



UNITY LEGAL SERVICES, PLLC
THE RIGHT LEGAL SOLUTION FOR YOU

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ESTATE PLANNING CLIENT INTAKE SHEET

This form will help design the Estate Plan that meets your goals. If you do not have access to a printer, please contact my offices and I will be happy to send you this document by mail. Alternatively, please type the answers in an email or in a word document.

If you are unsure how to complete any part of this Client Intake Sheet, you may email me at Mona@unitylegalservices.net, and I will be happy to answer any questions.

NOTE: Please fill out only the applicable sections. For example, if you are a single person, please disregard the Spouse's portions. Similarly, if you do not need all the documents, but maybe just a Last Will and Testament, please only fill out the relevant parts of this document.

PLEASE RETURN THE COMPLETED INTAKE SHEET TO MY OFFICES PRIOR TO YOUR APPOINTMENT VIA EMAIL - Mona@unitylegalservices.net.

PERSONAL INFORMATION

Client's Legal Name _____

Prefer to be called _____

Birth year _____

Home Address _____

Home Telephone _____

Work Telephone _____

Cell Number _____

Employer/Position _____

E-mail Address _____

Marital Status _____

Number of Previous marriages _____

Spouse's Legal Name _____

Cell Number _____

Employer/Position _____

E-mail Address _____

Number of Previous marriages _____

CHILDREN AND/OR OTHER FAMILY MEMBERS

(Use full legal name. Use "JT" if both spouses are the parents, "H" if husband is the parent, "W" if wife is the parent)

Child 1 – Name _____

Birth year & JT, H, W Designation _____

Child 2 – Name _____

Birth year & JT, H, W Designation _____

Child 3 – Name _____

Birth year & JT, H, W Designation _____

Child 4 – Name _____

Birth year & JT, H, W Designation _____

Child 5 – Name _____

Birth year & JT, H, W Designation _____

Additional Information on your children: _____

Do you have any deceased children: ____ Yes ____ No.

If Yes, please provide date of death and indicate if your deceased child was survived by any children:

Are any of your children receiving SSI, Medicaid or any other form of government benefits?

Yes _____ No _____

If yes, please list:

Disinheritance of any of above: Yes _____ No _____

If Yes, please provide additional information: _____

Additional information for your beneficiaries, **if other than your children:**

Provide Name, address and relationship, if any, to you.

Beneficiary 1 – Name, Birth year & Relationship _____

Comments: _____

Beneficiary 2 – Name, Birth year & Relationship _____

Comments: _____

Beneficiary 3 – Name, Birth year & Relationship _____

Comments: _____

YOUR CONCERNS

Please select all that apply:

- Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.
- Providing for and protecting a spouse.
- Providing for and protecting children.
- Providing for and protecting grandchildren.
- Disinheriting a family member.
- Providing for charities at the time of death.
- Plan for the transfer and survival of a family business.
- Minimizing or reducing estate taxes.
- Avoiding probate.
- Addressing concerns related to multiple marriages.
- Minimizing the risk of will contests or other disputes upon death.
- Protecting assets from nursing home costs.
- Planning for a child or family member with disabilities or special needs.
- Protecting children's inheritance from bad relationships, financial problems, and addictions.

Other Concerns (Please list below):

REAL PROPERTY

Please list any interests you and/or your spouse have in real estate including your family residence, vacation home, mineral interests, time share, vacant land, etc.

Property 1 – Address/Description _____

Property 2 – Address/Description _____

Property 3 – Address/Description _____

Property 4 – Address/Description _____

PERSONAL PROPERTY

Please list any personal property (cars, boats, RVs, jewelry, etc...) you would like to address in your Estate Plan:

Property 1 – Description _____

Property 2 – Description _____

Property 3 – Description _____

Property 4 – Description _____

BUSINESS INTERESTS

DISTRIBUTIONS

_____ Initial if ALL to Spouse first (if applicable)

REAL PROPERTY:

PERSONAL PROPERTY

Should any of the beneficiaries **predecease** you, who will take their share? Please initial:

_____ My beneficiaries' children

_____ The remaining beneficiaries

FINANCIAL ASSETS

Your financial assets (pension plans, life insurance, bank accounts, etc..) will be distributed to the listed beneficiaries as per your designations within the forms submitted with the respective companies. **We will address all questions you may have about these types of assets during our consultation.**

PERSONS TO ACT ON YOUR BEHALF

GUARDIAN FOR MINOR CHILDREN: If you have any children under the age of 18 or a child with a disability, list in order of preference who you wish to be Guardian(s). Please indicate if the people you want to serve should serve individually or as co-guardians:

Initial Guardian(s) – Name, Address & Relationship: _____

Alternate Guardian(s) - Name, Address & Relationship: _____

PERSONAL REPRESENTATIVE(S): A Personal Representative (PR) is the person you nominate in your Last Will and Testament to settle your estate upon your death. **Usually, if applicable, the spouse is listed first, and another person you trust can serve as an alternate PR.**

FOR WIFE

Initial PR - Name, City of Residence & Relationship _____

Alternate PR - Name, City of Residence & Relationship _____

FOR HUSBAND

Initial PR - Name, City of Residence & Relationship _____

Alternate PR - Name, City of Residence & Relationship _____

TRUSTEE: The Trustees are the persons you nominate in your Trust to settle your Trust estate upon the death of both spouses. The Trustee will be carrying out your instructions, for distribution to and, if desired, management of property for your beneficiaries. (If a trust is created for your children or grandchildren, spouse or other family member.)

The Trustees and the Personal Representative(s) can be, and often are, the same people.

Initial Trustee(s) - Name, City of Residence & Relationship _____

Alternate Trustee(s) - Name, City of Residence & Relationship _____

POWER OF ATTORNEY: The Power of Attorney (POA), or Attorney in Fact, is the person who will make decisions (financial and healthcare related) on your behalf if you become incapacitated.

Usually, if applicable, the spouse is listed first, and another person you trust with your assets can serve as an alternate POA.

FOR WIFE

Initial POA - Name, City of Residence & Relationship _____

Alternate POA - Name, City of Residence & Relationship _____

FOR HUSBAND

Initial POA - Name, City of Residence & Relationship _____

Alternate POA - Name, City of Residence & Relationship _____

ADVANCE DIRECTIVE or LIVING WILL: An Advance Directive (AD) or Living Will is a document that allows you to make end-of-life decisions. The people you nominate below will be the people talking to the doctors to make sure that your wishes are followed.

Usually, if applicable, the spouse is listed first, and another person you trust can serve as an alternate.

FOR WIFE

AD Representative - Name, City of Residence & Relationship _____

Alternate AD Representative - Name, City of Residence & Relationship _____

FOR HUSBAND

AD Representative - Name, City of Residence & Relationship _____

Alternate AD Representative - Name, City of Residence & Relationship _____
