

Welcome to Sippel Law, LLC

Roots to Branches: Comprehensive Planning for Your Family Tree

Please note: This form is extremely important. Your accuracy and completeness in responding will help Sippel Law, LLC provide the most appropriate advice for your unique situation. Please bring this completed packet, including any attachments, to your Complimentary Initial Estate Planning Consultation which is scheduled for:

_____ at _____ AM/PM.

Personal Information Form

This form provides the basis for good planning. Please be especially careful to enter personal data accurately. Complete the form in black or blue ink only. Please do not use pencil.

■ Client Information

Full Legal Name _____
All other names by which you have been known _____
Your name as you sign it on legal documents (please print) _____
Email _____ Birthdate _____ Age _____ Gender Male Female
Home Address _____ City _____
State _____ Zip _____ County: _____
Phone numbers (home, cell, work) _____
Employer _____ Job Title _____
Work Address _____ City _____ State _____
 Married: Date _____ Divorced: Date _____ Widowed: Date _____ Single

■ Decedent Information

Name _____
Residence _____
Date of Death: _____ Place of Death: _____ Age: _____
Cause of Death: _____
Did decedent sign a Will? _____ Original Copy
 Client Retained Sippel Law Retained
Location of Will, if any: _____
Date of Will: _____
Location of Codicil, if any: _____
Date of Codicil: _____

Social Security Number: _____
Was Decedent Ever on Medicaid? (Please Circle One) YES NO



Was Decedent Ever on Medicare? (Please Circle One)

YES

NO

Please Check If Any of The Following Apply:

- Decedent owns rental or other income-producing property.
- Decedent has known creditors.
- Decedent received private care by family or other non-paid worker prior to death.
- Decedent has minor or disabled children.
- Client believes that controversy may arise among family members or other family has already hired attorney.
- Decedent had signed trust of any kind.
- Money may have been withdrawn without decedent's consent prior to death.
- Client or other person served as agent under power of attorney.
- Client or another person served as guardian.
- Estate proceedings have been filed in another state or county.

▪ **Spouse (if married)** Date of Marriage: _____

Full Legal Name _____

All other names by which you have been known _____

Your name as you sign it on legal documents (please print) _____

Email _____ Birthdate _____ Age _____ Gender Male Female

Home Address _____ City _____

State _____ Zip _____ County _____

Phone numbers (home, cell, work) _____

Employer _____ Job Title _____

Work Address _____ City _____ State _____

▪ **Personal Representative(s)**

Personal Representative(s), acting as:

- Sole Agent
- Co-agent
- Co-agent, acting separately
- Successor Agent

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security #: _____

Telephone: _____

Relationship to Decedent: _____

Why should this person be the Personal Representative?

Nomination by the will

Statutory Priority

Alternative Personal Representative(s), acting as:



Sole Agent Co-agent Co-agent, acting separately Successor Agent

Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security #: _____

Telephone: _____

Relationship to Decedent: _____

Why should this person be the Personal Representative?

____ Nomination by the will

____ Statutory Priority

■ Questions for Personal Representatives

1. Has applicant ever been charged with, arrested for or convicted of a felony? _____
If "yes" was answered, please give date and complete details _____

2. Has applicant ever been charged with, arrested for or convicted of any other crimes? _____
If "yes" was answered, please give date and complete details _____

3. Does applicant have any physical disabilities? _____
If "yes" was answered, please explain _____

4. Will any physical disability listed above affect ability to serve as personal representative? _____

5. Has applicant ever been treated for the following?

A. Mental Condition _____

B. Alcohol _____

C. Drugs _____

D. Other _____

Nature of Condition _____

If "yes" was answered to any of the above, please state date, time, location or treatment, and name of physician or professional involved _____

Under penalties or perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.





■ Children

Please list and indicate if any of the children are deceased. For Parents, indicate Single (S), Husband's child only (H), Wife's child only (W), or Joint, child of both spouses (J).

