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ESTATE PLANNING INTAKE

Congratulations! If you are completing this form it means you are taking the first step in getting your estate plan completed. To get started, we need some basic information about you, your family, your assets, and who you would like to receive your estate after you pass away. **Please answer these questions to the best of your ability.** It is ok to leave something blank! We understand these questions may be difficult, so if you are unsure, do not know the answer, or just have some additional question, we are happy to answer them during your consultations.

Once you have completed the form, please save and download a copy, then email to eric@kugelmanlaw.com.

SECTION 1: BASIC PERSONAL INFORMATION

<i>Name (Last, First):</i>		<i>Date of Birth:</i>	
<i>Address:</i>			
<i>Phone:</i>		<i>Email:</i>	

1.1. Are you a U.S. Citizen? Yes No

If no, write in country of residence: _____

1.2. What is your marital status? Single Married Divorced Widowed

<i>Spouse's Name:</i>		<i>Date of Birth:</i>	
<i>Address</i>			
<i>Phone:</i>		<i>Email:</i>	

1.3. Is your spouse a U.S. Citizen? Yes No

If no, write in country of residence: _____

1.4. Do you have a prenuptial / postnuptial agreement? Yes No

1.5. How many years have you been married? _____

1.6. In the case of unmarried live-in partners, do you have a cohabitation agreement? Yes No

1.7. **Do you have a non-traditional partnership with your romantic partner / spouse?** Yes No

SECTION 2: EMPLOYMENT INFORMATION

2.1 Are you presently employed? Yes No / Retired

<i>Occupation:</i>		<i>Employer:</i>	
<i>Work Address:</i>		<i>Work Phone:</i>	

2.2 Is your spouse / partner employed? Yes No / Retired

<i>Occupation:</i>		<i>Employer:</i>	
<i>Work Address:</i>		<i>Work Phone:</i>	

SECTION 3: FAMILY INFORMATION

3.1 Do you have children? Yes No Expecting

3.2 Do you have any deceased children? Yes No (*please include information about deceased children below*)

Child 1:

Child 1's name: _____ *Age:* _____
Child 1's address: _____

This child is

from my current marriage from a prior marriage adopted stepchild / from spouse's prior marriage

Does this child have children? Yes No

Grandchild's name: _____ *Age* _____
Grandchild's name: _____ *Age* _____
Grandchild's name: _____ *Age* _____
Grandchild's name: _____ *Age* _____

Child 2:

Child 2's name: _____ *Age:* _____
Child 2's address: _____

This child is

from my current marriage from a prior marriage adopted stepchild / from spouse's prior marriage

Does this child have children? Yes No

Grandchild's name: _____ *Age* _____
Grandchild's name: _____ *Age* _____
Grandchild's name: _____ *Age* _____

Grandchild's name: _____ Age _____

Child 3:

Child 3's name: _____ Age: _____

Child 3's address: _____

This child is

from my current marriage from a prior marriage adopted stepchild / from spouse's prior marriage

Does this child have children? Yes No

Grandchild's name: _____ Age _____

Grandchild's name: _____ Age _____

Grandchild's name: _____ Age _____

Grandchild's name: _____ Age _____

Child 4:

Child 4's name: _____ Age: _____

Child 4's address: _____

This child is

from my current marriage from a prior marriage adopted stepchild / from spouse's prior marriage

Does this child have children? Yes No

Grandchild's name: _____ Age _____

Grandchild's name: _____ Age _____

Grandchild's name: _____ Age _____

Grandchild's name: _____ Age _____

If there is any additional information you want to provide (e.g. if you have more than four (4) children, you do not have children, your children have special needs) **then please include information below:**

SECTION 4: YOUR ASSETS

4.1 Real Property

<i>Address</i>	<i>Name(s) on Title</i>	<i>Value</i>	<i>Notes (please note debt)</i>

4.2 Financial Accounts: Checking / Savings

<i>Account Name / Type (e.g. checking or savings)</i>	<i>Name(s) on Title</i>	<i>Value</i>	<i>Notes</i>

4.3 Investment Accounts / Cryptocurrency / CD's *Please include all non-tax-deferred brokerage accounts, CD's, and other investment vehicles, including cryptocurrency accounts.*

<i>Account Name / Type</i>	<i>Name(s) on Title</i>	<i>Value</i>	<i>Notes</i>

4.4 Retirement Accounts *(e.g. 401ks, IRA, pension plans)*

<i>Account Name / Type</i>	<i>Name(s) on Title</i>	<i>Value</i>	<i>Notes</i>

4.5 Business Interests

<i>Business Name</i>	<i>Ownership Percentage</i>	<i>Value</i>	<i>Notes</i>

4.6 Vehicles

<i>Make / Model</i>	<i>Name(s) on Title</i>	<i>Value</i>	<i>Notes</i>

4.6 Personal Property

No need to include all your personal effects here. Please include here any items that would be considered collectibles or valuable artwork that is worth \$ 5,000 or more.

<i>Description</i>	<i>Value</i>	<i>Location (i.e. where its kept)</i>	<i>Notes</i>

4.7 Do you have any expected inheritance? Yes No

4.8 What is your overall estimated net worth?

4.8 Any other assets / additional notes

If something does not fit any of the descriptions above, include it here. This section may include NFTs, precious metals, intellectual property, or other digital assets.

