

Legal Services Plan Member ONLY
Membership #: _____

For office use ONLY
File # _____
Fee: _____
membership verified by: _____

Hyatt Members ONLY:
Case #s _____
you must have one case # per document type
Hyatt membership # / last 4 SSN of Hyatt member : _____

ESTATE PLANNING OUTLINE/NEW CLIENT INTAKE SHEET

FULL NAME: _____

SPOUSE'S FULL NAME: _____ **Husband** **Wife**

ADDRESS: _____ **COUNTY:** _____

PHONE (W): _____ **(H):** _____ **EMAIL:** _____

FULL NAME(S) OF CHILD(REN): _____
(Include Age & Address, if
different from your address) _____

BURIAL PROVISIONS:
A. Cremation
B. Plot Location _____
C. In accordance with the desires of my heirs
D. Donation of body parts for transplant purposes or science
E. Other: _____

PROPERTY DIVISION:
A. Personal Property to (include city/state if other than spouse/child)
Spouse _____ Children _____ Other: _____

B. Real Property to (include their city/state if other than spouse/child)
Spouse _____ Children _____ Other: _____

C. Special Bequests:
(List description of property, beneficiary's name, and beneficiary's city/state)

GUARDIANS OF MINOR CHILDREN:

- A. Primary guardian(s) (list name and address):

- B. Alternate guardian(s) (list name and address):

TRUST(S):

- A. Beneficiary(ies):

- B. Remains in effect until _____ age

- C. If beneficiary(ies) die before Trust terminates, funds are to go to:

- D. Trustee(s):

- E. Alternate Trustee(s):

EXECUTOR/EXECUTRIX:

- A. Executor/Executrix:

- B. Alternate Executor/Executrix:

OTHER: (Hyatt Legal Plan or Legal Services Plan members, please contact our office to determine if these documents are covered by your plan.)

- A. Health Care Power of Attorney: Yes ____ No ____
List name and address of person: _____
Alternate (optional): _____

- B. Power of Attorney: Yes ____ No ____
List name and address of person: _____
Alternate (optional): _____
Effective now: _____ **OR** Effective only after I become incapacitated/incompetent: _____
Record Document (additional minimal fee applies): Yes ____ No ____

- C. Living Will: Yes ____ No ____