

# ESTATE PLANNING AND SIMPLE WILL INTAKE FORM

Please complete all the information below. Any information provided on this form is Attorney Client privileged and will not be provided to anyone except by court order or by your consent. This information sheet is the property of the Law Office of H. Scott Aalsberg, Esq., P.C. and all information provided will remain confidential, and may be destroyed at any time at the discretion of the Law Office of H. Scott Aalsberg, Esq., P.C. Please note that we do not provide any Tax Planning in regards to estate issues thus we suggest that you consult a tax professional such as CPA if you are concerned on how your estate or the money given to your heirs will be taxed.

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Middle Last

Do You Use Any Other Names if so list here: \_\_\_\_\_

Your Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address if Different: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Last Four #'s of Your Social Security #: \_\_\_\_\_

Phone Numbers Cell: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

How would you like your assets to be distributed after your death be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name & Address of your Executor \_\_\_\_\_

Name & Address of your Alternate Executor \_\_\_\_\_

How many children do you have include ages and names: \_\_\_\_\_

\_\_\_\_\_

Name and Address of Children's Guardian if you have children and if they are under 18 years of age or disabled: \_\_\_\_\_

What is the approximate value of all of your assets minus your debts should you die today: \$ \_\_\_\_\_

Do you suffer from any disabilities or health conditions which would prevent you from making a free or knowing decision in regards to the disposition of your assets? Yes or No (please circle one)

\_\_\_\_\_  
Signature Date

By signing below the client agrees that all information contained in this form is true and correct and understands that the legal advice given will be based on the information included in this form