Syndicate Subscription Legal Plans

ESTATE PLANNING
CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. A well-designed estate plan protects your family, your property, and your wishes. This questionnaire helps us understand your family, assets, and goals so your will, trust, and related documents fit your situation. Estimates are fine. If a question does not apply, write "N/A." If unknown, write "Unknown." Account numbers: last 4 digits only.

NAME OF THE CLIENT(s):

[__] Client 1: _____

[__] Client 2 (spouse / partner, if planning together): _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Syndicate Plan Member ID: _____ Plan Start Date: _____

Preferred method of contact:

[__] Phone [__] Text [__] Email

PART 1 — SERVICES NEEDED

1.1 Check all that apply:

[__] Last will & testament
[__] Joint living trust (couple)
[__] Durable power of attorney (finances)
[__] HIPAA authorization
[__] Special needs trust
[__] Transfer on death deed
[__] Update / amend an existing plan
[__] Asset protection trust *
[__] Storage of original will
[__] Revocable living trust (single)
[__] Pour-over will
[__] Advance health care directive
[__] Guardian nomination for minor children
[__] Pet trust
[__] Deed transferring property into trust
[__] Trust administration or probate → Part 9
[__] Estate or gift tax return preparation

** For domestic or offshore asset protection trusts, please also complete our Asset Protection Trust Intake Form.*

1.2 What are your most important goals for your estate plan? _____

_____

_____

PART 2 — YOU & YOUR FAMILY

2A Client 1:

Full Legal Name: _____ Date of Birth: _____

Other names used: _____ Occupation: _____

Phone: _____ Email: _____

Citizenship: _____

2B Client 2 (spouse / partner):

Full Legal Name: _____ Date of Birth: _____

Other names used: _____ Occupation: _____

Phone: _____ Email: _____

Citizenship: _____

2.1 Marital status:

[__] Single [__] Married [__] Registered domestic partners

[__] Divorced [__] Widowed [__] Separated

Date and state of marriage / registration: _____

2.2 Has either client been previously married? [__] Yes [__] No

2.3 Is there a prenuptial or postnuptial agreement? [__] Yes [__] No

2.4 Children (living and deceased, including from prior relationships):

Name	Date of Birth	Child Of (1, 2, Both)	Married?	Special Needs / Concerns?

2.5 Number of grandchildren: _____ Deceased children with descendants? _____

2.6 Does anyone else depend on you financially (parent, relative, stepchild)? [__] Yes [__] No

If yes, explain: _____

_____

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PART 3 — YOUR ASSETS

Include everything owned by either client, individually or jointly. For accounts with beneficiary designations (retirement, life insurance, TOD/POD), note who is named.

Asset Type	Owner / Title	Est. Value $	Beneficiary?
Primary residence			
Other real estate (rental, vacation, land)			
Real estate in another state			
Bank accounts			
Brokerage / investment accounts			
Retirement accounts (401k, IRA, pension)			
Life insurance (death benefit)			
Annuities			
Business interests			
Vehicles / boats			
Cryptocurrency / digital assets			
Collectibles / jewelry / art			
Money owed to you			

3.1 Approximate total estate value: $ _____ Total debts: $ _____

3.2 Do you expect a significant inheritance or windfall? [__] Yes [__] No

Federal estate tax applies only to larger estates, and the exemption amount changes over time. Some states also have estate or inheritance taxes.

