Client Information

Last Name: First Name: Middle:

Mr/Mrs/Dr/Other: Other/Former Name(s):

Date of Birth: Social Security Number:

Street Address or PO Box:

City: State: Zip: County of Residence:

Preferred Phone: Cell Phone:

Email Address:

Employer: Occupation/Position:

Annual Salary:

Other Monthly Income: $ Source:

Are you making payments pursuant to a divorce or property settlement? Self ☐ Spouse ☐ N/A ☐

Have you ever had a will or a trust? Will: Yes ☐ No ☐ Trust: Yes ☐ No ☐

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: Date:

What is your current health status? Excellent ☐ Good ☐ Poor ☐

Any specific health concerns/issues?

Are you a US Citizen? Yes ☐ No ☐

Are you a disabled veteran? Yes ☐ No ☐

Who referred you to Evans & Davis?

Spouse/Partner Information (If Applicable)

Last Name: First Name: Middle:

Mr/Mrs/Dr/Other: Other/Former Name(s):

Date of Birth: Date of Marriage:

Social Security Number: Preferred Phone:

Email:

Address:

Employer: Occupation/Position:

Annual Salary:

Other Monthly Income: $ Source:

Do you have a prenuptial agreement? Yes ☐ No ☐

Are you making payments pursuant to a divorce or property settlement? Self ☐ Spouse ☐ N/A ☐

Have you ever had a will or trust? Will: Yes ☐ No ☐ Trust: Yes ☐ No ☐

If you marked YES under TRUST, please provide the full legal name of trust and date of creation:

Name: Date:

What is your current health status? Excellent ☐ Good ☐ Poor ☐

Any specific health concerns/issues?

Are you a US Citizen? Yes ☐ No ☐

Are you a disabled veteran? Yes ☐ No ☐

Introduction

Estate Planning involves the creation of a comprehensive plan governing your personal and financial affairs. During the process, you select who will receive your assets following your death, how and when they receive them, and under what conditions. During the process, we strive to create a plan which minimizes taxes, costs, fees and hassle following your incapacity or death. To help you with designing your personal plan, it is useful to know what you hope to achieve through this process. A clear understanding of your hopes, fears, goals, and aspirations is critical. An appreciation of those beliefs and values is the foundation upon which Evans & Davis builds your estate plan.

To assist with creating your estate plan, please answer the following questions.
Please note there are no right or wrong answers—only your answers:

Identify any of the following issues that are important to you with an "X"

	Client	Spouse/Partner
Minimize Gift and Estate Taxes	☐	☐
Provide for Disabled Descendants	☐	☐
Eliminate Probate or Guardianship	☐	☐
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	☐	☐

What is your goal in meeting with our firm?

What is your most important financial goal?

What do you see as the major threat to your personal goals?

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

Are you or your spouse taking a trip out of the state or out of the country in the next 12 months?

Yes ☐ No ☐ Maybe ☐

Family Information

Previous Marriage(s) by Client (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Previous Marriage(s) by Spouse/Partner (Include Previous Spouse's Names, Date of Marriages, or Date of Death)

Living Children (On the "Child of:" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

1) Full Name: DOB: Child of: Adopted(Y/N):
Gender: Current Address:

2) Full Name: DOB: Child of: Adopted(Y/N):
Gender: Current Address:

3) Full Name: DOB: Child of: Adopted(Y/N):
Gender: Current Address:

4) Full Name: DOB: Child of: Adopted(Y/N):
Gender: Current Address:

5) Full Name: DOB: Child of: Adopted(Y/N):
Gender: Current Address:

Deceased Children (On the "Child of" line indicate if Child is (J) Joint, (H) Husband's, (W) Wife's, or (P) Partner's Child.)

