

KERNS & SIMS



ESTATE PLANNING INTAKE FORM

Client Name(s): _____

Date Completed: _____
Referral Source: _____

I. Husband Information

Full Name _____

Social Security No _____

Date of Birth _____

Drivers License No/State _____

Home Address _____

County of Address: _____

How Long State _____ County _____

Telephone () _____

Facsimile () _____

Cellular () _____

Email _____

II. Wife Information

Full Name _____

Maiden Name _____

Social Security No _____

Date of Birth _____

Drivers License No/State _____

Home Address _____

County of Address: _____

How Long State _____ County _____

Telephone () _____

Cellular () _____

Email _____

III. Executor Information

SPOUSE (IF CHECKED, SKIP THIS SECTION)

Full Name _____

Date of Birth _____

Relationship to You _____

Home Address _____

County of Address: _____

Telephone () _____

Cellular () _____

Email () _____

IV. Alternate Executor Information

Full Name _____

Date of Birth _____

Relationship to You _____

Home Address _____

County of Address: _____

Telephone () _____

Cellular () _____

Email () _____

V. Health Care Power of Attorney

SPOUSE (IF CHECKED, SKIP THIS SECTION)

Full Name _____

Date of Birth _____

Relationship to You _____

Home Address _____

County of Address: _____

Telephone () _____

Cellular () _____
Email () _____

VI. Health Care Power of Attorney (ALTERNATE)

Full Name _____
Date of Birth _____
Relationship to You _____
Home Address _____

County of Address: _____
Telephone () _____
Cellular () _____
Email () _____

VII. Health Care Power of Attorney (SECOND ALTERNATE)

Full Name _____
Date of Birth _____
Relationship to You _____
Home Address _____

County of Address: _____
Telephone () _____
Cellular () _____
Email () _____

VIII. Financial Power of Attorney

SPOUSE (IF CHECKED, SKIP THIS SECTION)

Full Name _____
Date of Birth _____
Relationship to You _____
Home Address _____

County of Address: _____

Telephone () _____

Cellular () _____

Email () _____

IX. Financial Power of Attorney (Alternate)

Full Name _____

Date of Birth _____

Relationship to You _____

Home Address _____

County of Address: _____

Telephone () _____

Facsimile () _____

Cellular () _____

Email () _____

X. BEQUESTS

Everything to my Spouse

In the event my Spouse predeceases me (or I have no spouse), Everything to my Children

In equal shares

NOT in equal shares: _____

Per stirpes (if a child predeceases me, their share goes to their children)

Per capita (if a child predeceases me, their share gets distributed amongst the other children)

In the event my Spouse predeceases me (or I have no spouse), Everything goes to:

Per stirpes

Per capita

In addition, I have the following specific bequests:

XI. CHILDREN

A. Born Issue of This Marriage (Note if Adopted by both parents)

Full Name	_____	Full Name	_____
Date of Birth	_____	Date of Birth	_____
Full Name	_____	Full Name	_____
Date of Birth	_____	Date of Birth	_____

B. Born Issue of This Relationship (Prior to Marriage) (Note if adopted)

Full Name	_____	Full Name	_____
Date of Birth	_____	Date of Birth	_____
Full Name	_____	Full Name	_____
Date of Birth	_____	Date of Birth	_____

C. Born Issue of Separate Relationship (Note if adopted by relevant party)

Full Name	_____	Full Name	_____
Date of Birth	_____	Date of Birth	_____
Full Name	_____	Full Name	_____
Date of Birth	_____	Date of Birth	_____

XII. GUARDIAN

(Skip if no minor children)

Full Name

Date of Birth

Relationship to You

Home Address

County of Address: _____

Telephone () _____

Cellular () _____

Email () _____

XIII. ALTERNATE GUARDIAN

(Skip if no minor children)

