AKIN LAW PLLC

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Standard Trust Package Intake (Single)

GENERAL INFORMATION

Legal Name: _____ Phone Number: _____

Children Full Names	Age

Home address: _____

_____

Do you own, rent, or live in an assisted facility? _____

Do you own any other properties? This should include rental properties, raw land, and any timeshare ownership interests.

Address	Current Market Value (Estimated)	Mortgage Balance

ASSETS AND PROPERTY

List all assets you would like to include in your estate planning, including bank accounts, retirement accounts (IRA, 401k, etc.), stocks/bonds, and insurance.

Financial Institution	Account # (*last four only*)	Account Type	Sole or Joint? (If joint, with whom)

Distribution of Assets:

Are any of your named beneficiaries minors? If so, please name: _____

Are any of your named beneficiaries a paid caregiver? _____

Are any of your named beneficiaries on SSI or Medicaid? If so, please name: _____

TRUST NAME AND SUCCESSOR TRUSTEES

(complete only if you retained for a Trust)

Name of Trust will default to "Last_Name Revocable Living Trust." Do you have a preference for another name? If so, please write it below:

_____

Primary Successor Trustee:

Full Name: _____

Secondary Successor Trustee:

Full Name: _____

NOMINATION OF GUARDIANSHIP

(complete only if you retained for a Nomination of Guardianship)

Primary Guardian:

Full Name: _____

Phone: _____

Address: _____

_____

Secondary Guardian:

Full Name: _____

Phone: _____

Address: _____

_____

LAST WILL AND TESTAMENT

Wishes on remains: ☐ Cremation ☐ Burial

(Check one) ☐ Other (please specify): _____

If you have any prepaid accounts or arrangements, please provide company name and account number if you would like us to include this information:

_____

Executors:

Executors of your Will are responsible for administering your estate. Please identify a primary and secondary representative you trust to act on your behalf.

Primary Executor:

Full Name: _____

Relationship to you: _____

Secondary Executor:

Full Name: _____

Relationship to you: _____

FINANCIAL POWER OF ATTORNEY

Primary Agent:

Full Name: _____

Phone: _____

Address: _____

_____

Secondary Agent:

Full Name: _____

Phone: _____

Address: _____

_____

HEALTHCARE POWER OF ATTORNEY

Primary Agent:

Full Name: _____

Phone: _____

Address: _____

_____

Secondary Agent:

Full Name: _____

Phone: _____

Address: _____

_____