1. Full Legal Name _____ Parent(s) _____
 Male Female Married Single
Birthdate _____ Home Address _____ City _____
State _____ Zip _____
Spouse's Full Name _____ Home Phone () _____
Cell Phone () _____ Email Address _____

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

2. Full Legal Name _____ Parent(s) _____
 Male Female Married Single
Birthdate _____ Home Address _____ City _____
State _____ Zip _____
Spouse's Full Name _____ Home Phone () _____
Cell Phone () _____ Email Address _____

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

3. Full Legal Name _____ Parent(s) _____
 Male Female Married Single
Birthdate _____ Home Address _____ City _____
State _____ Zip _____
Spouse's Full Name _____ Home Phone () _____
Cell Phone () _____ Email Address _____

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

4. Full Legal Name _____ Parent(s) _____
 Male Female Married Single
Birthdate _____ Home Address _____ City _____
State _____ Zip _____
Spouse's Full Name _____ Home Phone () _____
Cell Phone () _____ Email Address _____

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

5. Full Legal Name _____ Parent(s) _____
 Male Female Married Single
Birthdate _____ Home Address _____ City _____
State _____ Zip _____
Spouse's Full Name _____ Home Phone () _____
Cell Phone () _____ Email Address _____

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

**Please attach additional pages if needed.*



■ Grandchildren

Please list and indicate if any of the grandchildren are deceased. For Parents, indicate the corresponding number from the "Children" section.

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased



Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

Full Legal Name _____ Parent(s) _____ Birthdate _____

Male Female Married Single

Relationship to client: Natural born Adopted Stepchild Child born out of wedlock Deceased

**Please attach additional pages if needed.*



■ **Other Family and Friends**

Relatives or friends you may wish to name as a beneficiary, guardian, or agent in some capacity.

Full Legal Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ **Advisors**

Attorney _____ Phone () _____
Accountant _____ Phone () _____
Financial Advisor _____ Phone () _____
Life Insurance Agent _____ Phone () _____
Stock Broker _____ Phone () _____



▪ **Important Family Questions.**

<i>Questions</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a child/grandchild with a learning disability?</i>		
<i>Do any of your children/grandchildren receive governmental support or benefits?</i>		
<i>Do you have adopted children/grandchildren?</i>		
<i>Do any of your children have special educational, medical, or physical needs</i>		
<i>Are any of your children institutionalized?</i>		
<i>Do any of your children struggle with drug addiction or alcoholism?</i>		
<i>Do any of your children struggle with debt problems or bankruptcy?</i>		
<i>Do any of your children have any marital difficulties?</i>		
<i>Are you or your spouse receiving social security, disability, or other governmental benefits?</i>		
<i>Do you provide primary or other major financial support to adult children?</i>		
<i>Have either you or your spouse been divorced?</i>		
<i>Are you making payments pursuant to a divorce or property settlement agreement? If so, please furnish a copy</i>		
<i>Have you or your spouse ever signed a pre- or post-marriage contract? (Please furnish a copy)</i>		
<i>In what states have you lived while married to your current spouse? During what periods of time did you reside there?</i>		
<i>Have you or your spouse ever filed federal or state gift tax returns? (Please furnish a copy)</i>		
<i>Do you or your spouse have long term care insurance?</i>		
<i>Have you or your spouse ever completed any pre-paid funeral arrangements?</i>		
<i>Have you or your spouse ever purchased a time share?</i>		
<i>Do you have a safe deposit box?</i>		
<i>Are you or your spouse a veteran?</i>		
<i>Have you or your spouse completed previous will, trust, or estate planning? (Please furnish a copy)</i>		
<i>Are both you and your spouse United States citizens?</i>		
<i>If you answered "No," are either you or your spouse a resident or nonresident alien?</i>		



■ Financial Data Entry

Do your best to enter the data requested accurately, but don't make this an unpleasant chore. You shouldn't spend more than one hour on the form. Values should be estimated to the nearest \$100 or \$1000. Before starting to enter financial information, look through the whole form first. This will allow you to enter data in the right place. Please specify the ownership using one of the following abbreviations. For property owned by you as a single person, use **(S)**. If you are married and you or your spouse individually own the property, use **(H)** for husband and **(W)** for wife. If you and your spouse jointly own the property, use **(J)**. If you jointly own property with someone other than a spouse, use **(JTO)**. For property owned by a Living Trust, use **(LT)**.

Real Estate. For each tract, provide the following:

- Copy of deed.
- Copy of most recent tax statement.
- Copies of mortgage information (if any).
- Copies of applicable leases affecting the land, including mineral leases.

Personal Property. Provide the following:

Bank and brokerage accounts:

- Copy of monthly statements covering the date of death.
- Copies of all signature cards or "Account Opening" agreements.

Life insurance (in which the Decedent had an ownership interest):

- Copies of policies.
- Copies of beneficiary designations.
- Contact information and ownership designations.

