

## ESTATE PLANNING INFORMATION SHEET - COUPLE



### PLEASE DO NOT COMPLETE THIS FORM IN A BROWSER WINDOW.

The answers will not save properly and you will have wasted a lot of time. Be sure to download to your desktop and open it from there. You should be able to save the document when you've filed it out, and send it back to our office.

In order to get a clear picture of your estate planning needs and desires, we ask our clients to fill out the following questionnaire. Its length can seem intimidating, but we have provided instructions throughout. If you have any questions regarding a question, make a note of it and continue filling out the remainder of the document. Then you can either send us an email with those questions, or we can discuss them at your consultation.

### CLIENT #1

***Please provide your full legal name as it appears on your driver's license and other IDs***

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Nicknames or other names you use

Date of Birth

Gender

Are you a US Citizen?

Social Security number

Driver's License #

***Contact Information***

Home Address (incl. Apt#)

City

County

State

Zip Code

Years at current address

Home Phone

Mobile Phone

Email Address

***Employment Information***

Employer Name

Job Title

Address

Work Phone

Years of Service

Annual Salary

**CLIENT #2**

**Please provide your full legal name as it appears on your driver's license and other IDs**

First Name(s)

Middle Name(s)

Last Name(s) (&amp; Suffix)

Nicknames or other names you use

Date of Birth

Gender

Are you a US Citizen?

Social Security number

Driver's License #

**Contact Information**

Mobile Phone

Email Address

**Leave the home phone and address information blank if it's the same as what was listed for Client 1**

Home Phone (if different)

Home Address (incl. Apt#) (if different)

City

County

State

Zip Code

Years at current address

**Employment Information**

Employer Name

Job Title

Address

Work Phone

Years of Service

Annual Salary

**RELATIONSHIP INFORMATION**

**If either of you has previously been in a registered relationship and then dissolved it, please provide documentation of the dissolution, and any Settlement Agreement, if applicable.**

Total length of your relationship:

**If legally married**

Date:

City/ST/Country:

**If in a Civil Union**

Date:

City/ST/Country:

**If registered as Domestic Partners**

Date:

City/ST/Country:

## CHILDREN

*This might include biological, adoptive, or step-children, at your discretion.*

**Child #1:**

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Nickname

Gender

Date of Birth

**Child #2:**

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Nickname

Gender

Date of Birth

**Child #3:**

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Nickname

Gender

Date of Birth

**Child #4:**

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Nickname

Gender

Date of Birth

**Child #5:**

First Name(s)

Middle Name(s)

Last Name(s) (& Suffix)

Nickname

Gender

Date of Birth



**CLIENT #1 - APPOINTMENTS**

Please list, in order of preference, of the persons you wish to designate to make decisions for you or your estate in the event of illness, incapacity, or death. We request a minimum of two designees per category:

<b>Your Will's Personal Representative</b>	<b>Name of Designee (in order of preference)</b>
<p><i>The Personal Representative is in charge of handling the distribution of your assets and paying off debts at your death. The person you choose must be either a relative or a resident of Florida in order to qualify.</i></p>	1:
	2:
	3:
<b>Your Trustee (if applicable)</b>	<b>Name of Designee (in order of preference)</b>
<p><i>If your asset picture is best served by a Trust, you'll need to appoint someone to manage those assets in the event that you become unable to serve, or at your death.</i></p>	1:
	2:
	3:
<b>Your Healthcare Surrogate</b>	<b>Name of Designee (in order of preference)</b>
<p><i>This person will make medical decisions for you when you can't speak for yourself. They should be willing to carry out your wishes. For example, if you want the plug pulled, make sure you name someone who would be ok with doing that.</i></p>	1:
	2:
	3:
<b>Your Power of Attorney</b>	<b>Name of Designee (in order of preference)</b>
<p><i>This document is VERY powerful - it allows another person to make financial decisions for you, and is effective IMMEDIATELY upon signing. Therefore this is the only document where we do not require you to name alternates.</i></p>	1:
	2:
	3:
<b>Your Guardian in event of incapacity</b>	<b>Name of Designee (in order of preference)</b>
<p><i>If a court determines you are unable to handle your medical and financial decisions, a guardian may be appointed for you. Select the person(s) you would prefer be appointed in this role.</i></p>	1:
	2:
	3:
<b>Guardian for your children</b>	<b>Name of Designee (in order of preference)</b>
<p><i>If a court determines you are unable to handle caring for your children, a guardian may be appointed to care for them. Select the person(s) you would prefer be appointed in this role.</i></p>	1:
	2:
	3:
<b>Body Recipient</b>	<b>Name of Designee (in order of preference)</b>
<p><i>When you pass away, you can authorize an individual to claim your remains and ensure that your final wishes for your body and/or memorial service are respected.</i></p>	1:
	2:
	3:

**CLIENT #1 - APPOINTMENTS – CONTACT INFORMATION**

*For every unique individual listed on the previous page, please provide their contact information:*

**First Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

**Second Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

**Third Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

**Fourth Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

## CLIENT #2 - APPOINTMENTS

Please list, in order of preference, of the persons you wish to designate to make decisions for you or your estate in the event of illness, incapacity, or death. We request a minimum of two designees per category:

<b>Your Will's Personal Representative</b>	<b>Name of Designee (in order of preference)</b>
<p><i>The Personal Representative is in charge of handling the distribution of your assets and paying off debts at your death. The person you choose must be either a relative or a resident of Florida in order to qualify.</i></p>	1:
	2:
	3:
<b>Your Trustee (if applicable)</b>	<b>Name of Designee (in order of preference)</b>
<p><i>If your asset picture is best served by a Trust, you'll need to appoint someone to manage those assets in the event that you become unable to serve, or at your death.</i></p>	1:
	2:
	3:
<b>Your Healthcare Surrogate</b>	<b>Name of Designee (in order of preference)</b>
<p><i>This person will make medical decisions for you when you can't speak for yourself. They should be willing to carry out your wishes. For example, if you want the plug pulled, make sure you name someone who would be ok with doing that.</i></p>	1:
	2:
	3:
<b>Your Power of Attorney</b>	<b>Name of Designee (in order of preference)</b>
<p><i>This document is VERY powerful - it allows another person to make financial decisions for you, and is effective IMMEDIATELY upon signing. Therefore this is the only document where we do not require you to name alternates.</i></p>	1:
	2:
	3:
<b>Your Guardian in event of incapacity</b>	<b>Name of Designee (in order of preference)</b>
<p><i>If a court determines you are unable to handle your medical and financial decisions, a guardian may be appointed for you. Select the person(s) you would prefer be appointed in this role.</i></p>	1:
	2:
	3:
<b>Guardian for your children</b>	<b>Name of Designee (in order of preference)</b>
<p><i>If a court determines you are unable to handle caring for your children, a guardian may be appointed to care for them. Select the person(s) you would prefer be appointed in this role.</i></p>	1:
	2:
	3:
<b>Body Recipient</b>	<b>Name of Designee (in order of preference)</b>
<p><i>When you pass away, you can authorize an individual to claim your remains and ensure that your final wishes for your body and/or memorial service are respected.</i></p>	1:
	2:
	3:

**CLIENT #2 - APPOINTMENTS – CONTACT INFORMATION**

*For every unique individual listed on the previous page, please provide their contact information:*

**First Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

**Second Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

**Third Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	

**Fourth Person Listed:**

Name:	
Relationship to you:	
Address:	
City, State Zip:	
Home Phone:	
Cell Phone:	
Work Phone:	
Email:	



**CLIENT #1 - ADVISORS**

<i>Role</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Primary Doctor:			
Accountant:			
Financial Planner:			
Life Insurance Agent:			

**CLIENT #1 - ASSETS – REAL PROPERTY**

*Please list all properties that you own, individually or jointly*

<i>Real Property #1:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):
<i>Real Property #2:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):
<i>Real Property #3:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):
<i>Real Property #4:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):

## CLIENT #1 - ASSETS – FINANCIAL & RETIREMENT ACCTS & SAFETY DEPOSIT BOXES

*Please note that at your death, any beneficiary designations on your accounts govern the disposition of those assets, even if you have a will in place. So make sure that your account beneficiary designations are up to date and reflect your current wishes.*

<i>Account #1:</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Account #2</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Account #3</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Account #4</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account::
<i>Account #5</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Safety Deposit Box #1</i>	Institution Name:
	Box Number:
	Other parties who have access to the box:
<i>Safety Deposit Box #2</i>	Institution Name:
	Box Number:
	Other parties who have access to the box:

## CLIENT #1 - ASSETS – BUSINESS OWNERSHIP

*Please list all business entities that you own, individually or jointly. Please provide the name of the business' accountant, copies of any existing business agreements, current balance sheet & a P/L statement. Please specify whether partnership, corporation, LLC, etc.*

<i>Business #1:</i>	Name of Business:
	Full Address:
	Type of business:
	Describe the type of ownership and your individual investment/interest/share:
	Business accountant:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
<i>Business #2:</i>	Name of Business:
	Full Address:
	Type of business:
	Describe the type of ownership and your individual investment/interest/share:
	Business accountant:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
<i>Business #3:</i>	Name of Business:
	Full Address:
	Type of business:
	Describe the type of ownership and your individual investment/interest/share:
	Business accountant:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:

**CLIENT #1 - ASSETS – LIFE INSURANCE**

*Please note that at your death, any beneficiary designations on your policies govern the disposition of those assets, even if you have a will in place. So make sure that your policy beneficiary designations are up to date and reflect your current wishes.*

<i>Life Insurance Policy #1</i>	Company:
	Type of Policy:
	Policy Number:
	Face Value:
	Designated beneficiary:
<i>Life Insurance Policy #2</i>	Company:
	Type of Policy:
	Policy Number:
	Face Value:
	Designated beneficiary:
<i>Life Insurance Policy #3</i>	Company:
	Type of Policy:
	Policy Number:
	Face Value:
	Designated beneficiary:

**CLIENT #1 - ASSETS – EXPECTANCIES**

*Do you expect to inherit assets from an estate, family trust, or other source? If so, please provide details.*

<i>Expected Inheritance #1</i>	Source of Inheritance:
	Approximate value of your share:
	Is this inheritance to be shared with other parties?:
	Are there any conditions that you must meet in order to qualify for this inheritance? If so, please describe:
<i>Expected Inheritance #2</i>	Source of Inheritance:
	Approximate value of your share:
	Is this inheritance to be shared with other parties?:
	Are there any conditions that you must meet in order to qualify for this inheritance? If so, please describe:

## CLIENT #1 - ASSETS – PERSONALTY

*This includes such items as cars, boats, artwork, jewelry, or other items with a value exceeding \$10,000.00. Please be specific (for example, year, make, model, etc) in your descriptions of the items.*

Personalty Item #1	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
Personalty Item #2	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
Personalty Item #3	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
Personalty Item #4	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:

**CLIENT #1 - LIABILITIES**

Please list any liabilities, debts or encumbrances not already listed above (e.g., student loans, personal loans, etc.)

<i>Liability #1</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #2</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #3</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #4</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #5</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #6</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:

**CLIENT #1 - ESTATE VALUATION**

**TOTAL ESTIMATED ASSETS:**

**TOTAL ESTIMATED LIABILITIES:**

**NET ESTIMATED ESTATE VALUE:**


**CLIENT #1 - STORED GENETIC MATERIAL**

Do you have any genetic material in storage? (Sperm, Ova, Embryos, etc.)

If so, please describe what you would want done with your stored genetic material at your death:

**CLIENT #1 - FINAL WISHES FOR YOUR BODY & ANY MEMORIAL SERVICES**

Do you want to be an organ donor?

Describe what you would like to happen to your body at death (cremated, buried, etc.)

Describe your wishes regarding a memorial or religious service, if applicable:

**CLIENT #1 - DISPOSITION OF ASSETS AT DEATH**

Please describe how you would like your assets to be distributed at your death. In the "Item Description" you can be as specific or as broad as you'd like. For example, "all of my real estate holdings," "the apartment located at [ADDRESS], [City, State Zip]. If multiple beneficiaries are meant to share a gift, please describe what happens if one of those people should pass away.