PART 4 — PEOPLE YOU TRUST (FIDUCIARIES)

Role	1st Choice (name, relationship)	Alternate (name, relationship)
Executor (will)		
Successor trustee (trust)		
Guardian of minor children		
Financial agent (power of attorney)		
Health care agent		

4.1 Have these people agreed to serve? [__] Yes [__] No

4.2 Is there anyone who should NEVER serve in any of these roles? [__] Yes [__] No

If yes, explain: _____

_____

PART 5 — WHO RECEIVES YOUR ESTATE

5.1 General plan:

[__] Spouse / partner, then children
[__] Children equally
[__] Unequal shares (explain below)
[__] Includes grandchildren / others
[__] Includes charities
[__] Not sure — need advice

5.2 Explain your distribution wishes: _____

_____

_____

5.3 Specific Gifts (particular items, amounts, or property to particular people):

Item / Amount	Recipient	Relationship	If Recipient Dies First

5.4 For young beneficiaries, distribute:

[__] Outright at death
[__] Held in trust until a set age
[__] Staggered (e.g., 1/3 at 25, 30, 35)
[__] Trustee discretion for life

Ages for distribution: _____

5.5 Do you want to leave nothing (disinherit) to a child or other relative? [__] Yes [__] No

If yes — who (reason optional): _____

5.6 If all named beneficiaries die before you, who should inherit? _____

5.7 Pets and who should care for them: _____

PART 6 — SPECIAL SITUATIONS

6.1 Check any that apply:

[__] Blended family / children from prior marriage
[__] Beneficiary with a disability or on government benefits
[__] Beneficiary with addiction or spending problems
[__] Beneficiary going through divorce or with creditors
[__] Minor children
[__] Business succession planning
[__] Taxable estate / tax planning
[__] Property in multiple states
[__] Planning for long-term care costs
[__] Family conflict expected

6.2 Describe any concerns: _____

_____

A beneficiary receiving needs-based government benefits may lose eligibility if they inherit directly. A special needs trust can prevent this.

PART 7 — HEALTH CARE & END-OF-LIFE WISHES

7.1 Final disposition:

[__] Burial [__] Cremation [__] Donation to science [__] No preference

7.2 Do you wish to be an organ donor? [__] Yes [__] No

7.3 Funeral, religious, or memorial wishes: _____

_____

For detailed health care instructions, please also complete our Advance Health Care Directive Intake Form.

PART 8 — EXISTING DOCUMENTS, SIGNING & STORAGE

8.1 Existing documents:

[__] Will [__] Trust [__] Power of attorney

[__] Health care directive [__] None

Date signed and who prepared them: _____

8.2 Can all clients sign in person before a notary and witnesses? [__] Yes [__] No

Wills and trusts must be signed and witnessed exactly as state law requires. Witnesses should not be beneficiaries. We will also meet with each client privately to confirm their wishes, which helps protect the plan from later challenges.

8.3 Would you like Syndicate to store your original will in a fire-proof safe? [__] Yes [__] No

PART 9 — TRUST ADMINISTRATION / PROBATE (IF A LOVED ONE DIED)

9.1 Name of person who died: _____ Date of death: _____

County and state of residence at death: _____

9.2 Documents left:

[__] Living trust [__] Will only [__] No will or trust [__] Not sure

9.3 Your role (trustee, executor, beneficiary, family member): _____

9.4 Estimated value of assets: $ _____

Did the person own real estate? [__] Yes [__] No

9.5 Are there debts, creditors, or taxes owed by the estate? [__] Yes [__] No

If yes, explain: _____

_____

9.6 Are any beneficiaries disputing the will, trust, or administration? [__] Yes [__] No

If yes, explain: _____

_____

PART 10 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Existing wills / trusts / amendments

[__] Deeds to real estate

[__] Retirement / life insurance beneficiary forms

[__] Prenuptial / postnuptial agreement

[__] Death certificate (if administration)

[__] Powers of attorney / health care directives

[__] Recent account statements

[__] Business entity documents

[__] Divorce judgment(s)

[__] Recent tax returns

Certification:

I/We declare that the information provided in this questionnaire is true, correct, and complete to the best of my/our knowledge, and that it reflects my/our own wishes. I/We understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of preparing my/our estate plan.

Signed and dated this ____ day of _____, 20___

Signature (Client 1): _____

Print Name: _____

Signature (Client 2): _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.