Life insurance (that are payable due to Decedent's death):

- Copies of policies.
- Copies of beneficiary and ownership designations.

Stocks and bonds:

- Copies of all stocks and bonds held by Decedent in certificate form (not in a brokerage account).

Vehicles:

- Copies of all original titles.

Mortgage or Notes:

- Copies of any notes evidencing money owed to the Decedent, along with amortization schedules and documents reflecting security interests (if any).

Miscellaneous:

- Descriptions (and valuations, if any) of all other assets owned by decedent (including collections such as art, coins, stamps, dolls, etc.).

Debts:

- Descriptions of all debts owed by decedent (credit cards, mortgages, etc.).



- Of the property listed above, mark all items that were owned by Decedent prior to marriage or that were received by Decedent during marriage by gift or inheritance.
- Provide Copies of all gift tax returns filed by Decedent or his spouse(s).
- Provide copies of Decedent's personal income tax returns for the last three years.
- Provide copies of any trust agreements in which the Decedent's was the settlor/grantor, trustee or beneficiary.

How did you hear about us? _____

▪ Real Estate

TYPE: Primary Residence (**PR**), Duplex (**D**), Vacation home (**V**), Condominium (**Condo**), Rental (**R** + number of units), Commercial (**C**), Timeshare (**T**). **Fair Market Value**

Address _____ City _____

State _____ Zip _____ County _____

Owner _____ Type _____ Year Purchased _____

Mortgage _____

Joint and Survivorship Yes No Probate Asset Yes No Appraised Yes No

Address _____ City _____

State _____ Zip _____ County _____

Owner _____ Type _____ Year Purchased _____

Mortgage _____

Joint and Survivorship Yes No Probate Asset Yes No Appraised Yes No

Address _____ City _____

State _____ Zip _____ County _____

Owner _____ Type _____ Year Purchased _____

Mortgage _____

Joint and Survivorship Yes No Probate Asset Yes No Appraised Yes No

Address _____ City _____

State _____ Zip _____ County _____

Owner _____ Type _____ Year Purchased _____

Mortgage _____

Joint and Survivorship Yes No Probate Asset Yes No Appraised Yes No



If Yes, provide the following information for each property owned by the Decedent:

1. Copy of last deed.
2. If property is leased, provide copy of current lease agreement and the amount of any unpaid rent as of the decedent's date of death.
3. Last property tax statement.
4. The amount the property was insured for.
5. Indicate if property has any environmental concerns.

Date the Decedent acquired the property. _____

How did the Decedent acquire the property (purchase, gift, inherited, like-kind exchange, etc.) _____

If purchased, provide the amount purchase price. _____.

If the property was acquired by gift, inheritance or by a like-kind exchange, provide the Decedent's tax basis. _____.

■ Estate Information

Estate Checking Account

Bank _____ Account Number _____
EIN _____

■ Taxes

1. Does a tax return need to be filed? Yes No
2. Does an Estate Tax need to be filed? Yes No
3. Does a tax release for a bank account need to be filed? Yes No
If yes, which accounts? _____



■ **Personal Property**

- List cars, boats and motorcycles separately.

Owner _____ Value _____ Serial Number _____ Probate Asset Y N

- Household Goods, Personal Effects and Other Personal Property

Item	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

- **Bank/Credit Union Accounts** (Please mark a next to each account with **Online Access**)
Type: Checking Account (**CA**), Savings Account (**SA**), Money Market (**MM**), Certificate of Deposit (**CD**).

Bank/Credit Union	Type	Owner	POD Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- **Stock Brokerage Accounts** (Please mark a next to each account with **Online Access**)

Brokerage Company	Owner	TOD Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



■ **Mutual Funds (Not Part of Stock Brokerage Accounts)**

(Please mark a next to each account with **Online Access**)

Company Name	Owner	TOD/POD	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ **Certificates for Publicly Traded Stocks & Bonds**

(Please mark a next to each account with **Online Access**)

TYPE: Stock (**S**), Bond (**B**), U.S. Savings Bond (**US**).

Company Name	Type	Owner	TOD/POD	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ **Direct Stock Purchase Accounts**

(Please mark a next to each account with **Online Access**)

Company Name	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ **Limited Partnership Interests**

Partnership Name	% of Shares Owned	Documents	Owner	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



■ **Closely Held Business Interests**

TYPE: Sole Proprietorship (**SP**), General Partnership (**GP**), Limited Partnership (**LP**), Limited Liability Co. (**LLC**), C Corp. (**C**), S Corp. (**S**). (Please supply copy of Buy-Sell agreement.)

