

Estate Planning Intake Form

Date: _____

Attorney: KCM PVD PSK

CLIENT INFORMATION

Client Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Birth Date: _____ / _____ / _____

Will: POA: LW: TRUST: DEED:

Marital Status: Married: Single: Divorced: Widowed:

Name: _____

Address: _____

D.O.D: _____ / _____ / _____

Family Members

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Last Will & Testament

Executor: _____

Alt: _____

Alt 2: _____

Funeral Rep: _____

Alt: _____

Alt 2: _____

Funeral Plan: _____

Cremation

Burial

Specific Bequests

Person: _____

Item/Amount: _____

Person: _____

Item/Amount: _____

Person: _____

Item/Amount: _____

Person: _____

Item/Amount: _____

Charitable Bequests

Person: _____

Item/Amount: _____

Person: _____

Item/Amount: _____

Person: _____

Item/Amount: _____

Person: _____

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Item/Amount: _____

Residuary Estate

Person: _____

% If Applicable: _____ Primary Secondary

Person: _____

% If Applicable: _____ Primary Secondary

Person: _____

% If Applicable: _____ Primary Secondary

Person: _____

% If Applicable: _____ Primary Secondary

Person: _____

% If Applicable: _____ Primary Secondary

Person: _____

% If Applicable: _____ Primary Secondary

Any potential beneficiary under the age of 18? 25? Yes No

Any potential beneficiary special needs or disability? Yes No

Trust Provisions (if applicable)

Trustee: _____

Alternate: _____

Beneficiaries: _____

Age for Dist.: _____

Guardian of Minor Provision (if applicable)

Guardian: _____

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Alternate: _____

Alternate 2: _____

Additional Estate Information

Previous Planning Documents: YES: NO:

Location/Status: _____

Out of State Property: YES: NO:

If yes: _____

REVIEW: PROBATE v. NONPROBATE: BENEFICIARY DESIGNATION:

IMPORTANCE OF ORIGINAL: 5 YEAR REVIEW OF DOCS:

LETTER OF INSTRUCTION.: AMEND/REVOKE DOCS:

ESTATE/DEATH TAX:

LAST WILL AND TESTAMENT NOTES:

Power of Attorney

Name: _____

Address: _____

Phone Number: _____

Alternate: _____

Alt Address: _____

Alt Phone #: _____

Alternate 2: _____

Alt 2 Address: _____

Alt 2 Phone #: _____

Living Will same as POA Yes No

Name: _____

Address: _____

Phone Number: _____

KELAHER, VAN DYKE, MORIARTY & KALKSMA

Alternate: _____

Alt Address: _____

Alt Phone #: _____

Alternate 2: _____

Alt 2 Address: _____

Alt 2 Phone #: _____

POA AND LW Notes: