

# Moore Rowland Tax Consultants

## Estate Plan Intake Forum

### Client information

---

**FULL NAME**

---

**PHONE 1** **PHONE 2**

---

**LEGAL RESIDENCE**

Yes  No

**ARE YOU MARRIED?**

---

**DATE OF MARRIAGE**

---

**EMAIL ADDRESS**

---

Yes  No

**DATE OF BIRTH** **ARE YOU A U.S. CITIZEN?**

---

**MAILING ADDRESS**

### Previous spouses (if any)

1.	<input type="text"/>	<input type="text"/>
	<b>FIRST NAME</b>	<b>LAST NAME</b>
2.	<input type="text"/>	<input type="text"/>
	<b>FIRST NAME</b>	<b>LAST NAME</b>
3.	<input type="text"/>	<input type="text"/>
	<b>FIRST NAME</b>	<b>LAST NAME</b>

**DISSOLVED BY:**

death  divorce

**DISSOLVED BY:**

death  divorce

**DISSOLVED BY:**

death  divorce

### Additional questions

Do you have children from outside your Current relationship?

Yes  No

Do you own assets independent of Client 2?

Yes  No

Are you mentally capable of signing Legal documents?

Yes  No

## Client 2 information

FULL NAME

PHONE 1

PHONE 2

LEGAL RESIDENCE

Yes  No

ARE YOU MARRIED? DATE OF MARRIAGE

EMAIL ADDRESS

Yes  No

DATE OF BIRTH

ARE YOU A U.S. CITIZEN?

MAILING ADDRESS

## Previous spouses (if any)

	FIRST NAME	LAST NAME	DISSOLVED BY:	
1.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> death	<input type="checkbox"/> divorce
	FIRST NAME	LAST NAME		
2.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> death	<input type="checkbox"/> divorce
	FIRST NAME	LAST NAME		
3.	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> death	<input type="checkbox"/> divorce

## Additional questions

Do you have children from outside your  
Current relationship?

Yes  No

Do you own assets independent of  
Client 1?

Yes  No

Are you mentally capable of signing  
Legal documents?

Yes  No

# Just a few more questions

## Plans in place

Do you have any of the following Documents already in place? Check all that apply

- Revocable living trust
- Will
- Financial power of attorney
- Healthcare power of attorney

## Type of estate

Does client 1 or client 2 own assets valued at Over \$5 million? Check yes or no.

- Yes  No

Does client 1 or client 2 own real estate? Check yes or no.

- Yes  No

## Guardians

List the people you'd like to care for your children in the event of your passing.

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	ESTATE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Successor trustees

List the people you'd like to name as a successor trustee. Must be at least 21 years of age.

	FULL NAME	EMAIL ADDRESS	PHONE	
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Children

Name the people who will receive a portion of your estate when you pass away.

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Disinherited persons

	FULL NAME		FULL NAME
1.	<input type="text"/>	3.	<input type="text"/>
2.	<input type="text"/>	4.	<input type="text"/>

## Beneficiaries of personal property

Name the people who will receive a portion of your estate when you pass away.

All children equally

Hold assets in trust beyond age 18

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Alternate beneficiaries

Children's children

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Beneficiaries of joint property

Name the people who will receive a portion of your estate when you pass away.

All children equally

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No

### Alternate beneficiaries

Children's children

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.						<input type="checkbox"/> Yes <input type="checkbox"/> No
3.						<input type="checkbox"/> Yes <input type="checkbox"/> No
4.						<input type="checkbox"/> Yes <input type="checkbox"/> No
5.						<input type="checkbox"/> Yes <input type="checkbox"/> No
6.						<input type="checkbox"/> Yes <input type="checkbox"/> No

## Legal heirs

In the unlikely event that all other beneficiaries are unavailable, how should your estate be distributed upon their death?

### Client 1

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Client 2

	FULL NAME	EMAIL ADDRESS	PHONE	DATE OF BIRTH	% OF ESTATE	RECEIVES AID FOR DISABILITY?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Specific bequests

Would you like to donate a certain asset, portion of your estate, or amount of money to an institution (university, charity, religious organization, etc.) or to a specific individuals or group? List them below.

	FULL NAME	ASSET
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>

**If bequeathing money to a charity, IF that charity no longer would you like to:**

- Add the charitable back into my estate
- Have my Executor/Trustee select an alternate charity

## Pets

Do you have pets that you want to provide for in your Will?

No       Yes

If yes, who would you like to receive your pets?

1.  2.

## Hold assets

Would you like to hold assets in a trust for beneficiaries beyond age 18?

	AGE	PERCENTAGE		AGE	PERCENTAGE
1.	<input type="text"/>	<input type="text"/>	3.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>		N/A	N/A

## Bank and credit union accounts

	BANK	ACCOUNT NO.	ACCOUNT TYPE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>



## Properties

	ADDRESS	COUNTRY	STATE	PLOT NO.
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Investments

	INSTITUTION	ACCOUNT NO.	ACCOUNT TYPE
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Life insurance policies

	CUSTODIAN	POLICY NO.
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>