Client Intake Sheet

Kenneth Kirk, PC

Please fill out this sheet electronically and email your completed sheet to info@kirkalaska.com. Step-by-step instructions can be found at the bottom of the document. The information you share helps us provide more personalized support for your initial consultation and will also help us build your estate planning documents.

If you are completing this form for yourself (not jointly with a spouse/partner), complete Client A sections only.

PERSONAL INFORMATION

Client A Full Name ______________________ Age ________

Client B Full Name ______________________ Age ________

Other names used
e.g. maiden name ______________________

CONTACT DETAILS

Mailing Address ______________________
Street address, City, State, Zip code

Email Address ______________________ Phone Number ________

FAMILY DETAILS

Are you legally married?
- ◯ Yes
- ◯ Yes, but I am doing this just for myself
- ◯ No
- ◯ No, but I have a partner and we want to plan together

Children (if applicable):

Name	Address	Age	Legal Child of: *Client A, B, or both*

Do you have any children who have died and left children of their own? ◯ Yes ◯ No

Other people who may be involved in the estate:

Name	Address

Ex-spouses, co-parents, or other people whose names may come up:

Name	Relationship

ASSET DETAILS

Real Estate:

Address	How titled	Mortgage amount & holder	Assessed value

Stocks, bonds, and other investments:

Investment Type	Company/Broker	Value	Name on investment *Client A, B, or both*

IRA, 401(k), 403(b), or other retirement accounts:

Type of Plan	Company	Value (if known)	Name on plan *Client A, B, or both*

Native corporation stock:

Regional Corporation	Village Corporation	Name on stock *Client A, B, or both*

Small business interests:

Name	Type of entity (*Individual, Corp, partnership, etc.)*	% of ownership	Name on interest *Client A, B, or both*

Bank accounts:

Name of bank	Type of account	Average balance

Debts owed <u>to</u> you:

Amount	Owed by	How was this obtained?

Debts owed <u>by</u> you:

Amount	Owed to	Secured on

Life Insurance Policies:

	Policy 1	Policy 2	Policy 3
Insurance carrier			
Person insured			
Amount to be paid on death			
Current cash amount, if any			
Owner of policy			

Beneficiary			

Safe deposit boxes:

Name of bank	Branch	Authorized access	Key location

Other valuable assets:

Type of asset	Location	Estimated value

Step-by-step Instructions to send your completed sheet back:

1. Fill in relevant information on the sheet
2. Save the document to your computer (File → Save As)
3. Open your email
4. Reply to the last email sent to you from our office, or start a new email
5. Attach the file to the email
6. Send the email back to info@kirkalaska.com
7. This information will be discussed during your Initial Consultation

We look forward to meeting you soon!