

Estate Planning *Intake*

Completing this organizer helps us design a plan that meets your goals. All information is strictly confidential. Please complete as fully as you can and return it at least 3 days before your session. Don't worry if you can't answer everything — we'll fill gaps together.

I. Personal Information

FULL LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

ALSO KNOWN AS (OTHER NAMES ON TITLE/ACCOUNTS)

U.S. CITIZEN?

HOME ADDRESS

CITY / STATE / ZIP

COUNTY

PHONE

EMAIL

OCCUPATION / EMPLOYER

MARITAL STATUS

☐ Single

☐ Married

☐ Partnered

☐ Divorced

☐ Widowed

I-b. Spouse / Partner (if applicable)

FULL LEGAL NAME

PREFERRED NAME

DATE OF BIRTH

U.S. CITIZEN?

OCCUPATION / EMPLOYER

DATE OF MARRIAGE

II. Children & Family Members

List all children (including from prior relationships) and anyone dependent on you. Use full legal names.

FULL LEGAL NAME	DATE OF BIRTH	RELATIONSHIP	NOTES (SPECIAL NEEDS, FROM PRIOR MARRIAGE, ETC.)

III. Your Goals & Concerns

Rate each: H = High concern · S = Some · L = Low · N/A = Not applicable

CONCERN	H	S	L	N/A
Get my affairs in order with a comprehensive plan for death or disability				
Provide for and protect my children / grandchildren				
Plan for the transfer and survival of my business				
Avoid probate				
Keep my affairs private from the public / competitors				
Avoid a court-appointed guardian if I become incapacitated				
Protect assets from lawsuits or creditors				
Protect a child's inheritance (from divorce, creditors, immaturity)				
Plan for a child or dependent with special needs				
Provide for charities at my death				
Reduce or avoid estate taxes				
Ensure my medical wishes are honored if I can't speak for myself				

OTHER GOALS OR CONCERNS

IV. Business & Intellectual Property

Complete if you own all or part of a business, practice, or significant intellectual property. This is often the most valuable — and most overlooked — part of an estate.

BUSINESS / ENTITY NAME

ENTITY TYPE (LLC, S-CORP, ETC.)

STATE FORMED

YOUR OWNERSHIP %

OTHER OWNERS / PARTNERS

APPROX. BUSINESS VALUE

IS THERE AN OPERATING AGREEMENT / BUY-SELL AGREEMENT?
☐ Yes ☐ No ☐ Unsure

DOES IT ADDRESS WHAT HAPPENS TO YOUR INTEREST AT DEATH/DISABILITY?
☐ Yes ☐ No ☐ Unsure

WHO WOULD RUN OR TAKE OVER THE BUSINESS IF YOU COULDN'T?

TRADEMARKS, COPYRIGHTS, OR OTHER IP YOU OWN (BRAND NAMES, COURSES, CONTENT, PATENTS)

V. Assets & Property

Approximate values are fine. Ownership: I = your name only · J = joint with spouse · JTO = joint with other · ? = unsure

REAL ESTATE (ADDRESS / DESCRIPTION)	OWNER	MARKET VALUE	LOAN BALANCE

FINANCIAL ACCOUNTS (BANK, INVESTMENT, RETIREMENT — INSTITUTION)	OWNER	TYPE	APPROX. VALUE

LIFE INSURANCE / ANNUITIES (COMPANY)	OWNER	DEATH BENEFIT	BENEFICIARY

OTHER SIGNIFICANT ASSETS (VEHICLES, VALUABLES, COLLECTIONS, CRYPTO, OTHER BUSINESS INTERESTS)

ESTIMATED TOTAL ESTATE VALUE

VI. The People You Trust

Who would you want in these roles? List a first choice and an alternate where you can. We'll discuss all of this together.

ROLE	FIRST CHOICE (NAME & RELATIONSHIP)	ALTERNATE
Executor / Trustee manages your estate/trust		
Financial Power of Attorney handles finances if you can't		
Health Care Agent makes medical decisions		
Guardian for Minor Children if applicable		

HOW WOULD YOU LIKE YOUR ESTATE DISTRIBUTED? (WHO RECEIVES WHAT, IN PLAIN TERMS)

ANYTHING ELSE WE SHOULD KNOW — CONCERNS, FAMILY DYNAMICS, SPECIAL WISHES?

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