

For Office Use Only  
Rev. 2.4.16  
Date:

Location:

Present:

How did they hear about us:

Will  
Dur POA  
Healthcare POA  
Other (Rev. Trust/Irev. Trust, Deed preps, etc.)  
Total Charges  
Balance

## **ESTATE PLANNING INTAKE FORM**

Use additional sheets if necessary to include all information requested.  
Feel free to contact us with any questions.

Law Office of Susan Pittard Weidman, P.A.

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### **LEGAL INFORMATION:** Please include full, legal names.

NAME: \_\_\_\_\_ (Sr., Jr., III, etc.)  
PHONE: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Are you a U.S. Citizen? \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Addresses of All Properties Owned:

\*Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Map # : \_\_\_\_\_  
Name(s) on Deed: \_\_\_\_\_

How do you hold title? (Ex. Tenants by the Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate): \_\_\_\_\_ Mortgages? \_\_\_\_\_

\*Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Map # : \_\_\_\_\_  
Name(s) on Deed: \_\_\_\_\_

How do you hold title? (Ex. Tenants by the Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate): \_\_\_\_\_ Mortgages? \_\_\_\_\_

\*Property Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tax Map # : \_\_\_\_\_  
Name(s) on Deed: \_\_\_\_\_

How do you hold title? (Ex. Tenants by the Entirety, Joint Tenants with Survivorship, Tenants in Common, Life Estate): \_\_\_\_\_ Mortgages? \_\_\_\_\_

**Part 1: FAMILY HISTORY:** Please list all family members whether you are going to include them in your Estate Planning or not. This information is not shared and your relatives will not be contacted by us. We need a full outline of your family in order to properly advise you about your Estate Planning concerns. Should your Will ever be contested this can also be used to establish your competency at the time of the making of your documents.

**Names of Parents:** \_\_\_\_\_  
Living: Yes or No (circle one)

If Yes, Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**List All Siblings (brothers & sisters): (living or deceased, of half-blood or full blood) Yes or No (circle one)**

If Yes, Number of siblings: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Prior Marriages:** Have you had prior marriages? Yes or No (circle one)

If Yes, Number of marriages: \_\_\_\_\_

\*Name of former spouse: \_\_\_\_\_ Dates of Marriage: \_\_\_\_\_

Did the marriage end in: death or divorce (circle one)

Number of children with former spouse (if applicable) : \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

\*Name of former spouse: \_\_\_\_\_ Dates of Marriage: \_\_\_\_\_

Did the marriage end in: death or divorce (circle one)

Number of children with former spouse (if applicable) : \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Any other children from prior relationships (other than marriages)?:** Yes or No (circle one)

If Yes, number of children: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**GRANDCHILDREN (if applicable):** Yes or No (circle one)

If Yes, Number of grandchildren: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents: \_\_\_\_\_

**Other Family or Friends involved in Estate Plan (if applicable):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Part 2: ASSET OUTLINE**

**Do you have any Long Term Care planning financial concerns?** Yes or No (circle one)

If Yes, please list concerns to be addressed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Would you be interested in discussing Trusts instead of Wills?** Yes or No (circle one)

Questions related to Trusts vs. Wills to be addressed:

\_\_\_\_\_

\_\_\_\_\_



**HEALTHCARE POWER OF ATTORNEY:**

A Healthcare Power of Attorney appoints an Agent(s) to handle healthcare issues should you become incapacitated. If you are alive but incapacitated because of an illness or accident, who would you trust to make your **medical** decisions?

Primary Agent: \_\_\_\_\_

Alternate(s): (Should your Primary Agent be unable to serve, it’s advisable to have at least one or two Alternate Agents listed.)

\_\_\_\_\_

HIPAA Disclosure (All those individuals, in no particular order, who can receive healthcare information about you/to whom you are willing to waive your Healthcare Privacy rights):

\_\_\_\_\_

- **Do you want to authorize your Agents to have access to your digital assets and accounts?**  
Yes or No (circle one)

*\*Please Note: Durable Powers of Attorney are only valid while you are alive. When you die, the Durable Power of Attorney dies with you and then the Executor/trix takes control of your Estate.*

**Part 4: WILL DESIGNATIONS**

Please give this section consideration and feel free to write in your choices. The attorney will review all of the designations with you during your appointment.

**\*EXECUTOR/TRIX:** \_\_\_\_\_

**ALTERNATE(S):** (Should your Executor/trix be unable to serve, it’s advisable to have at least one or two Alternates listed.)

\_\_\_\_\_

*\*The Executor/trix files your Will for probate with the Register of Wills after you die and is appointed control of your Estate. The people listed typically mirror the Agents for your Durable Power of Attorney.*

**DISTRIBUTIONS:**

When you die, how would you like your assets divided? Please check all that apply:

- \_\_\_\_\_ Spouse to spouse first?
- \_\_\_\_\_ If both spouses should die, then to the children?
- \_\_\_\_\_ Equally to all children?
- \_\_\_\_\_ If one of your children should predecease you, then would that child’s share go to their children (your grandchildren)?
- \_\_\_\_\_ If one of your children should predecease you without having children (your grandchildren), then would that child’s share go to your remaining children?
- \_\_\_\_\_ If both spouses should die, then to: \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_ Other:  
\_\_\_\_\_  
\_\_\_\_\_

Taker of Last Resort: \_\_\_\_\_

**Tangible Personal Property** (clothes, collectible, jewelry, furniture, cars, boats):  
Given or Sold? \_\_\_\_\_

**Real Property** (lots/homes in any state, timeshares):  
Given or Sold? \_\_\_\_\_

**Specific Bequests:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residuary:**  
\_\_\_\_\_  
\_\_\_\_\_

**Any Assets held in Further Trust?** Yes or No (circle one)  
**If yes, who will be the Trustee(s)?** \_\_\_\_\_

**Are you excluding anyone of the same degree of Familial Relation (i.e. certain children)?**  
Yes or No (circle one) **If yes, please state your reasoning** (*Some circumstances will require a Note to the file from the client or a Physician depending on the circumstances*)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trust for Minor Beneficiaries (if applicable):** Yes or No (circle one)  
If Yes, what age for disbursement? (Must be at least 21 years of age): \_\_\_\_\_  
Trustee: \_\_\_\_\_  
Alternate Trustee: \_\_\_\_\_

**Beneficiaries with Special Needs (if applicable):** Yes or No (circle one)  
If Yes, is a Special Needs Trust Needed? \_\_\_\_\_  
Trustee: \_\_\_\_\_  
Alternate Trustee: \_\_\_\_\_