SPECIFIC GIFTS (if any)	BENEFICIARIES
Description:	1 <sup>st</sup> Beneficiary/ies:
	Alternate(s):
Description:	1 <sup>st</sup> Beneficiary/ies:
	Alternate(s):
Description:	1 <sup>st</sup> Beneficiary/ies:
	Alternate(s):
THE REST AND REMAINDER OF YOUR ESTATE NOT NOTED ABOVE	1 <sup>st</sup> Beneficiary/ies:
	Alternate(s):

**CLIENT #2 - ADVISORS**

<i>Role</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Primary Doctor:			
Accountant:			
Financial Planner:			
Life Insurance Agent:			

**CLIENT #2 - ASSETS – REAL PROPERTY**

*Please list all properties that you own, individually or jointly*

<i>Real Property #1:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):
<i>Real Property #2:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):
<i>Real Property #3:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):
<i>Real Property #4:</i>	Address:
	City, State, Zip:
	Describe how the title is held:
	Is homestead claimed?:
	Fair Market Value:
	Mortgage(s):



## CLIENT #2 - ASSETS – FINANCIAL & RETIREMENT ACCTS & SAFETY DEPOSIT BOXES

*Please note that at your death, any beneficiary designations on your accounts govern the disposition of those assets, even if you have a will in place. So make sure that your account beneficiary designations are up to date and reflect your current wishes.*

<i>Account #1:</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Account #2</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Account #3</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Account #4</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account::
<i>Account #5</i>	Institution:
	Type of Account:
	Ownership:
	Approx. Balance:
	Designated beneficiary, if any currently listed on the account:
<i>Safety Deposit Box #1</i>	Institution Name:
	Box Number:
	Other parties who have access to the box:
<i>Safety Deposit Box #2</i>	Institution Name:
	Box Number:
	Other parties who have access to the box:

## CLIENT #2 - ASSETS – BUSINESS OWNERSHIP

Please list all business entities that you own, individually or jointly. Please provide the name of the business' accountant, copies of any existing business agreements, current balance sheet & a P/L statement. Please specify whether partnership, corporation, LLC, etc.

<i>Business #1:</i>	Name of Business:
	Full Address:
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	Describe the type of ownership and your individual investment/interest/share:
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	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
<i>Business #2:</i>	Name of Business:
	Full Address:
	Type of business:
	Describe the type of ownership and your individual investment/interest/share:
	Business accountant:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
<i>Business #3:</i>	Name of Business:
	Full Address:
	Type of business:
	Describe the type of ownership and your individual investment/interest/share:
	Business accountant:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:

## CLIENT #2 - ASSETS – LIFE INSURANCE

*Please note that at your death, any beneficiary designations on your policies govern the disposition of those assets, even if you have a will in place. So make sure that your policy beneficiary designations are up to date and reflect your current wishes.*

<i>Life Insurance Policy #1</i>	Company:
	Type of Policy:
	Policy Number:
	Face Value:
	Designated beneficiary:
<i>Life Insurance Policy #2</i>	Company:
	Type of Policy:
	Policy Number:
	Face Value:
	Designated beneficiary:
<i>Life Insurance Policy #3</i>	Company:
	Type of Policy:
	Policy Number:
	Face Value:
	Designated beneficiary:

## CLIENT #2 - ASSETS – EXPECTANCIES

*Do you expect to inherit assets from an estate, family trust, or other source? If so, please provide details.*

<i>Expected Inheritance #1</i>	Source of Inheritance:
	Approximate value of your share:
	Is this inheritance to be shared with other parties?:
	Are there any conditions that you must meet in order to qualify for this inheritance? If so, please describe:
<i>Expected Inheritance #2</i>	Source of Inheritance:
	Approximate value of your share:
	Is this inheritance to be shared with other parties?:
	Are there any conditions that you must meet in order to qualify for this inheritance? If so, please describe:

## CLIENT #2 - ASSETS – PERSONALTY

*This includes such items as cars, boats, artwork, jewelry, or other items with a value exceeding \$10,000.00. Please be specific (for example, year, make, model, etc) in your descriptions of the items.*

Personalty Item #1	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
Personalty Item #2	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
Personalty Item #3	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:
Personalty Item #4	Description of item:
	Describe ownership:
	Approximate value:
	Any liens, debts, financing?:
	<b><u>AT YOUR DEATH:</u></b> Are there any agreements or arrangements in place that govern what happens to your interest in the event of your death? If so, please provide a copy. If not, please describe how you would like your interest to pass at your death, if it differs from the distribution of the bulk of your estate:

**CLIENT #2 - LIABILITIES**

Please list any liabilities, debts or encumbrances not already listed above (e.g., student loans, personal loans, etc.)

