**FULKERSON & FULKERSON CLIENT INTAKE**

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FILE NO.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CLIENT OR BUSINESS FULL LEGAL NAME** |  |
| **CLIENT CONTACT** |  |
| **BUSINESS ADDRESS** |  |
| **HOME ADDRESS** |  |
| **MAILING ADDRESS****(if different)** |  |
| **E-MAIL ADDRESS** |  |
| **E-MAIL ADDRESS** |  |
| **HOME PHONE** |  |
| **CELL PHONE** |  |
| **WORK PHONE** |  |
| **EMPLOYER** |  |
| **EMPLOYER ADDRESS** |  |

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| --- | --- |
| **SPOUSE NAME AND PHONE** |  |
| **MEMBER/OFFICER NAME AND PHONE** |  |
| **MEMBER/OFFICER NAME AND PHONE**  |  |

**LEGAL ISSUE OR CASE**

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| **ATTORNEY** |  |
| **OTHER STAFF** |  |
| **REFERRED BY** |  |
| **BILLING TYPE** |  |

**ESTATE PLANNING INTAKE**

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have an existing estate plan? \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

(Please provide a copy of your existing estate planning documents)

**Information about yourself**

|  |  |
| --- | --- |
| **FULL LEGAL NAME** |  |
| **OTHER NAMES THAT YOU GO BY** |  |
| **DATE OF BIRTH** |  |
| **SOCIAL SECURITY NUMBER** |  |

Are you married? \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

Date of marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a prenuptial agreement? \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

(Please provide a copy of the Agreement.)

If you were previously married, indicate whether:

 \_\_\_\_\_\_\_\_ Prior marriage ended in divorce

 \_\_\_\_\_\_\_\_ Prior marriage ended with death of spouse

**Information about your spouse**

|  |  |
| --- | --- |
| **SPOUSE’S FULL LEGAL NAME** |  |
| **OTHER NAMES THAT SPOUSE GOES BY** |  |
| **DATE OF BIRTH** |  |
| **SOCIAL SECURITY NUMBER** |  |

If previously married, indicate whether:

 \_\_\_\_\_\_\_\_ Prior marriage ended in divorce

 \_\_\_\_\_\_\_\_ Prior marriage ended with death of spouse

**Information about your family**

Children who are of this Relationship

(Include children who have passed away)

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| --- | --- | --- |
| **CHILD’S FULL LEGAL NAME** | **DATE OF BIRTH** | **ADDRESS** |
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Children By Previous Relations

(Include children who have passed away)

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| **CHILD FULL NAME** | **DATE OF BIRTH** | **CHILD’S PARENT** | **ADDRESS** |
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Have any of the children identified above been adopted by the spouse of this relationship? \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

Please indicate which children have been adopted by placing an “**\***” next to their name.

Grandchildren/Great Grandchildren

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| --- | --- |
| **GRANDCHILD’S FULL LEGAL NAME** | **PARENT OF THE CHILD** |
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Are any of the children special needs children? \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

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| **CHILD’S NAME** | **DESCRIBE THE CONDITION QUALIFYING THE CHILD FOR SPECIAL NEEDS**  |
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**Appointments**

Who do you & your spouse trust to manage your assets if the both of you are unable?

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| **NAME** | **RELATION TO YOU** | **ADDRESS** |
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If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

 \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

Who do you & your spouse trust to take care of your children if the both of you are unable?

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| **NAME** | **RELATION TO YOU** | **ADDRESS** |
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Who do you trust to make your medical decisions if you are unable?

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| **NAME** | **RELATION TO YOU** | **ADDRESS** |
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If you are appointing two or more people to act together, will you authorize them to act independently of each other permitting either person to act without the consent of the other?

 \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

***If your spouse wishes to appoint different people to make their medical decisions than you have appointed for yourself, please have your spouse complete the following information:***

Who does your spouse trust to make his/her medical decisions if your spouse is unable?

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| --- | --- | --- |
| **NAME** | **RELATION TO YOU** | **ADDRESS** |
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If your spouse is appointing two or more people to act together, are they authorized to act independently of each other permitting either person to act without the consent of the other?

 \_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

**Distribution of your assets when you pass away**

Gifts of specific assets

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Distribution of remaining assets **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Alternative distribution of assets if beneficiaries predecease you

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Specific distribution provisions for minor children or Special Needs

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**Specific List of Assets**

**BANK ACCOUNTS** (Include checking, savings, certificates of deposit, etc.):

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| --- | --- | --- | --- |
| **NAME OF FINANCIAL INSTITUTION** | **NAME OF THE****ACCOUNT** | **TYPE OF ACCOUNT** | **BENEFICIARY DESIGNATIONS** |
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**INVESTMENT ACCOUNTS**:

|  |  |  |
| --- | --- | --- |
| **INVESTMENT INSTITUTION** | **TYPE OF INVESTMENT**  | **BENEFICIARY DESIGNATIONS** |
| **PRIMARY** | **CONTINGENT** |
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**REAL ESTATE AND MINERAL INTERESTS**:

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| **ADDRESS** | **NAME ON TITLE OF PROPERTY** | **MORTGAGE AMOUNT** | **PROPERTY VALUE** |
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**LIFE INSURANCE POLICIES**

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| --- | --- | --- |
| **COMPANY****NAME** | **PERSON** **INSURED** | **BENEFICIARY DESIGNATIONS** |
| **PRIMARY** | **CONTINGENT** |
| **LIFE INSURANCE (Include accidental death policies)** |
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**BUSINESS OWNERSHIP INTERESTS**:

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| --- | --- | --- |
| **BUSINESS NAME** | **OWNERSHIP INTEREST** | **OTHER INFORMATION** |
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