



Confidential Estate Planning Intake

Name:		Spouse:	
DOB & Age:		DOB & Age:	
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Status:	<input type="checkbox"/> Married: Date _____ <input type="checkbox"/> Divorced: _____ <input type="checkbox"/> Widowed: _____ <input type="checkbox"/> Single		
Home Phone			
Cell Phone:		Cell Phone:	
Email:		Email:	
Home Address:			
Occupation:		Occupation:	
Health:	<input type="checkbox"/> Good <input type="checkbox"/> Ok <input type="checkbox"/> Poor <input type="checkbox"/> Bad	Health:	<input type="checkbox"/> Good <input type="checkbox"/> Ok <input type="checkbox"/> Poor <input type="checkbox"/> Bad

1. I already have a Will or Trust

Yes – Last Reviewed _____

No

2. I would like to learn more information about: (check all that apply)

Amazing Discoveries

Wills

Trusts

Charitable Giving

Annuities

Donating a Home or Stock

Income For Retirement

Selling a Home or Stock without having to pay taxes

Please fax the completed form to Amazing Discoveries: 604-856-9428 attention Dagmar Goubej

The information requested in this document will remain confidential, and will only be used to assist an Estate Planning Professional in preparing your plan.