Name	Birth Date	Date of Death	Male/Female	Child of

Are you or your Spouse/Partner pregnant or anticipating becoming pregnant in the near future? Yes ☐ No ☐

Have you or your Spouse/Partner ever had a child born outside of marriage? Yes ☐ No ☐

Have you or your Spouse/Partner ever had a child given up for adoption or for which parental rights have been terminated? Yes ☐ No ☐

Family Information (Continued)

Grandchildren

Name	Birth Date	Parents' Names	M/F	Adopted(Y/N)

Client's Parents

Name	Relation	Select One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

Spouse/Partner's Parents

Name	Relation	Select One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

Client's Siblings

Name	Relation	Select One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

Spouse/Partner's Siblings

Name	Relation	Select One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

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 ☐

Does anyone in your immediate family have any special educational, medical, or physical needs? Yes ☐ No ☐

If yes, please explain:

Other than with your minor children (if applicable), do you foresee a time when someone may be dependent on you? Yes ☐ No ☐

If yes, please explain:

Real Property and Mineral Interests

Ownership (legal title) of assets can determine to whom assets will pass upon your death. Ownership may negate a will or trust provision, including any tax planning. For each asset you list in this questionnaire, please carefully state the name of the owner(s) of the asset.

Include your personal residence(s), investment property, vacation homes (excluding time shares), vacant land, mineral interests, etc. **We will need a copy of your deed(s) to transfer title to your trust. Please attach a copy of the deed(s) to this form.**

1) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

2) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

3) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

4) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

5) Type (residence, rental, vacant land, oil, or mineral interests):

Address & County:

Owner(s):

Current Value: $ Outstanding Mortgage? Yes ☐ No ☐

Bank Accounts and Investment Accounts

Please **do not list** retirement accounts in this section such as: IRAs, 401Ks, Roth IRAs, SEPs, etc.

1) Name of Bank/Institution:

Account Type: Account Number:

Name(s) on Account: Balance: $

Advisor Name:

2) Name of Bank/Institution:

Account Type: Account Number:

Name(s) on Account: Balance: $

Advisor Name:

3) Name of Bank/Institution:

Account Type: Account Number:

Name(s) on Account: Balance: $

Advisor Name:

4) Name of Bank/Institution:

Account Type: Account Number:

Name(s) on Account: Balance: $

Advisor Name:

5) Name of Bank/Institution:

Account Type: Account Number:

Name(s) on Account: Balance: $

Advisor Name:

6) Name of Bank/Institution:

Account Type: Account Number:

Name(s) on Account: Balance: $

Advisor Name:

Do you have any Safe Deposit Boxes? Yes ☐ No ☐ If yes, what is the Box Number?

Name of Institution: Name(s) on Box:

Retirement Accounts

Please list your IRAs, 401ks, SEPs, Profit Sharing, Thrift Savings, etc.

1) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

2) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

3) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

4) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

5) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

6) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

7) Name of Institution: _____ Name(s) on Account: _____

Account Type: _____ Account Number: _____ Balance: $ _____

Current Beneficiaries: _____ Advisor: _____

Life Insurance Policies

1) Life Insurance Company: _____ Policy Number: _____

Owner of Policy: _____ Insured: _____

Current Beneficiaries: _____ Death Benefit: _____

Type of Policy: _____ Agent Name: _____

2) Life Insurance Company: _____ Policy Number: _____

Owner of Policy: _____ Insured: _____

Current Beneficiaries: _____ Death Benefit: _____

Type of Policy: _____ Agent Name: _____

3) Life Insurance Company: _____ Policy Number: _____

Owner of Policy: _____ Insured: _____

Current Beneficiaries: _____ Death Benefit: _____

Type of Policy: _____ Agent Name: _____

4) Life Insurance Company: _____ Policy Number: _____

Owner of Policy: _____ Insured: _____

Current Beneficiaries: _____ Death Benefit: _____

Type of Policy: _____ Agent Name: _____

5) Life Insurance Company: _____ Policy Number: _____

Owner of Policy: _____ Insured: _____

Current Beneficiaries: _____ Death Benefit: _____

Type of Policy: _____ Agent Name: _____

Disability Insurance:

Do you currently have disability insurance? Yes ☐ No ☐

Insurance Provider: _____ Policy No: _____

Information for Business Owners

Do you own a business? (If no, please proceed to the next section) Yes ☐ No ☐

Name of Business:

Address of Business:

Phone Number: FEI Number of Businesses:

How is your business currently being taxed? C-Corp ☐ S-Corp ☐ Partnership ☐ Sole Proprietorship ☐

List the Owners/Members/Shareholders of your business and the ownership percentage for each on the lines below:

Owner/Member/Shareholder	Percentage	Units/Shares

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

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

Other:

If possible, please include a copy of these documents with your intake form.

