

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.

YOU (Will be referred to as Spouse 1.):

NAME: _____ (Sr., Jr., III, etc.)

PHONE: _____

DOB: _____ SSN: _____ Are you a U.S. Citizen? _____

YOUR SPOUSE (Will be referred to as Spouse 2.):

NAME: _____ (Sr., Jr., III, etc.)

PHONE: _____

DOB: _____ SSN: _____ Are you a U.S. Citizen? _____

Date of Marriage: _____ Prenuptial Agreement: Yes (obtain copy) or No

For Office Use Only: Spousal Waiver of Elective Share Needed? Yes or No

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? _____

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.

YOU (Spouse 1):

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: _____

*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: _____

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: _____

FAMILY HISTORY (CONTINUED)

YOUR SPOUSE (*Spouse 2*):

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: _____

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: _____

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: _____

Child's Name: _____ Phone: _____

Address: _____

Child's Name: _____ Phone: _____

Address: _____

CHILDREN OF THIS MARRIAGE BETWEEN SPOUSE 1 & 2 (if applicable):

Yes or No (circle one)

If Yes, Number of children: _____

Name: _____ DOB: _____ Phone: _____

Address: _____

Spouse: _____

Name: _____ DOB: _____ Phone: _____

Address: _____

Spouse: _____

Name: _____ DOB: _____ Phone: _____

Address: _____

Spouse: _____

Name: _____ DOB: _____ Phone: _____

Address: _____

Spouse: _____

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: _____

Is this a second marriage with children from previous marriages/relationships? (if applicable)

Yes or No (circle one)

If Yes, would you be interested in discussing Trusts instead of Wills?

Yes or No (circle one)

Questions related to Trusts vs. Wills to be addressed: _____

LIST OF ASSETS

Please list ALL: Real Estate, Bank Accounts, Life Insurance, Retirement Accounts, Investment Accounts, Stocks, Bonds, Annuities, Long Term Care Insurance, LLC Interests, Partnership Interests, Important items of Tangible (physical) Property, such as valuable art, antiques, collections, etc.

Asset

Please list what the asset is and with what company it's held.

Titling (Solely or Jointly)

Please list who is on the title of each asset.

Beneficiary(ies) Named

Please list beneficiaries named on the asset if applicable. List primary and Secondary/Contingent beneficiaries, POD (Payable on Death for bank accounts) or TOD (Transferrable On Death for Investments)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the approximate overall value of Estate: \$ _____

Part 3: DESIGNATION OF AGENTS FOR POWERS OF ATTORNEY

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.

***DURABLE POWER OF ATTORNEY:**

A Durable Power of Attorney appoints an Agent(s) to handle financial and legal affairs should you become incapacitated. If you are alive but incapacitated because of an illness or accident, who would you trust to make your **financial and legal** decisions?

Primary Agent: _____

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

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: _____

Part 5: OTHER PROVISIONS:

Guardian of Minor Children (if applicable): _____

Alternate: _____

Would you like to make any provisions for your pets? Yes or No (circle one)

If Yes, please explain:

Do you prefer to be Buried or Cremated? _____

If Buried, do you already have plots? _____

If Cremated, ashes to: _____

Where will you keep Original Documents? _____

NOTES:

Deed Prep(s) Needed? Yes No