate Executor:

Name _____

City & State: _____

Relationship: _____

Name a Guardian and Trustee for Minor Children

Primary Guardian/Trustee:

Name _____

City & State: _____

Relationship: _____

First Alternate Guardian/Trustee:

Name _____

City & State: _____

Relationship: _____

Second Alternate Guardian/Trustee:

Name _____

City & State: _____

Relationship: _____

POWER OF ATTORNEY

Name a Statutory Durable Power of Attorney. This document allows your designated agent to handle all your personal affairs including the execution of contracts motor vehicle registrations real estate sales bank account transactions etcetera and is important if you become incapacitated in any way.

Primary Executor:

Name _____

City & State: _____



Relationship: _____

First Alternate Executor:

Name _____

City & State: _____

Relationship: _____

Second Alternate Executor:

Name _____

City & State: _____

Relationship: _____

Name a Medical Power of Attorney. This document allows your designated agent to make decisions on your behalf regarding your health care in the event you cannot make them yourself. It becomes effective only upon your incapacity as certified by your physician. Your agent will have authority to consent to surgery, check you into a nursing home, obtain records about your care etc.

ADVANCED DIRECTIVE

Advanced Directive [or “**Living Will**”]. This document instructs physicians and hospitals what action to take if you are suffering from a terminal or irreversible condition and are unable to communicate or make decisions for yourself we can discuss this document more fully when we meet but for now please consider the following questions:

A terminal condition is one from which you are expected to die within six months even with all available life sustaining treatments if you are suffering from a terminal condition do you request only those treatments needed to keep you comfortable or do you request all available life sustaining treatments. Select one:

- ☐ Comfort treatment only
- ☐ All-life sustaining treatments
- ☐ Undecided

An irreversible condition is one from which you are expected to die even with all available life sustaining treatments but with which you may remain alive for more than six months if you are suffering from an irreversible condition do you request only those treatments needed to keep you



comfortable or do you request all available life sustaining treatments. Select one:

- ☐ Comfort treatment only
- ☐ All-life sustaining treatments
- ☐ Undecided

DECLARATION OF GUARDIAN (ONESELF)

This document allows you to designate the person[s] you want to serve as your Guardian if a guardianship becomes necessary. While the primary purpose of a statutory durable power of attorney is to avoid the need for a costly guardianship, a guardianship may still be instituted in certain circumstances. If this occurs, the durable power of attorney is automatically revoked. An important feature of this document is that it allows you to specify individuals whom you do not want to serve as your Guardian. In such cases, the judge is prohibited from appointing those individuals under any circumstance. In most cases, people choose the same individuals they designated in their statutory durable power of attorney and health care power of attorney to serve as their Guardians.

Guardian for Financial Purposes

Primary: _____

Alternatives: _____

Guardian for Health Care Purposes

Primary: _____

Alternatives: _____

ADDITIONAL INFORMATION

Is there additional information you would like Forever Legal to know in advance of our consultation?

Are there any specific questions you have that should be addressed in our consultation?



CERTIFICATION

I hereby affirm that the information contained in this questionnaire is complete and accurate to the best of my/our knowledge.

Signature

Date

DO NOT EMAIL THIS INTAKE FORM. TO ENSURE YOUR INFORMATION REMAINS SECURE UPLOAD YOUR FORM IN MYCASE. THANK YOU!