Do you anticipate the business continuing operations following your retirement, incapacitation or death? Yes ☐ No ☐

Has your business been valuated? Yes ☐ No ☐

Current value of your business? $

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

Other Information or Businesses:

Please use a separate sheet for additional businesses.

Advisors

Financial Planner:

Company:

Address:

Phone: Email:

Client(s) authorize(s) Evans & Davis Attorneys to contact their Financial Planner? Yes ☐ No ☐

Accountant:

Company:

Address:

Phone: Email:

Client(s) authorize(s) Evans & Davis Attorneys to contact their Accountant? Yes ☐ No ☐

Life Insurance Agent:

Company:

Address:

Phone: Email:

Client(s) authorize(s) Evans & Davis Attorneys to contact their Life Insurance Agent? Yes ☐ No ☐

Attorney:

Company:

Address:

Phone: Email:

Client(s) authorize(s) Evans & Davis Attorneys to contact their Personal Attorney? Yes ☐ No ☐

Please review and be familiar with the items on the following pages. However, the majority of the information may require additional guidance or instruction from your attorney during your upcoming estate planning meeting.

Trust Information

Preferred Name of Trust: _____

Successor Trustee

The Successor Trustee takes over control of your trust after you can no longer serve. When your estate plan involves a revocable trust, you and/or your Spouse/Partner usually serve as the initial Trustees. The Successor Trustee can be an individual, more than one individual, or a corporate entity (such as a bank or a trust company.)

First Choice: _____

Second Choice: _____

Third Choice: _____

Special Instructions: _____

Personal Representative/Executor

Your Personal Representative/Executor will liquidate and administer your probate estate if necessary. Typically your Personal Representative is the same person or entity that you have named as your Successor Trustee.

	Client's Choice	**Spouse/Partner's Choice (if applicable)**
First Choice:		
Second Choice:		
Third Choice:		

Durable Power of Attorney

A Durable Power of Attorney is an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. Your Attorney-in-Fact's powers may be effective immediately or they may become effective only upon your incapacitation. Typically the same person or entity that you have named as your Successor Trustee.

	Client's Choice	**Spouse/Partner's Choice (if applicable)**
First Choice:		
Second Choice:		
Third Choice:		

Should your Attorney-in-Fact have the right to immediately exercise these powers?: Yes ☐ No ☐

Guardian for Minor Children (If Applicable)

Please list the individual(s), including spouse, who should be responsible for the legal care and control over your children in the event you are incapacitated or deceased.

	Client's Choice	Spouse/Partner's Choice (if applicable)
First Choice:		
Second Choice:		
Third Choice:		

Special Instructions:

Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual or spouse you select as an agent to make decisions in regard to your medical care should you become incapacitated.

	Client's Choice	Spouse/Partner's Choice (if applicable)
First Choice:		
Second Choice:		
Third Choice:		

Special Instructions:

Do you wish to be buried or cremated? Remain Silent ☐ Buried ☐ Cremated ☐

Does your spouse wish to be buried or cremated? Remain Silent ☐ Buried ☐ Cremated ☐

Do you want to be an organ donor? Client: Yes ☐ No ☐ Spouse: Yes ☐ No ☐

If you are at the end of your life, do you wish to be on life support? Yes ☐ No ☐

If your spouse is at the end of their life, do they wish to be on life support? Yes ☐ No ☐

HIPAA Agent

The individual(s), including spouse, you appoint as your HIPAA Agent will immediately have full access to any and all of your medical records. Please list the individuals to be named as Authorized Recipients under the Health Insurance Portability and Accountability Act (HIPAA). You may want to include your Healthcare Agents, Attorney-in-Fact, and Trustees who will serve during any incapacity. You may likely want to list your children and close friends, as well.

	Client's Choice	Spouse/Partner's Choice (if applicable)
Agent Name:		
Agent Name:		
Agent Name:		
Agent Name:		

Contact Information

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