



Simple Estate Plan Update Intake Sheet

Personal Information:

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Spouses Name: _____

What Estate Planning Documents do you currently have in place (check all that apply):

- Will (Simple) Will (Pour Over) Trust Power of Attorney
 Healthcare Directive Transfer on Death Deed Other: _____

Estate Planning Document(s) needing to be updated (check all that apply):

- Will Power of Attorney Healthcare Directive Trust
 Transfer on Death Deed Other: _____

Please explain the change(s) to be made:

Will: _____

Power of Attorney: _____

Healthcare Directive: _____

Trust: _____

Transfer on Death Deed: _____

Do you have any questions for our attorney regarding your above documents?: _____
