

Wills or Elder Law Intake Sheet

Name: _____ Date: _____
Address & E-Mail address: _____
Phone Number: Home- _____ Cell phone- _____
Work- _____ Other- _____
Date _____ of _____ Birth: _____ Social _____ Security
Number: _____
Are you married? _____ Name of Spouse: _____
Date of Birth: _____ Social Security Number: _____
Do you wish to be buried or cremated? _____ Special
instructions: _____
Do you have a living will? _____ Do you have a healthcare
surrogate? _____
Do you have a power of attorney? _____
Whom do you wish to administer your estate (Please provide name and
address)? _____

Whom do you wish to be the alternate (Please provide name and address)? _____

Whom do you wish to make medical decisions for you if you are unable?(Please provide name,
address and social security number) _____

Describe property and
value: General: _____
Real Estate: _____
Personal (jewelry, furniture, antiques, etc.): _____
Bank Accounts: _____
Stocks/Bonds: _____
Life Insurance: _____
Your income: Social Security: _____ Retirement/Pension: _____
Heirs/Beneficiaries:
Name Birthdate Relationship to you

