HORIZON
TRUST & ESTATE LAW

CLIENT INTAKE -- ESTATE PLANNING

CLIENT 1 INFORMATION

Full Legal Name: Prefered Name:

Date of Birth: / / Email: Phone Number:

Home Address:

City: State: Zip Code:

Gender: ☐ Male ☐ Female Preferred Contact Method:

☐ Never Married ☐ Married - Date _____ ☐ Widowed - Date _____ ☐ Divorced

CLIENT 2 INFORMATION

Full Legal Name: Prefered Name:

Date of Birth: / / Email: Phone Number:

Home Address:

City: State: Zip Code:

Gender: ☐ Male ☐ Female Preferred Contact Method:

☐ Never Married ☐ Married - Date _____ ☐ Widowed - Date _____ ☐ Divorced

POTENTIAL NOMINATIONS

If you were incapacitated, who would you elect to handle your financial affairs?		
Financial Agents	**Client 1**	**Client 2**
Initial agent		
1st Back Up		
2nd Back Up		

If you were incapacitated, who would you want to make healthcare decision for you?		
Healthcare Agents	**Client 1**	**Client 2**
Initial agent		
1st Back Up		
2nd Back Up		

If applicable, who would you want to serve as guardian(s) for minor or disabled children?		
Guardians	**Client 1**	**Client 2**
Initial agent		
1st Back Up		
2nd Back Up		

FAMILY & BENEFICIARY INFO

Please list all children and potential beneficiaries. A beneficiary is anyone you name to receive something from your estate, such as: money, a home, or other assets, after you pass away. Naming beneficiaries allows you to control where your assets go and helps avoid confusion or disputes later.

CHILD/BENEFICIARY 1

Full Legal Name: Child of: ◯ Joint ◯ Client 1 ◯ Client 2

Date of Birth: / / Or if not child : ◯ Other:_____

Address: Gender: ◯ Male ◯ Female

City: State: Zip Code:

Any Special Needs: ◯ Education ◯ Medical Spouse Name:

Children(name & Age):

CHILD/BENEFICIARY 2

Full Legal Name: Child of: ◯ Joint ◯ Client 1 ◯ Client 2

Date of Birth: / / Or if not child : ◯ Other:_____

Address: Gender: ◯ Male ◯ Female

City: State: Zip Code:

Any Special Needs: ◯ Education ◯ Medical Spouse Name:

Children(name & Age):

CHILD/BENEFICIARY 3

Full Legal Name: Child of: ◯ Joint ◯ Client 1 ◯ Client 2

Date of Birth: / / Or if not child : ◯ Other:_____

Address: Gender: ◯ Male ◯ Female

City: State: Zip Code:

Any Special Needs: ◯ Education ◯ Medical Spouse Name:

Children(name & Age):

CHILD/BENEFICIARY 4

Full Legal Name: Child of: ◯ Joint ◯ Client 1 ◯ Client 2

Date of Birth: / / Or if not child : ◯ Other:_____

Address: Gender: ◯ Male ◯ Female

City: State: Zip Code:

Any Special Needs: ◯ Education ◯ Medical Spouse Name:

Children(name & Age):

CHILD/BENEFICIARY 5

Full Legal Name: Child of: ◯ Joint ◯ Client 1 ◯ Client 2

Date of Birth: / / Or if not child : ◯ Other:_____

Address: Gender: ◯ Male ◯ Female

City: State: Zip Code:

Any Special Needs: ◯ Education ◯ Medical Spouse Name:

Children(name & Age):

SUMMARY OF ASSETS

This page helps us understand the overall picture of your estate: what you own, how it is titled, and the approximate value of those assets. Having this information allows us to recommend the type of estate plan that best fits your situation and goals. Without knowing what your estate looks like, it would be difficult to give meaningful guidance or ensure your plan works the way you intend.

Type of Assets	Client 1 Values	Client 2 Values	Joint Values
Bank Accounts (including CDs and Money Markets)			
Non-Retirement Investment Accounts			
Retirement Accounts (401ks, IRAs, 403(b), etc.)			
Pensions			
HSA accounts			
Annuities			
Life Insurance			
529/Custodial Accounts			
Company Interests			
Personal Residence			
Other CO Real Property			
Out of State Real Property			
Timeshares			
Oil, Gas, or Mineral Rights			
Vehicles			
Total Value of Assets			