Full Name

Date of Birth

Relationship to You

Home Address

County of Address: _____

Telephone () _____

Cellular () _____

Email () _____

XIV. MY ESTATE

A. Real Estate

Address1 _____

Names on Deed _____
Purchase Date _____
Purchase Price _____
Down Payment _____
Source of Down Payment _____
Outstand. Mortgage 1 _____
Outstand. Mortgage 2 _____
Names on Mortgage _____
Name of Mortgage Co. _____
Appraisal Value _____
Beneficiary _____

Address2 _____

Names on Deed _____
Purchase Date _____
Purchase Price _____
Down Payment _____
Source of Down Payment _____
Outstand. Mortgage 1 _____
Outstand. Mortgage 2 _____
Names on Mortgage _____
Name of Mortgage Co. _____
Appraisal Value _____
Beneficiary _____

PLEASE PROVIDE A COPY OF THE DEED IF IN YOUR POSSESSION

B. Vehicles | Boats

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Loan Company _____
Beneficiary _____

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Loan Company _____
Beneficiary _____

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Loan Company _____
Beneficiary _____

Make | Model | Year _____
Names on Title _____
Purchase Date _____
Purchase Price _____
Purchase Date _____
Outstanding Loan _____
Loan Company _____
Beneficiary _____

PLEASE PROVIDE A COPY OF THE TITLES IF IN YOUR POSSESSION

C. Checking Accounts

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

D. Savings Accounts

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

Fin. Institution _____
Account Number _____
Names on Account _____
Balance _____
Beneficiary _____

E. Stocks | Bonds | Annuity | Other Investment

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Beneficiary _____

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Beneficiary _____

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Beneficiary _____

Type _____
Name of Share _____
Number of Shares _____
Value of Share _____
Date Valued _____
Beneficiary _____

F. Retirement Accounts

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Beneficiary _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Present Value _____
Vested? _____
Beneficiary _____

Type _____
Name of Plans _____
Account Number _____
Participant _____

Type _____
Name of Plans _____
Account Number _____
Participant _____

Present Value _____
Vested? _____
Beneficiary _____

Present Value _____
Vested? _____
Beneficiary _____

G. Life Insurance Accounts

Type _____
Name of Plans _____
Account Number _____
Participant _____
Beneficiary _____
Insured Amount _____
Term or Whole Life? _____
Present Value _____

Type _____
Name of Plans _____
Account Number _____
Participant _____
Beneficiary _____
Insured Amount _____
Term or Whole Life? _____
Present Value _____

H. Household Animal

Type _____
Name of Pet _____
Value _____

Type _____
Name of Pet _____
Value _____

Type _____
Name of Pet _____
Value _____

Type _____
Name of Pet _____
Value _____

I. Personal Property Valued in Excess of \$500

Asset _____
Value _____

Asset _____
Value _____

Asset _____
Value _____

Asset _____
Value _____

Asset _____
Value _____

Asset _____
Value _____

J. Consumer Debt Obligations

Fin. Institution _____
Account Number _____
Names on Account _____

Fin. Institution _____
Account Number _____
Names on Account _____

Fin. Institution _____
Account Number _____
Names on Account _____

Fin. Institution _____
Account Number _____
Names on Account _____

Fin. Institution _____
Account Number _____
Names on Account _____

Fin. Institution _____
Account Number _____
Names on Account _____

K. Outstanding Taxes

Gov. Entity _____
Debtor _____
Tax Period _____

Gov. Entity _____
Debtor _____
Tax Period _____

Gov. Entity _____
Debtor _____
Tax Period _____

Gov. Entity _____
Debtor _____
Tax Period _____

L. Other Liabilities

Type _____
Lender _____
Purpose _____

Type _____
Lender _____
Purpose _____

Notes

Are there any beneficiary designations that you would like to change?

Additional Notes:

NOTE:****

PLEASE PROVIDE OUR OFFICE WITH COPIES OF ALL PRIOR ESTATE PLANNING MATERIALS, INCLUDING, BUT NOT LIMITED TO, TRUSTS, WILLS, POA, LIVING WILLS, ETC.

