

RHODES LAW FIRM, PLLC

ESTATE PLANNING - INITIAL CLIENT FORM AND ACKNOWLEDGMENT

APPOINTMENT DATE: _____

PERSONAL INFORMATION

SIGNATURE NAME OF CLIENT: _____

(Name most often used to title property and accounts)

ALSO KNOWN AS: _____

(Other names used to title property and accounts)

PREFER TO BE CALLED: _____ U.S. CITIZEN? Y__N__ BIRTH DATE ____/____/____

ADDRESS: _____

Street #/P.O. *Street Name*

City *County* *State* *Zip*

OCCUPATION: _____ EMPLOYER: _____

EMAIL ADDRESS: _____ ☐ It is okay to communicate with me via email.

HOME PHONE: _____ WORK PHONE: _____

MOBILE PHONE: _____

☐ MARRIED ☐ DIVORCED ☐ WIDOWED ☐ SINGLE

(DATE OF MARRIAGE: _____)

PERSONAL INFORMATION - SPOUSE

SPOUSE'S SIGNATURE NAME: _____

(Name most often used to title property and accounts)

ALSO KNOWN AS: _____

(Other names used to title property and accounts)

PREFER TO BE CALLED: _____ U.S. CITIZEN? Y__N__ BIRTH DATE ____/____/____

OCCUPATION: _____ EMPLOYER: _____

EMAIL ADDRESS: _____ ☐ It is okay to communicate with me via email.

WORK PHONE: _____ MOBILE PHONE: _____

HOW DID YOU HEAR ABOUT US? _____

ACKNOWLEDGMENT OF PAYMENT

Attorney's fees are based primarily upon the time, effort and work product expended on the client's behalf. The fee for your initial consultation will be \$395.00 per hour of the attorney's time, calculated in minimum units of one-tenth (0.1) of an hour. By signing below, making your mark or typing your name, you are acknowledging that you understand the foregoing and that the fee for the initial consultation, and any other services, are due and payable when the service is provided, unless the attorney handling your case provides otherwise in a written representation agreement.

_____ (Name)

_____ (Name)

PERSONAL INFORMATION - CHILDREN

For step-parents, under "Parent" note "H" if only husband is biological/adoptive parent, note "W" if only wife is biological/adoptive parent.

LEGAL NAME

BIRTH DATE

PARENT

PRELIMINARY INFORMATION

(Place an "X" in the box if your answer is "YES." Leave blank if your answer is "NO.")

		Husband	Wife
1.	I have a will, trust, or other estate planning documents. <i>Please furnish copies of these documents.</i>		
2.	I am making payments pursuant to a divorce or property settlement order. <i>Please furnish a copy.</i>		
3.	I am married and have signed a pre- or post-marriage contract. <i>Please furnish a copy.</i>		

		<u>Husband</u>	<u>Wife</u>
4.	I have disabilities, serious health problems, or other special needs. <i>If yes, please describe below.</i>		
5.	One or more of my children or other beneficiaries has disabilities, serious health problems, or other special needs. <i>If yes, please describe below.</i>		
6.	I own a business.		
6.	I own a long-term care (nursing home) insurance policy.		
7.	I own property that is not also owned by my spouse. <i>Please describe below.</i>		
8.	I have filed federal or state gift tax returns. <i>Please furnish copies of these returns.</i>		
9.	I am currently the beneficiary of someone else's trust. <i>If so, please explain below.</i>		

EXPLANATIONS:

YOUR OBJECTIVES FOR YOUR ESTATE PLAN

Please consider these items carefully. What you check will determine the next steps in creating your estate plan. *(Check only the objectives you want to accomplish. If your objectives differ widely from your spouses, please print & complete separate forms.)*

The Basics: I want to...

- ☐ Choose those who will receive my assets when I die.
- ☐ Choose someone to make financial decisions for me if I become incapacitated.
- ☐ Choose someone to make healthcare decisions for me if I become incapacitated.
- ☐ Specify my wishes and instructions about life-sustaining healthcare treatments.
- ☐ Choose a guardian for my underage kids.
- ☐ Avoid my estate being probated when I die or, at least, minimize probate costs.

Asset Protection: I want to...

- ☐ Protect assets for my spouse and I should we require long-term care.
- ☐ Avoid or limit Medicaid claims on my assets if my spouse or I should require long-term care.
- ☐ Minimize taxes during my life (income taxes, capital gains taxes, or estate taxes on inheritances)
- ☐ Minimize or eliminate estate taxes upon my death.

Protecting Beneficiaries: I want to...

- ☐ Provide for a special needs beneficiary without jeopardizing their eligibility for needed services.
- ☐ Protect my estate from litigation claims by disinherited heirs.
- ☐ Protect my children or other beneficiaries from spending their inheritance too quickly.
- ☐ Protecting my children's inheritance from an over-reaching ex-spouse or other relative.

Long-term Family, Business or Charitable Goals: I want to...

- ☐ Support a common family goal through coordinated planning.
- ☐ Provide for the orderly continuation and transfer of a family business.
- ☐ Benefit one or more charitable organizations or activities.
- ☐ Protect myself or my spouse from professional malpractice or other types of creditor claims.

Thank you for completing this form.

After you return it to us, we will send you one or two questionnaires, the answers to which will allow us to focus entirely on your objectives during your consultation with the attorney. We may also send you some information relative to your objectives which we think would be helpful for you to review prior to your appointment.