



809 W. 1ST STREET, SUITE B, CEDAR FALLS, IA 50613 • PHONE: 319.260.2096

WEB: WWW.SAILERLAW.COM

ESTATE PLANNING INTAKE FORM: MARRIED COUPLE

DATE OF CONSULTATION: _____

HOW DID YOU HEAR ABOUT US? _____

YOUR GENERAL INFORMATION

YOUR LEGAL NAME: _____

YOUR DATE OF BIRTH: _____

YOUR PHONE NUMBER: _____

YOUR E-MAIL ADDRESS: _____

YOUR SPOUSE'S LEGAL NAME: _____

YOUR SPOUSE'S DATE OF BIRTH: _____

YOUR SPOUSE'S PHONE NUMBER: _____

YOUR SPOUSE'S E-MAIL ADDRESS: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

FAMILY INFORMATION

PRIOR MARRIAGES. HAVE YOU OR YOUR SPOUSE HAD A PRIOR MARRIAGE? IF YES, PLEASE PROVIDE FORMER SPOUSE'S LEGAL NAME AND DATE OF DISSOLUTION.

	ME	MY SPOUSE
YES		
NO		

CHILDREN. PLEASE LIST THE LEGAL NAMES AND BIRTHDAYS OF ALL OF YOUR CHILDREN, INCLUDING ADOPTED CHILDREN AND STEPCHILDREN, AND WHETHER YOUR CHILDREN/GRANDCHILDREN HAVE CHILDREN OF THEIR OWN. PLEASE ALSO INCLUDE NAMES AND BIRTHDAYS OF ANY DECEASED CHILDREN, AND WHETHER THEY HAD ANY CHILDREN. IF YOU HAVE NO CHILDREN, GRANDCHILDREN, OR GREAT GRANDCHILDREN, PLEASE SKIP THIS SECTION.

BIRTHDAY	NAME	BIOLOGICAL MOTHER & FATHER	CHILD/GRANDCHILD/ GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD
_____	_____	_____	<input type="checkbox"/> CHILD <input type="checkbox"/> GRANDCHILD <input type="checkbox"/> GREAT GRANDCHILD

*PLEASE ATTACH ADDITIONAL SHEETS IF NEEDED.

ESTATE INFORMATION

GUARDIAN. A GUARDIAN IS A PERSON WHO WILL TAKE CARE OF YOUR MINOR CHILDREN AFTER THE DEATH OF BOTH PARENTS. PLEASE DESIGNATE A PRIMARY GUARDIAN AND ALTERNATE GUARDIAN. IF YOU HAVE NO MINOR CHILDREN, PLEASE SKIP THIS SECTION.

	MY DESIGNATION	MY SPOUSE'S DESIGNATION
PRIMARY GUARDIAN.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ CITY, STATE: _____ _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ _____ CITY, STATE: _____ _____
ALTERNATE GUARDIAN.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ CITY, STATE: _____ _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ _____ CITY, STATE: _____ _____

EXECUTOR. AN EXECUTOR IS THE PERSON WHO MANAGES YOUR ASSETS AFTER YOUR DEATH, COORDINATES WITH THE PROBATE COURT, AND DISTRIBUTES YOUR ESTATE ACCORDING TO YOUR WILL. SPOUSES TYPICALLY DESIGNATE EACH OTHER AS THE EXECUTOR OF THEIR ESTATE. PLEASE PROVIDE A PRIMARY AND ALTERNATE EXECUTOR IN THE EVENT YOUR SPOUSE IS UNABLE TO SERVE.

	MY DESIGNATION	MY SPOUSE'S DESIGNATION
SECONDARY EXECUTOR.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ CITY, STATE: _____ _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ _____ CITY, STATE: _____ _____
ALTERNATE EXECUTOR.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ CITY, STATE: _____ _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ _____ CITY, STATE: _____ _____

SPECIAL FAMILY CIRCUMSTANCES. PLEASE NOTE IF ANY OF THE FOLLOWING FAMILY CIRCUMSTANCES ARE APPLICABLE.

