SUNSPOT
MEDIA & BUSINESS LAW

Estate Planning Intake

Wills, trusts, powers of attorney, and advance healthcare directives

CLIENT 1 INFORMATION

First Name | Middle Name | Last Name

Preferred Name | Date of Birth | Social Security No.

Gender | Marital Status | U.S. Citizen?

Street Address | City / State / Zip

Mobile Phone | Email Address | Occupation

CLIENT 2 / SPOUSE OR PARTNER

First Name | Middle Name | Last Name

Date of Birth | Social Security No. | U.S. Citizen?

Mobile Phone | Email Address | Occupation

Date of Marriage | Prior Marriages (either spouse)?

CHILDREN & FAMILY

List all children (including from prior relationships) and note if any are minors or have special needs.

Children – name, date of birth, parent(s), minor?, special needs?

Do you have any deceased children with living descendants? ☐ Yes ☐ No

Do you have any dependents other than your children? ☐ Yes ☐ No

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Other dependents / important family circumstances

ASSETS OVERVIEW

Approximate values are fine — this helps us understand the size and shape of your estate.

Primary Residence – Value

Mortgage Balance

How Titled

Other Real Estate – Value

Location(s)

Bank / Cash Accounts

Investment / Brokerage

Retirement (401k/IRA)

Life Insurance – Death Benefit

Carrier

Beneficiary

Business Interests – Value

Vehicles / Personal Property

Estimated Total Estate Value

Digital Assets (crypto, accounts)

Do you own real estate or assets outside New Mexico? ☐ Yes ☐ No

Liabilities / debts (mortgages, loans, obligations)

EXISTING DOCUMENTS

Do you have an existing Will? ☐ Yes ☐ No

Do you have an existing Trust? ☐ Yes ☐ No

Do you have a financial Power of Attorney? ☐ Yes ☐ No

Do you have an Advance Healthcare Directive / Living Will? ☐ Yes ☐ No

Are your beneficiary designations current? ☐ Yes ☐ No

Date of Most Recent Estate Documents

Prepared By

PLANNING GOALS – DOCUMENTS DESIRED

Documents you are interested in (check all that apply)

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- ☐ Last Will & Testament
- ☐ Revocable Living Trust
- ☐ Financial Power of Attorney
- ☐ Healthcare POA / Directive
- ☐ HIPAA Authorization
- ☐ Guardianship Designation
- ☐ Special Needs Trust
- ☐ Business Succession Plan
- ☐ Irrevocable Trust
- ☐ Other

Your goals and any specific concerns

FIDUCIARY APPOINTMENTS

Executor / Personal Representative

Relationship

Alternate Executor

Relationship

Successor Trustee (if trust)

Relationship

Guardian for Minor Children

Alternate Guardian

Agent – Financial POA

Agent – Healthcare

DISTRIBUTION WISHES & SPECIAL CONCERNS

Specific gifts / bequests (property, amounts, to whom)

Charitable gifts

How you want your estate distributed

Special concerns (check all that apply)

- ☐ Blended family
- ☐ Special needs beneficiary
- ☐ Estate tax planning

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- ☐ Medicaid / long-term care
- ☐ Out-of-state property
- ☐ Someone to disinherit
- ☐ Pet care
- ☐ None

Additional information you want us to know

ACKNOWLEDGMENT

Completing this form does not create an attorney-client relationship. It is used to evaluate a potential matter and is kept confidential.

Client / Representative Signature _____ Date _____

Staff Member Completing Intake _____ Date _____