EVANS & DAVIS

Confidential

Estate Planning Intake Form

EVANS & DAVIS

866-708-2335
evansdavis.com

Dear Client,

Thank you in advance for placing your trust in our Firm and for allowing our attorneys to assist with your estate planning needs.

Please complete the attached Confidential Estate Planning Intake Form as thoroughly as possible. The information you provide allows us to assess your specific needs and create a comprehensive plan that protects you, your family, and your assets.

Once you have completed the form, please return it to our office via mail, e-mail, or facsimile. If you have not done so already, please schedule an appointment with our Firm to review your specific information. You may contact us at our toll free number at (866) 708-2335 or by e-mail at attorneys@evansdavis.com. Please return the completed form at least three (3) business days prior to your scheduled meeting.

Please note that all information you share with our Firm will remain confidential and is a privileged attorney/client communication. If you have questions or concerns, please do not hesitate to contact us at any time.

Congratulations on your commitment to move forward with this critical investment. Our Firm takes great pride in building long standing relationships with each of our clients. Ultimately, our goal is to serve our clients, their businesses, and their families for a lifetime.

Warm Regards,

Evans & Davis

Confidentiality Statement

Our Firm acknowledges the information you provide in this Estate Planning Intake Form is highly confidential. We collect various information about you from this form and from our consultations. You can be assured that all of the information that you share with us will stay private and confidential.

Evans & Davis does not disclose, sell, trade, exchange, or otherwise provide any information regarding your family or your assets to any third parties unless specifically authorized by you or required by applicable law.

Our Firm restricts access to non-public personal information about you to those employees of our law firm who need to know the information in order to provide legal services to you. We maintain physical, electronic, and procedural safeguards to protect your confidential information.

Sometimes clients choose to include family members, loved ones, and/or advisors in the planning process. You are welcome to make that decision if you are so inclined. However, it is important to remember that the attorney-client privilege, which protects the confidentiality of what is discussed, extends only between the attorney and the client. As a general rule, we would expect to meet with you individually or as a couple before family members or others are involved.

We rely on the information you provide to us in order to advise you regarding what we believe to be the most appropriate estate planning arrangements for your circumstances. By filling out this form, we consider your information to be accurate and complete.

Conflicts Of Interest

In the legal profession, it is generally unusual to represent more than one person as a party to any legal matter. Nevertheless, the nature of estate planning suggests that since spouses or partners usually have common goals, shared assets, and similar objectives, spouses or partners can sometimes act as a single client.

If you are single or if you do not share the same goals and objectives as your significant other, it is important that you obtain independent counsel.

Likewise, if a significant difference of opinion or a conflict occurs with your significant other after we have initiated representation, our Firm will be forced to stop the process and attempt to resolve that difference. In difficult situations, it may be necessary for our Firm to withdraw, and to advise you both to seek separate counsel.

Professional Fees

Quality estate planning requires a complete review of your financial information and a candid discussion of your personal circumstances, needs, goals, and desires. Estate planning documents implemented through the planning process usually have significant legal and tax consequences.

Prior to your initial appointment, we will review the information provided. As a courtesy to you and your professional advisors, we will not bill for that time nor the time for a consultation appointment. We generally bill on an hourly rate for your initial consultation after the first hour unless other arrangements have been made.

After our initial meeting, we will provide you an outline of our recommended course of action along with the related fees based on complexity. At that time, we can usually provide a flat transactional fee amount for the entire estate plan.

If for any reason you need to change or cancel your initial appointment or any subsequent appointment, please notify us at least 48 hours ahead of time.

In all cases, the Firm's legal representation will not commence until the execution of a Contract for Legal Services by the Client(s) and the Firm, as well as receipt of your professional fees for the services rendered.

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: ______

Home Phone: ______ Cell Phone: ______

Email Address: ______

Employer: ______ Occupation/Position: ______

Annual Salary: ______ Business Phone: ______

Other Monthly Income:

Pension	$	Source:
Rental	$	Source:
Disability	$	Source:
Investment	$	Source:
Social Security	$	Source:

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 ☐

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: ______

Street Address or PO Box: ______

City: ______ State: ______ Zip: ______ County of Residence: ______

Home Phone: ______ Cell Phone: ______

Email Address: ______

Employer: ______ Occupation/Position: ______

Annual Salary: ______ Business Phone: ______

Other Monthly Income:

Pension	$	Source:
Rental	$	Source:
Disability	$	Source:
Investment	$	Source:
Social Security	$	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 ☐

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 goals?

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

Family Information

Previous Marriage(s) by Client (Include Previous Spouse's Names, Date of Marriages, & Date of Death, if widowed):

Previous Marriage(s) by Spouse/Partner (Include Previous Spouse's Names, Date of Marriages, & Date of Death, if widowed):

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

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

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

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

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

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

Deceased Children (On the "Parent" 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	Parent

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	Circle One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

Spouse/Partner's Parents

Name	Relation	Circle One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

Client's Siblings

Name	Relation	Circle One
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐
		Living ☐ Deceased ☐

Spouse/Partner's Siblings

Name	Relation	Circle 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. If you have a copy of your legal description or deed, please attach a copy 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 (IRA, 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:

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:

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 ☐

Funeral Home:

Address:

Phone: Email:

Client(s) authorize(s) Evans & Davis Attorneys to contact their Funeral Home? 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 the 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: ______________________________

____

Guardian for Minor Children (If Applicable)

Please list the individual(s) 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: ______________________________

____

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.

	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 ☐

Special Instructions:

Healthcare Power of Attorney

A Healthcare Power of Attorney is an individual 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:

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

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 ☐

HIPAA Agent

The individual(s) 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:		
Agent Name:		
Agent Name:		
Agent Name:		

Notes, Distribution of Assets, and Supplemental Information

Notes Continued

Notes Continued

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