

Estate Planning Intake Form

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Date: _____

1. Family Information

Legal names: _____

Address: _____

Telephones: Wife # _____ Husband # _____

Previous Marriages? Yes No

Occupations: _____

E-Mail Addresses: _____

Living Parents Name(s), if any: _____

Child #1

Legal name: _____ Date of birth: _____

Relationship to child: Biological/Adopted/None

Address: _____

Telephone: (_____) _____

Spouse name: _____

Grandchildren names and ages: _____

Child #2

Legal name: _____ Date of birth: _____

Relationship to child: Biological/Adopted/None

Address: _____

Telephone: (_____) _____

Spouse name: _____

Grandchildren names and ages: _____

Child #3

Legal name: _____ Date of birth: _____

Relationship to child: Biological/Adopted/None

Address: _____

Telephone: (_____) _____

Spouse name: _____

Grandchildren names and ages: _____

Special Considerations for children or grandchildren: (prior marriages; special education or health needs; extraordinary financial obligations; spendthrift issues; adoption) _____

2. Asset Information

Please list each asset you (and your spouse) own, even if jointly held with another person or in a trust.

Real Estate

(1) Property address: _____

Title (Husband, Wife, Joint, etc.): _____

Mortgage amount remaining, if any: _____ Current Value: _____

Year purchased: _____ Purchase price: _____

Do you have a Declaration of Homestead on your primary residence: Y N

Property address: _____

Title(Husband, Wife, Joint, etc.): _____

Mortgage amount remaining, if any: _____ Current Value: _____

Year purchased: _____ Purchase price: _____

Bank Accounts

	Title	Name of bank	Type	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____

IRAs/401(k)s/other retirement accounts

	Owner	Name of institution/ Type of Acct.	Beneficiaries	Current value
(1)	_____	_____	_____	_____

(2) _____

(3) _____

Stocks/Bonds/ Brokerage Accounts

	Title	Name of company/brokerage house	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____

Life insurance

	Insured	Name of company	Cash surrender	Death benefit
(1)	_____	_____	_____	_____

Beneficiaries: _____

(2) _____

Beneficiaries: _____

Automobiles/boats/motor homes, etc.

	Title	Year/make/model	Loan value	Current value
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____

Other Assets

	Title	Description	Current value
(1)	_____	_____	_____
(2)	_____	_____	_____

(3) _____

Are you the beneficiary or trustee of any trust, or do you anticipate receiving a substantial inheritance? Y/N

If yes, please specify:

3. Document Information

LAST WILL & TESTAMENT

Who would you like to appoint in your Will to act as your Personal Representative (the individual responsible for overseeing the distribution of property and for paying debts of the estate)?

Name: _____

Address (City & State): _____

Who would you like to appoint in your Will as an alternate Personal Representative, in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

Who would you like to appoint in your Wills as Guardian of any minor or incapacitated, unmarried children?

Name: _____

Full Address: _____

Phone Numbers: _____

Who would you like to appoint in your Wills as an alternate Guardian, in the event the person named above is unavailable?

Name: _____

Full Address: _____

Phone Numbers: _____

TRUST

Who would you like to appoint as Trustee (the individual who would oversee the trust established for your beneficiaries in the event of your death)?

Name: _____

Address (City & State): _____

Who would you like to appoint as an alternate Trustee, in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

Who would you like to name as the beneficiaries of your trust after your death? Would you like the property to be distributed to them outright or held in trust for their benefit (until a certain age or for their lifetime)? _____

In the event you are not survived by any member of your immediate family, who would you like to name as your beneficiary/beneficiaries?

Name/Charity: _____

Address (City & State): _____

POWER OF ATTORNEY

Who would you like to appoint as your Power of Attorney (the individual to make your financial decisions for you in the event that you are incapacitated)?

Name: _____

Address (City & State): _____

Who would you like to appoint as your alternate Power of Attorney, in the event the person named above is unavailable?

Name: _____

Address (City & State): _____

HEALTH CARE PROXY

Who would you like to appoint as your Health Care Proxy (the individual to make your health care decisions for you in the event that you are incapacitated)?

Name: _____

Full Address: _____

Phone Numbers: _____

Who would you like to appoint as an alternate Health Care Proxy, in the event the person named above is unavailable?

Name: _____

Full Address: _____

Phone Numbers: _____

SPECIAL CONCERNS OR PROVISIONS: Please provide any information about concerns you may have or unique provisions you would like placed in your estate planning documents.
