

BROWNHUFFZOHAR

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Date: _____

Full Legal Name: _____ Nickname: _____

Name on Legal Documents: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthdate: _____

US Citizen? ☐ Yes ☐ No

Mother's Maiden Name: _____

Driver's License Number: _____ State: _____

Employer: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____

CHILDREN (by Birth or Adoption)

Full Legal Name	**Birthdate**	**Child's Other Parent:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have special educational, medical or physical needs, or receive governmental benefits? ☐ Yes ☐ No

DISTRIBUTION

How would you like your estate to be distributed?

If all the above predecease you, who will be the successor thereof? (example: charity, heirs at law, other persons)

TRUSTEE

The Trustee is the person who will manage and distribute assets held in your trust according to your instructions. Who will serve as trustee for your trust? If more than one person at one time, will they make decisions jointly or independently?

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

_____

If creating trust for children, can they ever be co-trustee or sole trustee of their trust? (example: co @ 25, sole @ 30)

_____

GUARDIAN FOR MINOR

The Guardian for Minor is who would be legally responsible for the care of your children if you pass away. Who will serve as guardian for your minor children (if any)? If more than one person at one time, will they make decisions jointly or independently?

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

_____

PRENEED GUARDIAN

The Preneed Guardian is someone you designate to take legal responsibility for you if you ever become incapacitated and need a guardian appointed by a court. If you were incapacitated, who would you choose to have the court appoint to handle your affairs? Please note, you cannot have joint guardians.

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

HEALTHCARE SURROGATE

The Healthcare Surrogate is who you authorize to make medical decisions on your behalf if you are unable to make them. Who would you choose to appoint? If more than one person at one time, will they make decisions jointly or independently?

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

POWER OF ATTORNEY

The Power of Attorney is the person you authorize to handle your financial and legal matters if you are unable or choose not to handle them yourself. Who would you choose to serve as your Power of Attorney? If more than one person serving at one time, will they make decisions jointly or independently?

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

OTHER INFORMATION

For all of the individuals listed above as trustee, guardians, and power of attorney, please provide the following:

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

Name: _____ Address: _____ Phone: _____

Relationship: _____ _____

ASSET INFORMATION

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of the paper to continue a list in each category of asset.

To identify the Owner of an asset, use "JTO" for joint ownership with non-spouse; or "T" if owned by a revocable trust that you have created.

Cash and Cash Equivalents. To identify type of account, use "CA" for checking account; "SA" for savings account; "CD" for certificate of deposit; "MM" for money market account. Do not include IRAs or 401(k)s here.

	Financial Institution	Owner	Market Value	Type of Account
Cash and Cash Equivalents	1.		$	
	2.		$	
	3.		$	
	4.		$	
	5.		$	

Stock, Bonds or Investment Accounts. List any and all stocks and bonds you own. If held in a brokerage account, identify the account rather than the assets within the account. Do not include IRAs or 401(k)s.

	Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
Stocks and Bonds	1.		$	
	2.		$	
	3.		$	
	4.		$	
	5.		$	

Retirement Accounts. To identify type of account, use "P" for pension; "PS" for profit sharing; IRA, Roth IRA, SEP, or 1(k).

	Custodial Institution	Owner	Market Value	Type of Plan
Retirement Accounts	1.		$	
	2.		$	
	3.		$	
	4.		$	
	5.		$	

Real Estate.

	Description	Owner	Market Value	Debt
Real Estate	1		$	
	2.		$	
	3.		$	
	4.		$	
	5.		$	

Personal Property.

	Description	Owner	Market Value	Debt
Personal Property	1.		$	
	2.		$	
	3.		$	
	4.		$	
	5.		$	

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use "T" for term insurance, "CV" for insurance policies having a cash value, "A" for annuities.

	Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
Life Insurance/ Annuities	1.				$	$
	2.				$	$
	3.				$	$
	4.				$	$
	5.				$	$

Please indicate if you have an "umbrella" insurance policy? ☐ Yes ☐ No

If yes, please indicate amount of coverage. $ _____

Please indicate if you have disability insurance? ☐ Yes ☐ No

Please indicate if you have a long-term care insurance policy? ☐ Yes ☐ No

If yes, please indicate benefit amount and period $ _____ /month for _____ months.

Other Property. List other property that you have that does not fit into any other listed category. This may include an interest in a closely held business, monies owed to you, etc.

	Description	Owner	Market Value
Other Property	1.		$
	2.		$
	3.		$
	4.		$
	5.		$

Income. List your income and the sources of that income, to the best of your knowledge.

	Description	Amount
Sources	1. W-2 Wages	$
	2. Commissions/Bonuses	$
	3. Interest/Dividends	$
	4. Rental Income	$
	5. Retirement Income and Annuities	$
	6. Social Security	$
	7. Other	$

ADVISORS

Accountant: _____ Phone: _____

Financial Advisor: _____ Phone: _____

Insurance Agent: _____ Phone: _____

Referred to Our Firm By: _____

Name of Primary Care Physician: _____ Phone: _____

Primary Care Physician's Facsimile Number:_____

ADDITIONAL DOCUMENTS

General Document Request. In addition to this Intake Form, please provide us copies of the following documents, if they exist:

- Order of dissolution of marriage
- Pre-nuptial or post-nuptial agreement
- Any will or trust agreement
- Any state or federal gift tax return previously filed
- Any trust under which client is a beneficiary or hold any power of appointment
- Any living will, health care power of attorney or general power of attorney
- Deeds and tax statements on all real estate or real estate interests (i.e. oil, gas, mineral or water rights)
- Deeds for cemetery lots
- Most recent statement for all bank accounts
- Most recent statement for all investment/brokerage accounts (mutual funds, stocks, bonds, etc.)
- Most recent statement for all stock accounts (dividend reinvestment, direct registration, book entry, etc.)
- All stock certificates (copy, not original certificates)
- All life insurance policies and most recent periodic statements
- All annuity policy documents and most recent periodic statements

ADDITIONAL NOTES