

**Your Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**How did you hear about us?**

- If you were referred by someone, kindly let us know who so that we could extend our gratitude!
- We would love to know what advertising platforms have been helpful to reaching great potential clients such as yourself! Please tell us how you came across our Firm. Other

**Would you like to sign up for our eNewsletter to learn more about our services and learn our helpful tips?**

- Yes
- No

**What services are you interested in today?**

- Estate Planning
- Probate
- Guardianship
- Business and Transactional

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**Estate Planning Services - Please continue on Page 2**

**ESTATE PLANNING INTAKE:**

Tell us a little bit about yourself and what you are looking for assistance with.

- I have had Estate Planning done previously, and I am looking to update some of the documents in my portfolio.
- I am looking for specific documents related to Estate Planning only (such as a Power of Attorney or Advanced Directive)
- I would like to have my Estate Planning portfolio completed, but not sure where to start and would like some assistance with the options.

**If you are looking for specific Estate Planning documents (only), let us know which document(s) you are interested in.**

- Living Will
- Durable Power of Attorney
- Advanced Directives
- Last Will and Testament
- Revocable Trust
- I don't know, and would like assistance to determine.
- Other (please specify): \_\_\_\_\_

**If you would like to have your Estate Planning Portfolio completed, but are not sure where to start and would like some assistance with the options, we are glad you are here and happy to help! To ensure we provide you with the best service and tailor our services to meet your needs, please take a moment to answer a few questions for us.**

**What are your Estate Planning priorities?**

- I want to document my important health-care and medical decisions to make sure my wishes are followed in the event of a medical emergency or incapacity.
- I want to create a Will leaving my important personal property and financial assets to my chosen beneficiaries in the event of my death.
- I have minor children and want to ensure they are protected in the event of a medical emergency or my incapacity.
- I want to leave property to my relatives, but want to restrict how it is used, the age upon which it can be funded, or assign other rules or requirements.
- I want to avoid probate to make the process as simple as possible for my family.
- I've had a major life change and need to update my previous Estate Planning documents.
- Other (please specify): \_\_\_\_\_

**What is your Marital Status?**

- Married
- Single
- Divorced

**Do you have minor children?**

- Yes  
 No

**Do you have any children or dependents with special needs or disabilities?**

- Yes  
 No

**Is there any other information you would like to share with us, to help us better assist you?**

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2/25/21

PLEASE RETURN COMPLETED FORM TO J. M. LOVE LAW ELECTRONICALLY  
[JACKIE@JMLOVELAW.COM](mailto:JACKIE@JMLOVELAW.COM)