DO YOU WANT TO SPECIFICALLY DISINHERIT ANYONE? YES NO

IF YES, PLEASE EXPLAIN: _____

IS ANYONE LIKELY TO CONTEST YOUR WILL? YES NO

IF YES, PLEASE EXPLAIN: _____

IS ANYONE IN YOUR FAMILY ON GOVERNMENT ASSISTANCE? YES NO

IF YES, PLEASE EXPLAIN: _____

ESTATE DISTRIBUTION. PLEASE INDICATE BELOW HOW YOU WOULD LIKE YOUR ESTATE TO BE DISTRIBUTED.

TO MY SPOUSE. IF MY SPOUSE DOES NOT SURVIVE ME, THEN OUTRIGHT TO MY CHILDREN IN EQUAL SHARES (OR INTO TRUST IF APPROPRIATE).

OTHER: _____

PERSONAL PROPERTY. WOULD YOU OR YOUR SPOUSE LIKE TO LEAVE PERSONAL PROPERTY TO A SPECIFIC BENEFICIARY (I.E. JEWELRY, VEHICLES, FURNITURE)? IF SO PLEASE INDICATE BELOW. THE LIST OF PERSONAL PROPERTY WILL BE A SEPARATE DOCUMENT FROM YOUR WILL.

	ME	MY SPOUSE
PERSONAL PROPERTY	<input type="checkbox"/> YES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO	<input type="checkbox"/> NO

GENERAL BEQUESTS. A GENERAL BEQUEST IS A GIFT OF MONEY FROM YOUR ESTATE. IF YOU DO NOT WANT TO MAKE ANY GENERAL BEQUESTS, PLEASE SKIP THIS SECTION.

\$ AMOUNT	BENEFICIARY
_____	_____
_____	_____
_____	_____

TRUST INFORMATION

TRUST. A TRUST ALLOWS YOU TO TRANSFER PROPERTY TO ANOTHER (THE TRUSTEE), WHO MANAGES THE PROPERTY FOR THE BENEFIT OF SOMEONE ELSE (THE BENEFICIARY).

	MY DESIGNATION	MY SPOUSE'S DESIGNATION
PRIMARY TRUSTEE.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____
ALTERNATE TRUSTEE.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____

TRUST DISTRIBUTION.

AT WHAT AGE WOULD YOU LIKE YOUR BENEFICIAR(IES) TO RECEIVE THE FUNDS FROM THE TRUST? GENERALLY, AGE 21-25 IS SELECTED.

AGE OF DISTRIBUTION: _____

PLEASE DESCRIBE ANY OTHER CONDITIONS DESCRIBING THE DISTRIBUTION OF THE TRUST.

POWER OF ATTORNEY DOCUMENTS

LIVING WILL & MEDICAL POWER OF ATTORNEY.

LIVING WILL. A LIVING WILL EXPRESSES YOUR WISHES REGARDING LIFE-SUSTAINING PROCEDURES IN A SITUATION WHERE YOU HAVE AN INCURABLE OR IRREVERSIBLE CONDITION THAT WILL RESULT EITHER IN DEATH WITHIN A RELATIVELY SHORT PERIOD OF TIME OR A STATE OF PERMANENT UNCONSCIOUSNESS FROM WHICH, TO A REASONABLE DEGREE OF MEDICAL CERTAINTY, THERE CAN BE NO RECOVERY. THE LIVING WILL PROVIDES THAT IF YOU ARE NOT ABLE TO PARTICIPATE IN YOUR OWN HEALTH CARE DECISIONS, IT IS YOUR WISH THAT YOUR ATTENDING PHYSICIAN WITHHOLD OR WITHDRAW LIFE-SUSTAINING PROCEDURES THAT MERELY PROLONG THE DYING PROCESS AND ARE NOT NECESSARY FOR YOUR COMFORT.

MEDICAL POWER OF ATTORNEY. A MEDICAL POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON (YOUR AGENT) TO MAKE MEDICAL DECISIONS ON YOUR BEHALF. THIS POWER EXISTS ONLY WHEN YOU ARE UNABLE, IN THE JUDGMENT OF YOUR ATTENDING PHYSICIAN, TO MAKE THOSE HEALTH CARE DECISIONS ON YOUR OWN.

