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ESTATE PLANNING INTAKE SHEET

Complete name spelling, phone numbers, middle initials etc...

Name(s): _____

Address: _____

Best telephone number: _____

email address: _____

- CHILDREN: 1. _____
(Names, DOB,
Addresses, Tel
2. _____
3. _____
4. _____
5. _____
6. _____

Items to Be Brought or Emailed to Office (if applicable and available):

1. Wills and codicils,
2. Trusts,
3. Real estate deeds or recent real estate tax bill,
4. Powers of attorney,
5. Documents related to guardianships, conservatorships,
6. Gift tax returns,
7. Living will/Power of attorney for health care, and
8. Insurance policies,
9. Records of retirement pensions or other benefits,
10. Partnership agreements,
11. Corporate documents,
12. Admission agreements with nursing homes, etc.,
13. Bank accounts, passbooks, CD's etc.,
14. Brokerage statements,
15. Divorce decrees,
16. Prenuptial or postnuptial agreements, and
17. Business agreements.

ASSET INFORMATION

BANK ACCOUNTS: OWNER: _____

1. _____ Account No: _____

2. _____ Account No: _____

3. _____ Account No: _____

STOCK ACCOUNTS: OWNER: _____

1. _____ Account No: _____

2. _____ Account No: _____

3. _____ Account No: _____

PENSIONS/IRA's: OWNER: _____

1. _____ Account No: _____

2. _____ Account No: _____

3. _____ Account No: _____

LIFE INSURANCE:

1. _____ Policy No: _____

2. _____ Policy No: _____

3. _____ Policy No: _____

MORTGAGES

1. _____ Account No: _____

2. _____ Account No: _____

3. _____ Account No: _____

PERSONAL ASSETS:

1. _____

2. _____

3. _____

PROPOSED ESTATE PLAN

I. TRUST: (type _____)

Trustee: _____

Successor: _____

II. WILL: (type _____)

Personal Rep _____

address _____

Successor _____

address _____

Guardian _____

Successor _____

III. DURABLE POWER OF ATTORNEY:

Attorney: _____

Address: _____

Successor: _____

Address: _____

IV. HEALTH CARE PROXIES:

Agent: _____

Address/Tel: _____

Alternate: _____

Address/Tel: _____

V. DEED:

1. To: _____

Property Location: _____

Deed Reference: _____

VI. HOMESTEAD:

Regular: _____ Elder: _____

Declarant: _____ Address: _____