



BROWNHUFFZOHAR

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Date: _____

SPOUSE 1

Full Legal Name: _____ Nickname: _____

Name on Legal Documents: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthdate: _____

US Citizen? Yes No

Mother's Maiden Name: _____

Driver's License Number: _____ State: _____

Employer: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____

SPOUSE 2

Full Legal Name: _____ Nickname: _____

Name on Legal Documents: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthdate: _____

US Citizen? Yes No

Mother's Maiden Name: _____

Driver's License Number: _____ State: _____

Employer: _____ Position: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____

CHILDREN (by Birth or Adoption)

Full Legal Name

Birthdate

Child of:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Husband Wife Joint

Husband Wife Joint

Husband Wife Joint

Husband Wife Joint

Husband Wife Joint

Does your child have special educational, medical or physical needs, or receive governmental benefits? Yes No

DISTRIBUTION

How would you like your estate to be distributed?

If all the above predecease you, who will be the successor thereof? (example: charity, heirs at law, other persons)

TRUSTEE

Who will serve as trustee for your trust? If more than one person serving at once, will they make decisions jointly or independently?

Spouse 1's Responses

Spouse 2's Responses

First Choice:	_____	_____
Second Choice:	_____	_____
Third Choice:	_____	_____
Fourth Choice:	_____	_____

Additional Notes: _____

If creating trust for children, can they ever be co-trustee or sole trustee of their trust? (example: co @ 25, sole @ 30)

GUARIAN FOR MINOR

Who will serve as guardian for your minor children (if any)? If more than one person serving at once, will they make decisions jointly or independently?

Spouse 1's Responses

Spouse 2's Responses

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

PRENEED GUARDIAN

If you were incapacitated for any period of time, who would you choose to have the court appoint to handle your affairs? If more than one person serving at once, will they make decisions jointly or independently?

Spouse 1's Responses

Spouse 2's Responses

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

HEALTHCARE SURROGATE

Who would you choose to make health care decisions for you? If more than one person serving at once, will they make decisions jointly or independently?

Spouse 1's Responses

Spouse 2's Responses

First Choice: _____

Second Choice: _____

Third Choice: _____

Fourth Choice: _____

Additional Notes: _____

POWER OF ATTORNEY

Who would you choose to serve as your Power of Attorney? If more than one person serving at once, will they make decisions jointly or independently?

Spouse 1's Responses

Spouse 2's Responses

First Choice:	_____	_____
Second Choice:	_____	_____
Third Choice:	_____	_____
Fourth Choice:	_____	_____

Additional Notes: _____

OTHER INFORMATION

For all of the individuals listed above as trustee, guardians, and power of attorney, please provide the following:

Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	
Name: _____	Address: _____	Phone: _____
Relationship: _____	_____	

ASSET INFORMATION

The values listed are for discussion purposes only. A more accurate list will be obtained at a later date. You may use the back of the paper to continue a list in each category of asset.

To identify the Owner of an asset, use “JTS” for joint ownership with spouse; “JTO” for joint ownership with non-spouse; “H” for Husband as sole owner; “W” for Wife as sole owner; or “T” if owned by a revocable trust that you have created.

Cash and Cash Equivalents. To identify type of account, use “CA” for checking account; “SA” for savings account; “CD” for certificate of deposit; “MM” for money market account. Do not include IRAs or 401(k)s here.

	Financial Institution	Owner	Market Value	Type of Account
Cash and Cash Equivalents	1.		\$	
	2.		\$	
	3.		\$	
	4.		\$	
	5.		\$	

Stock, Bonds or Investment Accounts. List any and all stocks and bonds you own. If held in a brokerage account, identify the account rather than the assets within the account. Do not include IRAs or 401(k)s.

	Stock, Bond or Investment Acct	Owner	Market Value	Type of Plan
Stocks and Bonds	1.		\$	
	2.		\$	
	3.		\$	
	4.		\$	
	5.		\$	

Retirement Accounts. To identify type of account, use “P” for pension; “PS” for profit sharing; IRA, Roth IRA, SEP, or 1(k).

	Custodial Institution	Owner	Market Value	Type of Plan
Retirement Accounts	1.		\$	
	2.		\$	
	3.		\$	
	4.		\$	
	5.		\$	

Real Estate.

	Description	Owner	Market Value	Debt
Real Estate	1.		\$	
	2.		\$	
	3.		\$	
	4.		\$	
	5.		\$	

Personal Property.

	Description	Owner	Market Value	Debt
Personal Property	1.		\$	
	2.		\$	
	3.		\$	
	4.		\$	
	5.		\$	

Life Insurance Policies and Annuities. List the issuing company. To identify type of contract, use "T" for term insurance, "CV" for insurance policies having a cash value, "A" for annuities.

	Insurance Company	Type	Owner	Insured	Cash Value	Death Benefit
Life Insurance/ Annuities	1.				\$	\$
	2.				\$	\$
	3.				\$	\$
	4.				\$	\$
	5.				\$	\$

Please indicate if you have an "umbrella" insurance policy? Yes No
 If yes, please indicate amount of coverage. \$ _____

Please indicate if you have disability insurance? Yes No

Please indicate if you have a long-term care insurance policy? Yes No

If yes, please indicate benefit amount and period \$ _____ /month for _____ months.

Other Property. List other property that you have that does not fit into any other listed category. This may include an interest in a closely held business, monies owed to you, etc.

	Description	Owner	Market Value
Other Property	1.		\$
	2.		\$
	3.		\$
	4.		\$
	5.		\$

Income. List your income and the sources of that income, to the best of your knowledge.

	Description	Spouse 1	Spouse 2
Sources	1. W-2 Wages	\$	\$
	2. Commissions/Bonuses	\$	\$
	3. Interest/Dividends	\$	\$
	4. Rental Income	\$	\$
	5. Retirement Income and Annuities	\$	\$
	6. Social Security	\$	\$
	7. Other	\$	\$

ADVISORS

Accountant: _____ Phone: _____

Financial Advisor: _____ Phone: _____

Insurance Agent: _____ Phone: _____

Referred to Our Firm By: _____

Name of Spouse 1's Primary Care Physician: _____ Phone: _____

Primary Care Physician's Facsimile Number: _____

Name of Spouse 2's Primary Care Physician: _____ Phone: _____

Primary Care Physician's Facsimile Number: _____

ADDITIONAL DOCUMENTS

General Document Request. In addition to this Intake Form, please provide us copies of the following documents, if they exist:

- Order of dissolution of marriage
- Pre-nuptial or post-nuptial agreement
- Any will or trust agreement
- Any state or federal gift tax return previously filed
- Any trust under which client is a beneficiary or hold any power of appointment
- Any living will, health care power of attorney or general power of attorney
- Deeds and tax statements on all real estate or real estate interests (i.e. oil, gas, mineral or water rights)
- Deeds for cemetery lots
- Most recent statement for all bank accounts
- Most recent statement for all investment/brokerage accounts (mutual funds, stocks, bonds, etc.)
- Most recent statement for all stock accounts (dividend reinvestment, direct registration, book entry, etc.)
- All stock certificates (copy, not original certificates)
- All life insurance policies and most recent periodic statements
- All annuity policy documents and most recent periodic statements

ADDITIONAL NOTES
