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National Legal Solutions Center Client Intake Form

BACKGROUND INFORMATION

Date: _____ Your Name: _____
First *Middle* *Last*

Date of Birth: _____ Social Security No: _____

Marital Status: _____
Married / civil union / registered domestic partner / single / divorced /widowed

Home Address: *Street* _____ *City* _____ *State* _____ *Zip* _____

County _____ U.S. Citizen: Yes No

Contact Info: _____
Home (Land line) *Cell* *Email Address*

Spouse or Domestic Partner Name: _____
First *Middle* *Last*

Social Security No: _____ Date of Birth: _____

U.S. Citizen: Yes No

Home address If different than yours: _____

Type of Service:
 Trust Package Will Package Restated Amendment Other _____

Comments:

Children *(please indicate if adopted)*:

Name	Date of Birth	This Marriage, Prior Marriage? If Prior then who's? Adopted?

Deceased Children? Yes No

Additional Beneficiary

Name	Relationship

Disinherited persons (indicate relationship to you) _____

Special Family Considerations: For example: alimony/child support obligations, other family obligations (such as aging parents or adult children/siblings w/ special needs, personal or spousal health problems, financial management concerns, etc.

INFORMATION REGARDING YOUR PLAN:

Name of your Plan _____
(e.g. Jane and John Doe Family Trust)

Is Spouse first to administer the estate? Yes No

List Successor Trustees/Executors. Co-Agents? Yes No
(If not co-agents, indicate order by numbering).

Will there be Distribution at the first spouse's death? Yes, Who's _____ No
(leave blank if either)

If Yes, what should be distributed? To whom (beneficiary(ies))?:

In General, how would you like your estate split among your beneficiaries, i.e. evenly distributed?:

At what age can beneficiaries receive money? _____ Do you want all assets held in trust until that age?

Yes No, when? _____

Special instructions, e.g. finish college, medical/drug treatment, start a business, getting married?

Do you want someone other than the parents to administer the inheritance of a minor beneficiary? Who?

Any beneficiary with a disability, special needs? Yes No

Should the surviving spouse have power to control distribution after first death? Yes No

If a beneficiary dies before 2nd spouse's death, do you want the assets to go to that person's issues?

Yes No

Spouse is usually first to handle financial decisions. Is that your wish? Yes No

If yes, do you want immediate or springing power? _____

Name of the person(s) other than the surviving spouse to handle financial affairs. Indicate if springing:

Do you or your spouse have a Retirement Account? Yes _____ No

Spouse is usually first to handle medical decisions. Is that your wish? Yes No

If yes, do you want immediate or springing power? _____

Name of the person(s) other than the surviving spouse to handle medical decisions. Indicate if springing:

Comfort Care Only: If I have a terminal condition, I do not want my life to be prolonged nor do I want life-sustaining treatment, beyond comfort care, that would only serve to artificially delay the moment of my death. (Note: "Comfort Care" means treatment in an attempt to protect and enhance the quality of life without artificially prolonging life.)

Do you want this language in your living will? Yes No _____
e.g. blank

Burial instructions: _____
If blank, skip to next section

Client, At my death I wish to be: Cremated Buried

Spouse, At my death I wish to be: Cremated Buried

Indicate preferences for anatomical donations: _____
e.g. none, all organs, eyes, heart

Note:

1. Please furnish copies of any prior wills, trusts, living wills, financial powers of attorney, health-care powers of attorney previously executed by you, your spouse or partner.

2. If you are divorced and paying spousal and/or child support, please supply copies of court decrees, agreements, etc.

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