



LSPN
— PRO —

INTAKE INFORMATION

CLIENT INFORMATION

Your Full Name: _____

Your Date of Birth: _____

Spouse's Full Name: _____

Spouse's Date of Birth: _____

Date of Marriage: _____

Your Email Address: _____

Your Home Address (Street): _____

Home Address (City, State, Zip Code): _____

What County do you live in: _____

Is This Your Mailing Address? YES NO

If "NO" Enter Your Mailing Address: _____

Were You Previously Married? YES NO

If Yes, how was the previous marriage dissolved (death or divorce)? _____

Was Your Spouse Previously Married? YES NO

If Yes, how was the previous marriage dissolved (death or divorce)? _____

Child #1 Full Name: _____ Son Daughter Decline to Answer

Child #1 Date of Birth: _____

Biological/Legal Parent of the Child #1? You Your Spouse Both

Child #2 Full Name: _____ Son Daughter Decline to Answer

Child #2 Date of Birth: _____

Biological/Legal Parent of the Child #2? You Your Spouse Both

Child #3 Full Name: _____ Son Daughter Decline to Answer

Child #3 Date of Birth: _____

Biological/Legal Parent of the Child #3? You Your Spouse Both

Child #4 Full Name: _____ Son Daughter Decline to Answer

Child #4 Date of Birth: _____

Biological/Legal Parent of the Child #4? You Your Spouse Both

Child #5 Full Name: _____ Son Daughter Decline to Answer

Child #5 Date of Birth: _____

Biological/Legal Parent of the Child #5? You Your Spouse Both

Child #6 Full Name: _____ Son Daughter Decline to Answer

Child #6 Date of Birth: _____

Biological/Legal Parent of the Child #6? You Your Spouse Both

(Note: If you have more than 6 children, enter the same information for each additional child in the comments section)

What is your estimated Net Worth (approximation is okay): _____

TRUST DOCUMENT PREPARATION

Who would you like to act as your Trustee?

Name: _____ City/State (or Country): _____

Relationship: _____

Who would you like to act as your backup Trustee (if Trustee #1 is not available)?

Name: _____ City/State (or Country): _____

Relationship: _____

Please list any additional individuals that you would like to act in the Trustee Role?

Name: _____ City/State (or Country): _____

Relationship: _____

Name: _____ City/State (or Country): _____

Relationship: _____

Do you wish for your Trustees to act as Co-Trustees? _____

Is the Trustee also going to act in the capacity of a guardian for minor children? _____

If "No", and if you want someone else to act in the capacity of guardian for your minor children, list them here:

Name: _____ City/State (or Country): _____

Relationship: _____

BENEFICIARY INFORMATION

List the names of the beneficiaries that you wish to provide for:

BENEFICIARY #1

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

Alternate Beneficiary (if beneficiary above is not available or does not want inheritance)

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

BENEFICIARY #2

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

Alternate Beneficiary (if beneficiary above is not available or does not want inheritance)

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

BENEFICIARY #3

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

text. **Alternate Beneficiary (if beneficiary above is not available or does not want inheritance)**

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

BENEFICIARY # 4

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

Alternate Beneficiary (if beneficiary above is not available or does not want inheritance)

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

BENEFICIARY #5

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

Alternate Beneficiary (if beneficiary above is not available or does not want inheritance)

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

BENEFICIARY #6

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

Alternate Beneficiary (if beneficiary above is not available or does not want inheritance)

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

(USE EXTRA SHEET IF MORE BENEFICIARIES ARE NEEDED)

ULTIMATE OR REMOTE CONTIGENCY BENEFICIARIES (NO NAMED BENEFICIARIES SURVIVE)?

Remaining Legal Heirs? _____

OR

REMOTE BENEFICIARY #1

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

REMOTE BENEFICIARY #2

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

REMOTE BENEFICIARY #3

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

REMOTE BENEFICIARY #4

Name: _____ City/State (or Country): _____

Relationship: _____ Percentage of Estate: _____

BEQUEATHMENTS – ONE TIME PAYMENTS TO INDIVIDUALS OR CHARITIES

Name: _____ City/State (or Country): _____

Relationship: _____ Amount: _____

Name: _____ City/State (or Country): _____

Relationship: _____ Amount: _____

Name: _____ City/State (or Country): _____

Relationship: _____ Amount: _____

Name: _____ City/State (or Country): _____

Relationship: _____ Amount: _____

Name: _____ City/State (or Country): _____

Relationship: _____ Amount: _____

Is there anyone that you wish to disinherit that has a claim to your estate? (always include ex-spouses).

Do you wish to put on age-based distributions?

Age: _____ % of Benefits: _____

Age: _____ % of Benefits: _____

Age: _____ % of Benefits: _____

Age: _____ % of Benefits: _____

Do you wish to put in behavior conditions (Drug Free, Alcohol Free, Gambling Free)?

For How Long (1 year, 3 years, 5 years, etc.): _____

If married, do you have separate assets than from your spouse? If so, list them:

If married, does your spouse have separate assets than from you? If so, list them:

FPOA

Who do you want to designate for your Financial Power of Attorneys:

Primary: _____ Alt 1: _____

Alt 2: _____ Alt 3: _____

Do you wish for your FPOA to go into effect upon incapacitation? _____

HEALTHCARE DIRECTIVES:

Who do you want to designate for your Healthcare Agent?

Primary: _____ Alt 1: _____

Alt 2: _____ Alt 3: _____

Are you currently in a medical or assisted living institution? _____

Are you (and spouse) able to sign your documents? _____

Where will you be signing your documents (County and State)? _____

Comments or Additional Instructions for Trust Documents

ASSET DOCUMENTATION

FINANCIAL INSTITUTIONS

Institution Name: _____

City/State (or Country): _____

Website: _____

Phone #: _____

Account: _____

Institution Name: _____

City/State (or Country): _____

Website: _____

Phone #: _____

Account: _____

Institution Name: _____

City/State (or Country): _____

Website: _____

Phone #: _____

Account: _____

Institution Name: _____

City/State (or Country): _____

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Account: _____

Institution Name: _____

City/State (or Country): _____

Website: _____

Phone #: _____

Account: _____

Institution Name: _____

City/State (or Country): _____

Website: _____

Phone #: _____

Account: _____

(USE NEW PAGE IF ADDITIONAL INFORMATION IS NEEDED)

PERSONAL ASSETS TO PLACE INTO TRUST (FOR GENERAL

DISTRIBUTION) Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

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Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

Asset: _____

Location: _____

Estimated Current Value: _____

(USE NEW PAGE IF ADDITIONAL ASSETS NEED TO BE ADDED)

SPECIFIC ASSETS (HEIRLOOMS, ETC.) TO BE DISTRIBUTED TO SPECIFIC INDIVIDUALS OR CHARITIES:

Asset: _____

Location: _____

Estimated Current Value: _____

Beneficiary's Name(s): _____

Asset: _____

Location: _____

Estimated Current Value: _____

Beneficiary's Name(s): _____

Asset: _____

Location: _____

Estimated Current Value: _____

Beneficiary's Name(s): _____

Asset: _____

Location: _____

Estimated Current Value: _____

Beneficiary's Name(s): _____

Asset: _____

Location: _____

Estimated Current Value: _____

Beneficiary's Name(s): _____

Asset: _____

Location: _____

Estimated Current Value: _____

Beneficiary's Name(s): _____

Asset: _____

Location: _____

Estimated Current Value: _____

(USE NEW PAGE IF ADDITIONAL ASSETS NEED TO BE ADDED)

