



## It's Your Loss Intake Information

### CLIENT INFORMATION:

Name:			
Street Address:			
City, State, Zip:			
Phone Number 1:	( ) -	Type of Phone:	
Phone Number 2:	( ) -	Type of Phone:	

### WILL/TRUST INFORMATION:

If this is a spousal or partner trust it is assumed that the other spouse/partner is the initial Trustee. Note that an acting Trustee by definition has the Power of Attorney over your estate.

Name of Trust:			
Created/Maintained By (e.g. law firm):		Most Recent Version Dated:	/ /
C/M By Contact Info:			
First Successor Trustee Name:			
First Successor Trustee Contact Info:			
Second Successor Trustee Name:			
Second Successor Trustee Contact Info:			
Third Successor Trustee Name:			
Third Successor Trustee Contact Info:			

### BENEFICIARY INFORMATION:

List ALL beneficiaries of your will/trust, regardless of the amount or percentage. This could include children, grandchildren, friends, organizations, etc. If more space is needed, please provide an additional page.

Name 1:		Relationship:	
Best Contact Info:			
Name 2:		Relationship:	
Best Contact Info:			
Name 3:		Relationship:	
Best Contact Info:			
Name 4:		Relationship:	
Best Contact Info:			
Name 5:		Relationship:	



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Best Contact Info:			
Name 6:		Relationship:	
Best Contact Info:			

### HEALTH CARE POWER OF ATTORNEY:

List your Health Care POAs in their order of succession. If this is a spousal or partner trust it is assumed that the other spouse/partner is the initial Health Care POA. If you are a married couple, your Health Care POAs might not be the same person for each individual. For each Health Care POA listed below, please indicate whom they are the POA for.

First HCPOA Successor Name:		HCPOA For:	
First HCPOA Successor Contact Info:			
Second HCPOA Successor Name:		HCPOA For:	
Second HCPOA Successor Contact Info:			
Third HCPOA Successor Name:		HCPOA For:	
Third HCPOA Successor Contact Info:			

One of the purposes of this intake document is to source the Estate Information Summary Letter, which will be presented in the CLEAR UP meeting. In order to facilitate that meeting, please answer the following questions:

Are all the parties listed above aware of their roles? If no, please explain.

Do you anticipate any of the parties listed above to have any difficulties working together? If yes, please explain.