<i>Liability #1</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #2</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #3</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #4</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #5</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:
<i>Liability #6</i>	Type of Liability:
	Owed to:
	Amount of liability:
	Is this a shared debt? With whom?:

**CLIENT #2 - ESTATE VALUATION**

**TOTAL ESTIMATED ASSETS:**

**TOTAL ESTIMATED LIABILITIES:**

**NET ESTIMATED ESTATE VALUE:**


**CLIENT #2 - STORED GENETIC MATERIAL**

Do you have any genetic material in storage? (Sperm, Ova, Embryos, etc.)

If so, please describe what you would want done with your stored genetic material at your death:

**CLIENT #2 - FINAL WISHES FOR YOUR BODY & ANY MEMORIAL SERVICES**

Do you want to be an organ donor?

Describe what you would like to happen to your body at death (cremated, buried, etc.)

Describe your wishes regarding a memorial or religious service, if applicable:

**CLIENT #2 - DISPOSITION OF ASSETS AT DEATH**

Please describe how you would like your assets to be distributed at your death. In the "Item Description" you can be as specific or as broad as you'd like. For example, "all of my real estate holdings," "the apartment located at [ADDRESS], [City, State Zip]. If multiple beneficiaries are meant to share a gift, please describe what happens if one of those people should pass away.

SPECIFIC GIFTS (if any)

BENEFICIARIES

Description:

1<sup>st</sup> Beneficiary/ies:

Alternate(s):

Description:

1<sup>st</sup> Beneficiary/ies:

Alternate(s):

Description:

1<sup>st</sup> Beneficiary/ies:

Alternate(s):

THE REST AND REMAINDER OF YOUR ESTATE  
NOT NOTED ABOVE

1<sup>st</sup> Beneficiary/ies:

Alternate(s):

**JOINT REPRESENTATION / WAIVER OF CONFLICT**

Each of you have individually retained us as your attorneys for the purpose of preparing estate planning/ health care planning documents. We have agreed to represent both of you based upon your assurances to us that no conflict exists between the two of you at this time. In other words, at this time you both share a common purpose in your desire to protect yourselves and one another with respect to issues involving disposition of your individual and joint property after your death, as well as health care issues. Based upon the information disclosed to us in our interview, we have discerned no conflict between you at this time, and so have agreed to represent you both as requested.

Although you have been advised that the preferable, and safest course would be to each retain independent counsel to look out for your individual interests, you have chosen to have us represent both of you to avoid the cost of additional attorney's fees and the trouble of interviewing and retaining a second attorney. You have made that decision with a full understanding of the consequences and benefits of such choice.

You understand that, in retaining us jointly, you have waived any attorney/client privilege with respect to one another's affairs. If either of you independently gives us information that, in our opinion, creates a conflict with the other party, you each give us permission to tell the other party or to withdraw from further representation of both of you in whatever matter may be ongoing at that time.

Particularly because same-sex relationships are sometimes subject to harsh scrutiny and attack in our society, you have been advised of the risk that any claim of "undue influence" that may be made against either of you may be strengthened by the fact that one attorney represented both of you. However, we have used our best efforts to ascertain whether one of you is applying undue influence to the other, and have found that both of you are fully competent and under no duress, coercion or undue influence of any kind.

You each fully waive any action or proceeding against us whatsoever relating to or resulting from your choice to have us represent both of you.

Dated this \_\_\_\_ day of \_\_\_\_\_.

AGREED AND ACCEPTED

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**IF YOU COMPLETE THIS FORM ELECTRONICALLY (WHICH IS OUR PREFERENCE), PLEASE BE SURE TO PRINT THIS PAGE CONTAINING THE WAIVER, SIGN WHERE INDICATED, AND SEND US A SCAN OF THE SIGNED WAIVER, ALONG WITH THE COMPLETED INTAKE FORM.**