

# ESTATE PLANNING PRE-CONSULTATION FORM

Thank you for scheduling your estate planning consultation with Knipp Law. Please take some time to review, complete, and return this form. In order to best guide the discussion, our attorneys need some background information regarding your family situation, your assets, and your goals/concerns. Reviewing your completed form prior to your consultation allows them to focus on matters that will be important to you, making the best use of your time during the meeting.

Don't worry if you don't have a final answer to every question right now. Our attorney will discuss everything with you during the consultation, but it will be helpful to have done some thinking beforehand.

If you have any questions while reviewing this form or at any other time prior to your consultation, please reach out to our team via phone or e-mail. We look forward to working with you!

Today's Date:

Name of Client #1:

Name of Client #2:

*\*Please use your full legal name as it appears on the photo ID you would present to a notary when signing documents.*

Do you have children?  No  Yes | If so, please complete the following section:

	Child Full Legal Name	Date of Birth	Child of Client (#1, #2, or Both)
1.			
2.			
3.			
4.			
5.			

Are any children special needs and/or receiving government benefits?

Do you have any deceased children? If so, did they have children?



KNIPP LAW OFFICE, PLLC

**REAL ESTATE** ( NONE)

Do you own your primary residence?  Yes  No

In whose name(s) is the property? \_\_\_\_\_

Street Address? \_\_\_\_\_

What is the estimated tax value of the home? \_\_\_\_\_

Do you own or have an interest in other real estate?  No  Yes, please list:

Property Owner's Name	Address of Property	Tax Value	Use of Property (rental, vacation, etc.)

**Financial Planner** ( NONE, Go to next section)

Do you have a financial planner?  No  Yes, if so, provide name, email, and phone number:

**BANK ACCOUNTS** ( NONE, Go to next section)

Note: Some property, such as bank accounts and insurance often pass outside the will by designating a beneficiary.

Abbreviations: Single name (Sole); Joint Account **With** Right of Survivorship (JTWRS); Joint Account **Without** Right of Survivorship (JT); Payable On Death (POD); Custodial Account (Cust); Certificate of Deposit (CD).

Name of Bank	Type of Account (Chkg, Svgs, MM, CD, etc.)	Name of Account Owners and Type of Ownership (Sole/JTWRS/JT/POD/)	Name of Beneficiary Upon Death

**NON-RETIREMENT BROKER ACCTS, STOCKS, ETC...** ( NONE, Go to next section)

Company Name	Type of Asset (Brokerage, Share Cert.)	Name of Owners and Type (Sole, JWRS, JT)	Name of Beneficiary Upon Death (if any)

**RETIREMENT ACCOUNTS** ( NONE, Go to next section)

Includes IRAs (Individual Retirement Accounts), 401(K), Profit Sharing, Keogh Plans or other retirement accounts over which you have access to the principal.

Management Company	Type of Account (IRA, 401(K), 403(B), etc.)	Owner's Name	Name of Beneficiary Upon Death

**ANNUITIES** ( NONE, Go to next section)

Company Name	Name of Owner and Annuitant	Beneficiary Upon Death

**MOTOR VEHICLES/BOATS/TRAILERS** ( NONE, Go to next section)

Make/Model/Year	Name of Registered Owner	Name of Primary Driver	NC Title?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**UNUSUALLY VALUABLE PERSONAL PROPERTY** ( NONE, Go to next section)

Include any items that may be considered unusually valuable, such as jewelry, antiques, or collectibles. It is not necessary to list any ordinary household items.

Description of Item	Estimated Value

**LIFE INSURANCE** ( NONE, Go to next section)

Company	Name of Owner and Name of Insured	Policy # (optional)	Name of Beneficiary Upon Death

**PRE-ARRANGEMENTS FOR DISPOSITION OF REMAINS** ( NONE, Go to next section)

Do you have a burial space?  No  Yes, If so where: \_\_\_\_\_

Do you have a prepaid burial contract?  No  Yes

Date Purchased	Funeral Home, Crematorium or Trust	Type of Prepaid Service(s)	Is it Irrevocable?
		<input type="checkbox"/> Funeral <input type="checkbox"/> Cremation <input type="checkbox"/> Open/Close Grave	<input type="checkbox"/> No <input type="checkbox"/> Yes
		<input type="checkbox"/> Funeral <input type="checkbox"/> Cremation <input type="checkbox"/> Open/Close Grave	<input type="checkbox"/> No <input type="checkbox"/> Yes

**BUSINESS INTERESTS** ( NONE, Go to next section)

1.) Do you have an ownership interest in an ongoing business?  No  Yes

If so, what is the business name: \_\_\_\_\_

Business Structure (LLC, C-Corp, S-Corp, etc.): \_\_\_\_\_

2.) What is the total value of the business? \_\_\_\_\_

What is the value of your interest: \_\_\_\_\_

3.) Do you have a **written** Buy/Sell Agreement?  No  Yes | If so, please provide additional details of agreement. If not, what happens to the business upon your passing:

--

**SAFE DEPOSIT BOXES** ( NONE, Go to next section)

Bank	Owner(s)	Contents	Estimated Value

**MONIES OWED TO THE CLIENT** ( NONE, Go to next section)

Name of Debtor	Promissory Note?	Reason Debt Was Incurred	Balance Due	Forgiven Upon Death?
	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Yes

**TRUSTS** ( NONE, Go to next section)

Are you the beneficiary of a trust?  No  Yes, if so explain:

**ANTICIPATED INHERITANCES** ( NONE, Go to next section)

If you expect to receive an inheritance or gift from any source, please explain:

**HEALTH CARE**

Do you or any of your family have any illness or disability, which should be considered in planning the estate? (ex- terminal or progressive illness, significant disability, lack of mental capacity, etc.)

No  Yes, explain:

**IF YOU HAVE MINOR CHILDREN OR OTHER DEPENDENTS** ( NONE, Go to next section)

Who would you want to act as guardian if both parents were to die? You can have more than 1 option in order of preference.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**HEALTH CARE POWER OF ATTORNEY**

Who would you want making health care decisions for you if you can't make them for yourself? If married, spouse is typically the first choice, but it is a good idea to have at least one backup.

Client #1:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Client #2:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**FINANCIAL POWER OF ATTORNEY**

Who would you want making financial decisions for you if you can't make them for yourself? If married, spouse is typically the first choice, but it is a good idea to have at least one backup.

Client #1:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Client #2:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**EXECUTOR OF WILL/TRUSTEE OF TRUST**

Who would you name as your executor/trustee? If married, spouse is typically the first choice, but it is a good idea to have at least one backup. This person would handle the administration of your estate upon your death.

Client #1:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Client #2:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What are some of the main topics, questions, goals, or areas of concern you'd like to discuss with the attorney?