SECTION 5: WHO WILL TAKE CARE OF YOU AND YOUR ESTATE

Who would you like to name as the administrator of your estate? We recommend you choose someone who meets the following criteria: (1) is an adult (preferably over 25) (2) would know if something were to happen to you (e.g. in the even of your death or incapacity) (3) has experience with numbers and financial management.

5.1 Who would you like to name as your **successor trustees?**

First Trustee _____
Second Trustee _____
Third Trustee _____
Fourth Trustee _____

This will be the person who is responsible for administering your trust in the event of your death or incapacity. Your successor trustee will be in charge of collecting all your property and distributing it to your beneficiaries.

5.2 If none of your trustees are able to act, then would you like to name a **professional fiduciary** as a backup? A professional fiduciary is a licensed professional trustee. Yes No

5.3 Who would you like to name as your **financial power of attorney?** We recommend this match your trustees. This is the person who will manage your financial affairs if you are unable to handle them yourself.

Same as trustees Different than trustees, see below:

First POA _____
Second POA _____
Third POA _____
Fourth POA _____

5.3A Same question, but for spouse /partner:

Same as trustees Different than trustees, see below:

First POA _____
Second POA _____
Third POA _____
Fourth POA _____

5.4 If you have **minor children** then who would you like to name as their custodial guardian?

Same as trustees Different than trustees, see below:

First guardian _____
Second guardian _____
Third guardian _____
Fourth guardian _____

SECTION 6: HOW YOU WANT YOUR ESTATE DISTRIBUTED

6.1 How would you like your estate distributed? *Some of the most common distribution plans are included below:*

- 100% to my spouse, and then to my children in equal shares, and if any of my children are deceased, then to my grandchildren.
- 100% to my children in equal shares, and if any of my children are deceased, then to my grandchildren.
- I would like something different, described below:

6.3 When you pass away are you comfortable with your spouse receiving all the assets in the estate?

- Yes No Maybe, I'd like to discuss this more.

6.2 Would you like an age restriction on when young beneficiaries inherit? Yes No

If yes, then what age would you prefer: 25 30 35 Other

6.3 Do you plan to **disinherit** any of your children? Yes No

If yes, then please explain why *(having your reason for disinheriting someone in writing strengthens your estate plan and reduces the likelihood that it could be challenged)*:

Please include any other information you think would be important for the distribution of your estate:

SECTION 7: BURIAL INSTRUCTIONS AND FUNERAL ARRANGEMENTS

7.1 Which do you prefer:

- Burial Cremation Green Burial Other

Please include any other burial instructions (where you would like to be buried, instructions for scattering ashes, or any other information you think is important)

SECTION 8: ADVANCE HEALTH CARE DIRECTIVE PREFERENCES

8.1 Who would you like to name as your **agent for your advance healthcare directive?**

This is the person who will make medical decisions on your behalf if you cannot speak for yourself.

- Same as trustees Different than trustees, see below:

First agent _____
Second agent _____
Third agent _____
Fourth agent _____

8.2 Do you want your children to serve as healthcare agents when they reach a certain age? Yes No

If yes, then what age would you prefer: 25 30 35 Other

8.3 Is organ donation OK? Yes No Maybe -- Only under certain circumstances

8.4 Is pain medication OK? Yes No Maybe -- Only under certain extreme circumstances

8.5 Under an extreme circumstance (e.g. vegetative state and doctors say you will likely not regain consciousness) and you cannot speak for yourself, would you like to:

- Stop life-sustaining treatment.
 Continue life-sustaining treatment at all costs.
 Something different / would like to discuss.

8.1A **FOR SPOUSE / PARTNER:** Who would you like to name as your **agent for your advance healthcare directive?**
This is the person who will make medical decisions on your behalf if you cannot speak for yourself.

Same as trustees Different than trustees, see below:

First agent _____
Second agent _____
Third agent _____
Fourth agent _____

8.2A Do you want your children to serve as healthcare agents when they reach a certain age? Yes No

If yes, then what age would you prefer: 25 30 35 Other

8.3A Is organ donation OK? Yes No Maybe -- Only under certain circumstances

8.4A Is pain medication OK? Yes No Maybe -- Only under certain extreme circumstances

8.5A Under an extreme circumstance (e.g. vegetative state and doctors say you will likely not regain consciousness) and you cannot speak for yourself, would you like to:

- Stop life-sustaining treatment.
- Continue life-sustaining treatment at all costs.
- Something different / would like to discuss.

SECTION 9: PETS

9.1 Do you have pets you want to provide for in your plan? Yes No

If yes, then who would you like to act as your pet guardian / take care of your pets:

Same as trustees Different than trustees, see below:

First agent _____
Second agent _____
Third agent _____
Fourth agent _____

9.1 Do you want to provide a pet-support gift to your named guardian? Yes No

If yes, then what gift to you prefer:

- \$ 500/year per pet
- \$ 1,000/year per pet
- Other

SECTION 10: CAPACITY QUESTIONS

10.1 Are you presently taking any medication or diagnosed with any condition that would prevent you from filling out this form truthfully and accurately? Yes No

If you answered yes, then please explain below:

10.2 Do your answers to these questions reflect your wishes, and not the wishes of anyone else? Yes No

SECTION 11: NAME YOUR TRUST

Most people name their trust “The Firstname Lastname Living Trust” or the “Lastname Family Trust.” These are the most common options, but you can give your trust any name you like. Please write in the preferred name for your trust below:

SECTION 12: EVERYTHING ELSE

Please include anything else you would like us to know about your estate and your circumstances below:
