



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

WEB: WWW.SAILERLAW.COM

ESTATE PLANNING INTAKE FORM: SINGLE PERSON WITH NO CHILDREN

DATE OF CONSULTATION: _____

HOW DID YOU HEAR ABOUT US? _____

YOUR GENERAL INFORMATION

FULL LEGAL NAME: _____

RESIDENTIAL ADDRESS: _____

MAILING ADDRESS: _____

COUNTY OF RESIDENCE: _____

DATE OF BIRTH: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

FAMILY INFORMATION

FORMER SPOUSE. HAVE YOU BEEN MARRIED BEFORE? ___ YES ___ NO

IF YES, PLEASE PROVIDE THE FULL LEGAL NAME OF YOUR FORMER SPOUSE AND DATE OF DISSOLUTION: _____

PARENTS. PLEASE LIST THE NAMES AND ADDRESSES OF YOUR BIOLOGICAL OR ADOPTIVE PARENTS.

MOTHER: _____

FATHER: _____

SIBLINGS. PLEASE LIST THE NAMES AND ADDRESSES OF YOUR BIOLOGICAL, ADOPTED, OR STEP-SIBLINGS.

NAME: _____

RELATION TO YOU: _____

ADDRESS: _____

NAME: _____

RELATION TO YOU: _____

ADDRESS: _____

NAME: _____

RELATION TO YOU: _____

ADDRESS: _____

NAME: _____

RELATION TO YOU: _____

ADDRESS: _____

NAME: _____

RELATION TO YOU: _____

ADDRESS: _____

PLEASE USE ADDITIONAL SHEETS IF NEEDED

ESTATE INFORMATION

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. PLEASE DESIGNATE A PRIMARY AND ALTERNATE EXECUTOR.

PRIMARY EXECUTOR.

LEGAL NAME: _____

RELATIONSHIP TO YOU: _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE EXECUTOR.

LEGAL NAME: _____

RELATIONSHIP TO YOU: _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____

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

DO YOU WANT TO 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: _____

PLEASE LIST OTHER RELEVANT CONCERNS: _____

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

YES NO

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

- TO MY PARENTS IN EQUAL SHARES
- TO MY SIBLINGS IN EQUAL SHARES
- TO MY PARENTS AND SIBLINGS IN EQUAL SHARES

PLEASE INDICATE IF YOU WOULD LIKE YOUR PROPERTY HELD IN TRUST

OTHER: _____

GENERAL BEQUESTS. A GENERAL BEQUEST IS A GIFT OF MONEY FROM YOUR ESTATE.

\$ AMOUNT	BENEFICIARY
_____	_____
_____	_____
_____	_____
_____	_____

I DO NOT WISH TO MAKE ANY GENERAL BEQUESTS.

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.

PRIMARY AGENT.

LEGAL NAME: _____

RELATIONSHIP TO YOU: _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE AGENT.

LEGAL NAME: _____

RELATIONSHIP TO YOU: _____

RESIDENTIAL 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?

YES NO

I 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 DESIGNATE A PRIMARY AND ALTERNATE AGENT. PLEASE INDICATE AT THE BOTTOM OF THIS SECTION IF YOU DO NOT WANT FINANCIAL POWER OF ATTORNEY DOCUMENTS.

PRIMARY AGENT.

LEGAL NAME: _____

RELATIONSHIP TO YOU: _____

RESIDENTIAL ADDRESS: _____

PHONE NUMBER: _____

ALTERNATE AGENT.

LEGAL NAME: _____

RELATIONSHIP TO YOU: _____

RESIDENTIAL 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.

- 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.

I DO NOT WANT FINANCIAL POWER OF ATTORNEY DOCUMENTS.