Entity Name	Type	% of Ownership or Number of Shares	Documents	Owner
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ **Money Owed to You**

TYPE: Note (**N**), Mortgage (**M**), Land Contract (**LC**), Other (**O**).

Debtor Name	Type	Owner	Documents	Balance Due
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ **Annuities-Commercial** (Please mark a next to each account with **Online Access**)

TYPE: Variable (**V**), Fixed (**F**), Annuitized (**A**).

Annuity Company	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



■ **Life Insurance** (Please mark a next to each account with **Online Access**)

TYPE: Term (**T**), Whole Life (**W**), Variable (**V**), Universal (**U**), Variable Universal (**VU**), Group Term through employer (**GT**), Accidental Death & Disability (**AD&D**).

Insurance Co.	Type	Insured/Owner	Bene?	Cash Value	Death Benefit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

■ **Retirement Benefits Through Employment**

(Please mark a next to each account with **Online Access**)

TYPE: 401(k) (**401**), Profit Sharing (**PS**), Pension (**P**), TSA/403(b) (**403**), 457 (**457**), ESOP (**ESOP**), Other (**O**).

Employer	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



■ **Individual Retirement Accounts**

(Please mark a next to each account with **Online Access**)

TYPE: IRA (**IRA**), SEP IRA (**SEP**), Roth IRA (**ROTH**).

Custodian	Type	Owner	Beneficiary	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

■ **Non-Qualified Employment Benefits**

(Please mark a next to each account with **Online Access**)

TYPE: Incentive Stock Option (**ISO**), Non-Qualified Stock Option (**NQSO**), Deferred Compensation (**DC**), Stock Purchased Through ISO, NQSO or Employee Stock Purchase Plan (**S**).

Employer	Type	Date of Stock Purchase or	No. of Options Stock Shares	Strike Price	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

■ **Miscellaneous Assets**

Oil, gas, mineral interests, and other assets.

Asset Description	Owner	Documents	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ **Safe Deposit Box:** Yes: _____ No: _____

Location: _____



■ **Anticipated Inheritance**

Description	Recipient	Value
_____	_____	_____
_____	_____	_____

■ **Children's Assets** (Please mark a next to each account with **Online Access**)

Asset held by you with or for your children. TYPE: Joint Tenancy (**JT**), Pay on Death to child (**POD**), Uniform Transfer to Minors Act (**UTMA**), U.S. Savings Bond (**US**).

Asset or Account	Type	Which Child	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

■ **Digital Assets (social media, emails, phone, bit coins, etc.)**

Description of Asset/Account	Owner	website/login info shared with my agents/Trustee? (Y or N)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



Is there anyone you are supporting now, or will be in the future, who may affect your financial situation?

Yes No Who? _____

■ **Additional Assets**

If you have more assets to enter than space allows in the previous sections use the space below.

Asset	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

■ **Documents to Ask For:**

1. Last Will & Testament (If one exists) (**Original Needed**)
2. Death Certificate
3. Copies of Any Real Estate Deeds
4. Copies of Any Vehicle Titles
5. Bank Account Statements
6. Insurance Policies
7. Stock Certificates
8. Checks
9. Copy of Paid Funeral Bill
10. Copies of Any Bills



Pension

Joint: _____

Totals: _____

Social Security Income

Joint: _____

Totals: _____

▪ Debts

	Individual Debts	Spouse's Separate Debts	Joint/Community Debts	Joint Debts/Non-Spouse
Mortgages on home, car, etc.				
Signature Loan at Bank				
Medical or other expenses				
Other debts over \$5,000				
Totals				



■ **Additional Information**

If you have more family information to enter than space allows in the previous sections, use the space below.

Do you have any other legal issues which I should be aware of? Yes ___ No ___

Do any of the heirs or beneficiaries have pending lawsuits, judgment liens, bankruptcy, or past due child support or alimony obligations. If yes, please identify beneficiary. _____.

From what sources did you hear about our Law Office? _____.

Referred by: _____.

I hereby represent to Sippel Law, LLC that the information contained in this intake form (including any attached schedules or documentation) is accurate and complete, and I understand that Sippel Law, LLC will rely on this information. I understand If the information contained herein is inaccurate or incomplete, the recommendations made by Sippel Law, LLC may not be appropriate.

Signature of Client Date

Signature of Client Date