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## Estate Planning Client Information/Intake Form

### I. FAMILY HISTORY

#### Client/Husband

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

U.S. Citizen?: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Any Children by a  
Previous Marriage? \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

#### Client/Wife

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(if different) \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
(if different)

Date of Birth: \_\_\_\_\_

U.S. Citizen?: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Occupation: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Work Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Any Children by a  
Previous Marriage? \_\_\_\_\_

**Children of This Marriage**

1. Child's Name: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Spouse: \_\_\_\_\_

Child's Spouse: \_\_\_\_\_

Child's Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Child's Name: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Spouse: \_\_\_\_\_

Child's Spouse: \_\_\_\_\_

Child's Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Child's Name: \_\_\_\_\_

6. Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Child's Spouse: \_\_\_\_\_

Child's Spouse: \_\_\_\_\_

Child's Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Children of Any Other Marriage**

**Client/Husband:**

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Client/Wife:**

1. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
2. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
3. Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Clients' Parents/Siblings**

1. Husband

Father: _____	Phone No.: _____
Mother: _____	Phone No.: _____
Sibling(s): _____	Phone No.: _____
_____	_____
_____	_____
_____	_____

2. Wife

Father: _____	Phone No.: _____
Mother: _____	Phone No.: _____
Sibling(s): _____	Phone No.: _____
_____	_____
_____	_____
_____	_____

**Disability**

1. Does a member of your family have a disability? \_\_\_\_\_ If so, who? \_\_\_\_\_
2. Where does he/she live? \_\_\_\_\_
3. Does he/she work? \_\_\_\_\_ If so, where? \_\_\_\_\_
4. How much does he/she earn (monthly)? \_\_\_\_\_

5. Does he/she receive any State or Federal aid? \_\_\_\_\_ If so, sources of aid (monthly):  
SSI\_\_\_\_\_ SSDI\_\_\_\_\_ AHH\_\_\_\_\_ Medicaid \_\_\_\_\_ Medicare\_\_\_\_\_

6. Other sources of aid and amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Does he/she receive services through Community Mental Health or any other agency? \_\_\_\_\_  
If so, indicate the agency or service: \_\_\_\_\_

If you now support your parents or other relatives, or wish to make provisions for them in your estate plan, please provide their names, addresses and phone numbers:

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

## II. ASSETS

**\*\* PLEASE PROVIDE COPIES OF DEEDS, STATEMENTS, BENEFICIARY DESIGNATION FORMS AND POLICIES\*\***

### 1. Real Estate

Address of Property	Name in which the property is held	Fair Market Value	Mortgage Amount

### 2. Stocks, Bonds and other Securities

Description of the Security	Number or Amount of Shares	Name in which securities are held	Fair Market Value	Basis

### 3. Life Insurance Policies

Name of Company	Name of Insured	Name of Beneficiary	Whole or Term	Death Benefit	Cash Value

4. Retirement Plans

(Under “ Type and Company or Location,” please describe the type of retirement plan, such as pension plan, IRA, 401(k), profit sharing plan, etc. Also, indicate the name of the Company sponsoring the plan or the name of the bank or brokerage acting as custodian of your IRA.)

Owner or Participant	Type and Company or Location	Benefit or Value of the Account	Beneficiary

5. Savings and Checking Accounts

Type and Account Number	Name in which account is held	Value of Account	Beneficiary

1. Other Assets- Please describe any other substantial assets, such as vehicles, vintage cars, boats, motorcycles, art, jewelry, coin collections or other collections, monies owed to you, etc. State the approximate fair market value and indicate the owner and location.

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2. Please describe the content, registered owners, and location of any safe deposit boxes. State the approximate value of the contents.

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3. Please describe any substantial assets that are listed on schedules on your homeowner's insurance policies.

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**Miscellaneous**

1. Expected inheritances \_\_\_\_\_

2. List all gifts made by you over \$10,000 in value (date and beneficiary) \_\_\_\_\_

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Any gift tax return filed \_\_\_\_ Y \_\_\_\_ N      Years filed \_\_\_\_\_

3. List significant debts or obligations other than mortgages listed above \_\_\_\_\_

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4. Name and address of your accountant or tax preparer

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**Present Documents (if any)**

A. Will: dated

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B. Trusts:

a. Created by client \_\_\_\_\_

b. Created for client by others \_\_\_\_\_

**III. FIDUCIARIES and GUARDIANS FOR MINORS**

**The following questions presented in Section III and IV are optional at this stage and we will spend some time on these issues at your initial appointment. It is helpful and productive, however, to give some thought to these issues prior to our initial meeting**

**1. Information Necessary for your Will**

**a. Personal Representative of Will and Trustees (of any trust)**

Client/Husband:

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

Client/Wife:

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_



**b. Guardian of Any Minor Children**

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**c. Trustee to administer any Children's Trust**

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

2. Are you interested in a Living Will to grant a patient advocate permission to make life-sustaining decisions if you are unable?

a. Patient Advocate and Successor Patient Advocate For Patient Advocate Designation

Client/Husband:

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

Name and address of your primary physician and hospital:

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

Client/Wife:

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

Name and address of your primary physician and hospital:

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

**3. Are you interested in preparing a Durable Power of Attorney to allow for the handling of your financial affairs during any disability?**

**a. Attorney-In Fact and Successor Attorney-In Fact**

Client/Husband:

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

Client/Wife:

**First Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Second Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**Third Choice:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (H) \_\_\_\_\_ (O) \_\_\_\_\_

**IV: BENEFICIARIES**

Please list the names and addresses of those who are to be the primary beneficiaries of your estate.

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Please provide the name, address and relationship of those to whom you would leave your estate (final takers or alternative takers) in case all of your primary beneficiaries predecease you.

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If you wish to make any charitable or other special gifts, please indicate the charity and the amount you wish to donate.

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**DOCUMENTATION FOR ESTATE PLAN ANALYSIS**

**Please bring the following with you when you come to our office for your appointment**

1. Copies of Last Wills and Testaments, Revocable Trust Agreements, Durable Powers of Attorney for Health Care and General Durable Powers of Attorneys for Finances and/or any additional estate planning documentation which may currently be in effect.
2. Copies of deeds for all real estate holdings wherever situated.
3. Copies of Partnership Agreements and Operating Agreements for any partnerships, limited liability companies or other entities in which the client is a member or other participant.
4. Current personal balance sheet, if available.
5. Copies of life insurance policies and current statements regarding the same.
6. Copies of all beneficiary designation forms for life insurance policies, 401K, retirement plans, etc.