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ESTATE PLANNING INTAKE

I. Personal Profile

A. Client

Full Name _____

Other Names Used _____

Home Address _____

Home Telephone Number _____

Occupation _____

Employer _____

Work Address _____

Work Telephone Number _____

Social Security Number _____

Period of Residence in California _____

Are you a United States Citizen? _____

B. Spouse

Full Name _____

Other Names Used _____

Home Address _____

Home Telephone Number _____

Occupation _____

Employer _____

Work Address _____

Work Telephone Number _____

Social Security Number _____

Period of Residence in California _____

Is your Spouse a United States Citizen? _____

C. Prenuptial or Postnuptial Agreement

Do you and your spouse have a prenuptial or postnuptial agreement?

D. Marital Relationships

Have you been married before? _____

If yes, give the following information for each former marriage:

Name of Former Spouse _____

Date of Marriage _____

Was the marriage ended by death or divorce? _____

If by divorce, give the date the divorce was finalized _____

E. Children

Name _____

Address _____

Phone Number _____

Birthdate _____

Social Security Number _____

Name _____

Address _____

Phone Number _____

Birthdate _____

Social Security Number _____

Name _____

Address _____

Phone Number _____

Birthdate _____

Social Security Number _____

F. Pre-Deceased Children

Any pre-deceased children?

If so, did they leave any surviving children? _____

Names and Ages of any Surviving Children:

G. Guardians

Name of Person to Serve as Guardian of the Person:

Name of Person to Serve as Guardian of the Estate:

II. Financial Profile

A. Real Property

List All Real Property Owned By You and How Title is Held:

B. Cash

List All Checking Accounts, Savings Accounts, Certificates Of Deposit, and Money Market Accounts:

C. Securities

List All Common Stock, Preferred Stock, Corporate Bonds, and Mutual Funds:

D. Retirement Accounts

List All Retirement Accounts, Including IRA, Keogh, 401(K), and Pensions:

E. Life Insurance

Type of Policy _____

Death Benefit _____

Cash Value _____

F. Promissory Notes

Are You The Holder Of Any Promissory Notes? _____

If Yes, List the Name of Payor, Payee, and Current Outstanding Balance:

G. Trusts

Are You The Beneficiary Of Any Trusts? _____

If So, List:

Name of Trust _____

Name of Trustee _____

Value of Trust Principal and Income _____

H. General Powers of Appointment

Do You Hold Any General Power Of Appointment In Another Person's Will Or Trust? _____

I. Personal Property

List Your Tangible Personal Property of Significant Value:

III. Disposition Of Your Estate

A. Executor

Name, Address, and Telephone Number of Person(s) you wish to serve as Executor:

Name, Address, and Telephone Number of Person(s) you wish to serve as alternate or successor Executor:

B. Trustee

Name, Address, and Telephone Number of Person(s) you wish to serve as Trustee:

Name, Address, and Telephone Number of Person(s) you wish to serve as alternate or successor Trustee:

C. Specific Gifts

Describe any specific gifts of real or personal property that you wish to leave to a specific person:

D. Remainder Of Estate

How do you wish the remainder of your estate to be distributed?

E. Disinheritance

Is there anyone you wish to specifically disinherit? If so, please indicate:

F. Special Burial Or Funeral Instructions

Please indicate any special burial or funeral instructions you wish your executor to know of:

IV. Durable Powers of Attorney

A. Durable Power Of Attorney For Finances

Do you wish your durable power of attorney for finances to become effective immediately or to take effect upon your subsequent incapacity?

Name, Address, and Telephone Number of Agent for Durable Power of Attorney for Finances:

Name, Address, and Telephone Number of Agent For Alternate Or Successor Durable Power of Attorney for Finances:

Should Your Agent Be Authorized To Make Gifts To Your Family Including Himself Or Herself?

B. Durable Power Of Attorney For Health Care

Do you wish your Durable Power of Attorney for health care to become effective immediately or to take effect upon your subsequent incapacity?

Name, Address, and Telephone Number of Agent for Durable Power of Attorney for Health Care:

Name, Address, and Telephone Number of Agent For Alternate Or Successor Durable Power of Attorney for Health Care:

Do you wish for a provision to be added that authorizes you to remain in your own home for as long as possible should you become incapacitated?

Do you wish for a provision to be added that authorizes your agent to place you in a skilled nursing facility should you be unable to remain safely in your own home?

C. Special Instructions

Please indicate whether or not you wish to be kept on life support should you be in an irreversible coma or vegetative state:

Do you wish food and hydration to keep you comfortable?

Do you wish the use of medications to alleviate pain and suffering even if they may hasten the moment of death?

Do you wish to make any anatomical donations?

Should your agent have the authority to authorize performance of an autopsy?