	MY DESIGNATION	MY SPOUSE'S DESIGNATION
PRIMARY AGENT.	<input type="checkbox"/> MY SPOUSE *IF YOU DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE, PLEASE PROVIDE THE FOLLOWING INFORMATION: LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ ADDRESS: _____ _____ PHONE NUMBER: _____	<input type="checkbox"/> MY SPOUSE *IF YOU DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE, PLEASE PROVIDE THE FOLLOWING INFORMATION: LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ _____ ADDRESS: _____ _____ PHONE NUMBER: _____
ALTERNATE AGENT.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ ADDRESS: _____ _____ PHONE NUMBER: _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ _____ ADDRESS: _____ _____ PHONE NUMBER: _____

ORGAN DONATION. IN THE EVENT MEDICAL PROFESSIONALS DETERMINE YOU MAY BE AN ORGAN DONOR, DO YOU AGREE TO USE LIFE-SUSTAINING PROCEDURES FOR THE SOLE PURPOSE AND TIME PERIOD REQUIRE TO COMPLETE THE ORGAN DONATION?

ME: ___ YES ___ NO

MY SPOUSE: ___ YES ___ NO

WE DO NOT WANT LIVING WILL & MEDICAL POWER OF ATTORNEY DOCUMENTS.

FINANCIAL POWER OF ATTORNEY. A FINANCIAL POWER OF ATTORNEY AUTHORIZES ANOTHER PERSON TO MAKE DECISIONS CONCERNING YOUR FINANCES AND PROPERTY IN THE EVENT YOU BECOME INCAPACITATED AND ARE UNABLE TO MAKE THOSE DECISIONS YOURSELF. PLEASE INDICATE AT THE BOTTOM OF THIS SECTION IF YOU DO NOT WANT FINANCIAL POWER OF ATTORNEY DOCUMENTS.

	MY DESIGNATION	MY SPOUSE'S DESIGNATION
PRIMARY AGENT.	<input type="checkbox"/> MY SPOUSE *IF YOU DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE, PLEASE PROVIDE THE FOLLOWING INFORMATION: LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ ADDRESS: _____ _____ PHONE NUMBER: _____	<input type="checkbox"/> MY SPOUSE *IF YOU DESIGNATE SOMEONE OTHER THAN YOUR SPOUSE, PLEASE PROVIDE THE FOLLOWING INFORMATION: LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ ADDRESS: _____ _____ PHONE NUMBER: _____
ALTERNATE AGENT.	LEGAL NAME: _____ RELATIONSHIP TO YOU: _____ ADDRESS: _____ _____ PHONE NUMBER: _____	LEGAL NAME: _____ RELATIONSHIP TO YOUR SPOUSE: _____ ADDRESS: _____ _____ PHONE NUMBER: _____

EFFECTIVE DATE. THE POWER OF ATTORNEY CAN EITHER BE EFFECTIVE IMMEDIATELY OR UPON OCCURRENCE OF A FUTURE EVENT. PLEASE INDICATE AN EFFECTIVE TIME BELOW.

MY DESIGNATION	MY SPOUSE'S DESIGNATION	
		I WOULD LIKE MY FINANCIAL POWER OF ATTORNEY TO BE EFFECTIVE IMMEDIATELY. THIS MEANS THAT MY AGENT COULD MAKE FINANCIAL DECISIONS ON MY BEHALF EVEN IF I AM AVAILABLE AND CAPABLE OF MAKING MY OWN FINANCIAL DECISIONS.
		I WOULD LIKE MY FINANCIAL POWER OF ATTORNEY TO BE EFFECTIVE UPON WRITTEN CERTIFICATION BY ONE TREATING PHYSICIAN THAT I AM INCAPACITATED.
		I WOULD LIKE OUR FINANCIAL POWER OF ATTORNEY TO BE EFFECTIVE UPON WRITTEN CERTIFICATION BY TWO TREATING PHYSICIANS THAT I AM INCAPACITATED.

WE DO NOT WANT FINANCIAL POWER OF ATTORNEY DOCUMENTS.