

*Kelly Oldford Estate Planning, PLLC*

3555 Walnut Street  
Port Huron, Michigan 48060  
810.666.2446  
kellyoldfordestateplanning@gmail.com  
~Building Your Future On a Solid Foundation~

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**CONFIDENTIAL**

**CLIENT ESTATE INTAKE FORM**

November 11, 2018

Thank you for choosing Kelly Oldford Estate Planning for your estate planning needs.

In order for me to completely assess your needs and reach your estate planning goals, I need some information about you and your goals.

**INSTRUCTIONS FOR COMPLETING THIS QUESTIONNAIRE:**

1. Please read through this entire document before you begin filling it out.
2. Feel free to attach additional sheets if needed.
3. **Initial Consultation: Once you have completed the questionnaire online,** please call to schedule your initial consultation. This initial consultation will last approximately 15 minutes. We highly encourage a telephone consultation, but in-office appointments are also available. A downpayment for your estate plan will also be due at that initial consultation. A more thorough sit-down meeting will be conducted after we've begun your estate planning process.
4. As you are filling out this Intake form, please keep in mind the individuals you want to take over your estate if you should become incapacitated while alive or upon your death. Specifically naming these individuals for your estate plan will occur in a few weeks. However, it is important to start thinking about who you want named for these important positions and making sure they are willing to fill those positions. You will name individuals for:
  - a. A personal representative or trustee and successors for your estate
  - b. Guardians and conservators and successors for any minor children
  - c. Financial power of attorney and a successor for your finances if you ever become legally incapacitated
  - d. Medical power of attorney and a successor to make medical decisions for you if you ever become legally incapacitated

**Due Date:**

## **PART 1: PERSONAL INFORMATION**

1. Full Legal Name:
2. Other Commonly Used Names:
3. Home Address:
4. City/State/Zip:
5. Telephone Number:
6. Other Telephone Number:
7. Email Address:
8. Birthdate/Current Age:
9. Social Security Number:
10. United States Citizen: Y / N
11. Veteran: Y / N

### **MARITAL STATUS:** Please identify any previous marriages

1. Previous Partner's Full Name:
  - a. Date of Marriage:
  - b. Date of Divorce:
  - c. Please List Any Divorce Obligations:
2. Previous Partner's Full Name:
  - a. Date of Marriage:
  - b. Date of Divorce:
  - c. Please List Any Divorce Obligations:

**EMPLOYMENT INFORMATION:**

1. Occupation:
2. Employer:
3. Address/City/State/Zip:
4. Telephone:
5. Email:

**CHILDREN:**

1. Full Legal Name:
  1. Male / Female
  2. Living / Deceased (Date of Death: )
  3. Birthdate:
  4. Current Age:
2. Full Legal Name:
  1. Male / Female
  2. Living / Deceased (Date of Death: )
  3. Birthdate/Current Age:
3. Full Legal Name:
  1. Male / Female
  2. Living / Deceased (Date of Death: )
  3. Birthdate/Current Age:
4. Full Legal Name:
  1. Male / Female
  2. Living / Deceased (Date of Death: )
  3. Birthdate/Current Age:
5. Are any of your children disabled?
  1. Child's Name:
  2. Disability:
  3. List public benefits currently received:

6. If any children are stepchildren or foster children, are they to be treated as your natural children in your estate plan? Y / N

7. It will be assumed that all of your children will be equal beneficiaries to your estate.

1. If applicable, please list any beneficiary above who is to be disinherited from your estate. This person will not receive any gifts from you:

2. If applicable, please describe any gifts to specific beneficiaries if they are not equal with the rest of the beneficiaries:

3. Please tell us any other information about how you want to structure gifts to your beneficiaries:

**GRANDCHILDREN:**

\* If you want to leave specific gifts to your grandchildren, fill out the section below. If not, you may disregard this section.

1. Full Legal Name:

1. Birthdate:

2. Description of Gift:

2. Full Legal Name:

1. Birthdate:

2. Description of Gift:

3. Full Legal Name:

1. Birthdate:

2. Description of Gift:

4. Full Legal Name:

1. Birthdate:

2. Description of Gift:

5. Full Legal Name:
  1. Birthdate:
  2. Description of Gift:

**EXTENDED FAMILY:**

1. Father's Full Name:
  1. Living / Deceased
  2. Current Age (if living):
  
2. Mother's Full Name:
  1. Living / Deceased
  2. Current Age (if living):
  
3. Brother / Sister; Full Name:
  1. Living / Deceased
  2. Has Children: Yes / No
  
4. Brother / Sister; Full Name:
  1. Living / Deceased
  2. Has Children: Yes / No

**PART 2: FINANCIAL DATA**

**REAL ESTATE:**

\*Please use **one** of these descriptions in the "Type" column:

- Primary Residence
- Secondary Residence
- Rental Property
- Vacation Home or Family Cottage
- Commercial Property

| Type | City/State | Owner |
|------|------------|-------|
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**BANK ACCOUNTS:**

\*Please use **one** of these descriptions in the “Type” column:

- Checking
- Savings
- Certificate of Deposit (CD)
- Money Market

| Type | Bank Name | Owner | Named Beneficiary - If Any |
|------|-----------|-------|----------------------------|
|      |           |       |                            |
|      |           |       |                            |
|      |           |       |                            |
|      |           |       |                            |
|      |           |       |                            |
|      |           |       |                            |

**INVESTMENTS:**

\*Please use **one** of these descriptions in the “Type” column:

- Bonds
- Stocks - Common or Preferred
- Mutual Fund

| Type | Company Name | Owner | Named Beneficiary - If Any |
|------|--------------|-------|----------------------------|
|      |              |       |                            |
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**RETIREMENT ACCOUNTS:**

\*Please use **one** of these descriptions in the “Type” column:

- 401K
- IRA or Roth IRA
- Pension
- 403B
- Other

| Type | Company Name | Owner | Named Beneficiary - If Any |
|------|--------------|-------|----------------------------|
|      |              |       |                            |
|      |              |       |                            |
|      |              |       |                            |
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**INSURANCE PLANS:**

\*Please use **one** of these descriptions in the “Type” column:

- Term Policy
- Whole Life Policy
- Universal Life Policy
- Variable Life Policy

| Type | Company Name | Owner | Named Beneficiary - If Any |
|------|--------------|-------|----------------------------|
|      |              |       |                            |



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**BUSINESSES:**

\*Please fill out this section if you own a business or if you have an interest in a business

\*Please use **one** of these descriptions in the “Type” column:

- Partnership - General or Limited
- Corporation - C Corp. or S Corp.
- Limited Liability Company (LLC)
- Sole Proprietorship

| Type | Owner or Interest Percentage | Name & General Description of Business |
|------|------------------------------|--|
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**OTHER ASSETS:**

\* Please fill out this section for any other valuable items you own

\*Please use **one** of these descriptions in the “Type” column:

- Collectible
- Jewelry
- Vehicle
- Money Due You
- Household Goods
- Cash on Hand of More Than \$1,000
- Large expected inheritance

- Misc.

| Type | General Description | Owner |
|------|---------------------|-------|
|      |                     |       |
|      |                     |       |
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**MISC. BENEFICIARIES**

1. Pets: Do you have any pets that you also wish to provide for?
  1. Pet's Name:
  2. Provide a description of the pet (include gender and species):
  3. Please describe what portion of your estate you want left to them or how much money you want left to take care of them:
  4. Please describe any other information you want us to know about taking care of your pet:
  
2. Do you have any charities you also wish to provide for?
  1. Charity Name:
  2. Contact Person Name:
  3. Address:
  4. Phone Number:
  5. Please describe what portion of your estate you want left or how much money you want to donate to the charity:

6. Please describe any other information you want us to know about donating to the charity:

**ADVISORS AND CURRENT ESTATE PLANNING DOCUMENTS:**

1. Accountant Full Name:
  1. Company:
  2. Telephone Number:
  
2. Financial Planner Full Name:
  1. Company:
  2. Telephone Number:
  
3. Insurance Agent:
  1. Company:
  2. Telephone Number:
  
4. Stock Broker:
  1. Company:
  2. Telephone Number:
  
5. Please Circle Which Estate Planning Documents You Already Have:
  1. Will
  2. Trust
  3. Durable Power of Attorney for Finances
  4. Durable Power of Attorney for Healthcare (ie: Living Will, Patient Advocate Designation
  5. Do Not Resuscitate Order
  6. Other:
  7. None
  8. If you already possess any of these documents, which do you wish to update or replace:
  
6. Safe Deposit Box: Y / N
  1. Bank:
  2. Anyone Else Authorized to Use: