

Christopher L. Miller, Esq., L.L.C.  
330 East Coffee Street  
Greenville, S.C. 29601  
Telephone (864)-335-4891  
Fax (864)-551-2552  
clmiller@christophermillerlaw.com  
www.christophermillerlaw.com

**ESTATE PLANNING INTAKE SHEET**

Client: \_\_\_\_\_

1. Name of Husband: \_\_\_\_\_
2. Name of Wife: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Telephone (Home): \_\_\_\_\_ (Business) \_\_\_\_\_  
(Fax): \_\_\_\_\_ (Cellphone) \_\_\_\_\_
5. Date of Birth: (H) \_\_\_\_\_ (W) \_\_\_\_\_
6. Date of Marriage: \_\_\_\_\_
7. Social Security No: (H) \_\_\_\_\_ (W) \_\_\_\_\_
8. Present Occupation: (H) \_\_\_\_\_ (W) \_\_\_\_\_
9. Husband's Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Employer's Telephone: (Tel): \_\_\_\_\_ (Fax): \_\_\_\_\_  
(Cell phone): \_\_\_\_\_

10. Wife's Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone: (Tel): \_\_\_\_\_ (Fax): \_\_\_\_\_

(Cell phone): \_\_\_\_\_

11. Children, if any of this marriage:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Children, if any, of prior marriage:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12a. Adopted Children:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>	<u>PLACE OF ADOPTION</u>	<u>COURT</u>	<u>INDEX #</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12b. Non-marital children:

<u>NAME</u>	<u>ADDRESS</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

12c. "Frozen" sperm or embryos:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>FILE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHERE ARE OWNERSHIP PAPERS?: \_\_\_\_\_  
\_\_\_\_\_

13. Prior Marriages, if any:

A. Husband: \_\_\_\_\_

Date of Divorce and Place of: \_\_\_\_\_

OR

Date of Death and Place of: \_\_\_\_\_

B. Wife: \_\_\_\_\_

Date of Divorce and Place of: \_\_\_\_\_

OR

Date of Death and Place of: \_\_\_\_\_

14. Spouses of Children:

<u>NAME OF CHILD</u>	<u>NAME OF SPOUSE</u>
_____	_____
_____	_____
_____	_____
_____	_____

15. Deceased Children, if any:

<u>NAME</u>	<u>DATE AND PLACE OF DEATH</u>
_____	_____
_____	_____
_____	_____

16. Grandchildren:

<u>NAME OF GRANDCHILD:</u>	<u>DATE OF BIRTH:</u>	<u>NAME OF PARENT:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Living Parents of:

<u>Husband:</u>	<u>Wife:</u>
_____	_____
_____	_____
_____	_____

18. Brothers and Sisters:

Husband:

Wife:

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18b. Is any relative incompetent, incapacitated, disabled, or institutionalized?

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19. Location of safe deposit box, if any:

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20. Have you or your wife made gifts of over \$1000 to each other, your children or others? Yes ( ) No ( )

If so recite year, amount, donee: \_\_\_\_\_

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21. Does Husband or Wife:

a. Expect to inherit something from parents or others? Yes ( ) No ( )

b. Expect to receive benefits from a qualified retirement plan? Yes ( ) No ( )

c. Have powers of appointment?  
(to be explained by attorney) Yes ( ) No ( )

d. Expect to receive gifts from parents or others? Yes ( ) No ( )

e. Have beneficial interests in trusts Yes ( ) No ( )

f. Have interest in buy-sell Agreement? Yes ( ) No ( )

22. Any Marriage Agreements:

Prior to Marriage?

Yes ( ) No ( )

After Marriage?

Yes ( ) No ( )

22a.

Any Separation Agreements?

PARTIES

DATE

PLACE OF LEGAL DIVORCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARTIES

DATE

PLACE OF LEGAL DIVORCE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22b. Any pre-nuptial agreement or opting-out agreement?

\_\_\_\_\_

23. Executor of Will:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

24. Trustee, if any:

First Choice: \_\_\_\_\_

Successor: \_\_\_\_\_

Second Successor: \_\_\_\_\_



27. Names and addresses of other beneficiaries, if any:

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28. Briefly describe to whom your property should go.

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29. Present Income: Husband \$ \_\_\_\_\_ Wife \$ \_\_\_\_\_

30. List of Property (Give total values and account numbers, provide deeds to real property, if available):

Assets	Husband	Wife	Joint
Principle Residence (less mortgage, if any)	_____	_____	_____
Other Residence (less mortgage, if any)	_____	_____	_____
Other Real Estate	_____	_____	_____
Stocks	_____	_____	_____
Mutual Fund Shares	_____	_____	_____
Bonds	_____	_____	_____
Mortgages	_____	_____	_____
Savings Accounts	_____	_____	_____
Checking Accounts	_____	_____	_____

Stock Options \_\_\_\_\_

Retirement Benefits  
(Describe Below) \_\_\_\_\_

Business Interests \_\_\_\_\_

Personal Effects \_\_\_\_\_

Husband

Wife

Joint

Interest in Trusts  
Or Estates \_\_\_\_\_

Expectances \_\_\_\_\_

Miscellaneous: (Explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Totals: \_\_\_\_\_

\_\_\_\_\_

Descriptions of  
Retirement Plan \_\_\_\_\_

Liabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Pending Litigation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

32. Have you ever executed a Last Will and Testament? If, yes, on what date, who was the drafter, and who currently has the original? If you are seeking a new Last Will, why do you wish to revoke your prior Will?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

33. Have you ever executed a Power of Attorney or Health Care Proxy? If yes, when did you do so and who was named as your agent therein?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

34. Special Problems or Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

35. FEE QUOTED: \_\_\_\_\_