



## CLIENT INTAKE PACKET

### CLIENT 1 INFORMATION

Legal Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  Own  Rent  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City/State of birth: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Estate Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_  
Tax Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_

### CLIENT 2 INFORMATION (if married couple)

Legal Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  Own  Rent  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City/State of birth: \_\_\_\_\_ Mother's maiden name: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### FAMILY/FRIEND INFORMATION

#### ► CHILDREN

Child 1 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N

Child 2 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N

Child 3 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N

Child 4 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N

**OTHER FAMILY/FRIENDS/NEIGHBORS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Heir or beneficiary?  Y  N Relationship: \_\_\_\_\_

**LISTED BENEFICIARIES / HEIRS NOT NAMED ABOVE**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**PETS (PLEASE CONSIDER PROVIDING FOR CARE OF YOUR PETS IN YOUR ESTATE PLAN)**

Name:	Species:	Age:	Breed/Color:

► **FAMILY OR FRIENDS WHO MAY WILLING TO ADOPT OR TEMPORARILY CARE FOR YOUR PET(S) IF NECESSARY:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:** Use Continuation sheet on last page for spouse information

Medical Insurer: \_\_\_\_\_  
Member ID: \_\_\_\_\_ Group ID: \_\_\_\_\_  
Medicare #: \_\_\_\_\_ Medicare Parts:  A  B  D  
Medi-Cal #: \_\_\_\_\_ Rx Ins. Carrier: \_\_\_\_\_  
Dental Ins.: \_\_\_\_\_ Vision Plan: \_\_\_\_\_  
Current Agent under AHCD (Health Care Decisionmaker): \_\_\_\_\_

To remain?  Y  N

Primary Care Phys.: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_

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

Specialist: \_\_\_\_\_ Field of practice: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_

Specialist: \_\_\_\_\_ Field of practice: \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_

Do you have any outstanding medical bills?  Y  N Approx. Amt. Owed.: \$ \_\_\_\_\_

**INSURANCE**

**CARRIER**

**POLICY NO:**

**HOW OFTEN PAID**

Homeowner's: \_\_\_\_\_

Yearly  Monthly

Renter's: \_\_\_\_\_

Yearly  Monthly

Auto: \_\_\_\_\_

Yearly  Monthly

Umbrella: \_\_\_\_\_

Yearly  Monthly

Life: \_\_\_\_\_

Yearly  Monthly

Long-Term Care: \_\_\_\_\_

Yearly  Monthly

**MONTHLY INCOME**

Source	\$ amount	Notes
Pension:		
Social Security:		
SSI:		
VA:		
Pension/Type:		
Rental Income:		
Reverse Mortgage:		
IRA Distributions:		
Other:		

**MONTHLY EXPENSES**

	Payee	Amount	Acct. no / contact ph
Rent:			
Mortgage:			
Landline:			
Cell Phone:			
Gas & Electric:			
Garbage:			
Cable:			
Other Utility:			
Medical Ins. Premium:			
Other Debts:			
Credit Card(s):			

**ASSETS**

► **BANK AND FINANCIAL INFORMATION (BANKS, ANNUITIES, SECURITIES, BONDS, RETIREMENT ACCOUNTS, CRYPTOCURRENCY) – USE ADDITIONAL SHEET IF NECESSARY**

Bank or Institution Name:	
Account Type/ Number:	
Approx. Balance:	
Banking contact:	
Online banking established?	<input type="checkbox"/> Y <input type="checkbox"/> N
Paper or electronic statements?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
Designated Beneficiary, if any:	
Is account titled in your trust?	<input type="checkbox"/> Y <input type="checkbox"/> N

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Account Type/ Number:	
Approx. Balance:	
Banking contact:	
Online banking established?	<input type="checkbox"/> Y <input type="checkbox"/> N
Paper or electronic statements?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
Designated Beneficiary, if any:	
Is account titled in your trust?	<input type="checkbox"/> Y <input type="checkbox"/> N

Bank or Institution Name:	
Account Type/ Number:	
Approx. Balance:	
Banking contact:	
Online banking established?	<input type="checkbox"/> Y <input type="checkbox"/> N
Paper or electronic statements?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
Designated Beneficiary, if any:	
Is account titled in your trust?	<input type="checkbox"/> Y <input type="checkbox"/> N

Bank or Institution Name:	
Account Type/ Number:	
Approx. Balance:	
Banking contact:	
Online banking established?	<input type="checkbox"/> Y <input type="checkbox"/> N
Paper or electronic statements?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
Designated Beneficiary, if any:	
Is account titled in your trust?	<input type="checkbox"/> Y <input type="checkbox"/> N

Bank or Institution Name:	
Account Type/ Number:	
Approx. Balance:	
Banking contact:	
Online banking established?	<input type="checkbox"/> Y <input type="checkbox"/> N
Paper or electronic statements?	<input type="checkbox"/> Paper <input type="checkbox"/> Electronic
Designated Beneficiary, if any:	
Is account titled in your trust?	<input type="checkbox"/> Y <input type="checkbox"/> N

**Re Online Banking, Social Media and Utilities:**

*Parker Fiduciary Services will need access to your log-in information, account passwords, and the password to your computer. A safe and secure password manager such as OnePassword, Keeper, or similar is highly recommended.*

► **OTHER REAL ESTATE OWNED (NOT PRIMARY RESIDENCE):**

Property Address: \_\_\_\_\_ Lender: \_\_\_\_\_  
 \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_  
 Type of Property: \_\_\_\_\_  
 Percentage of Ownership: \_\_\_\_\_ % How title held: \_\_\_\_\_  
 Is property titled in Trust?  Y  N  
 Tenant/Resident Name: \_\_\_\_\_ Lease expiration: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_ Paid on time?  Y  N  Varies

Property Address: \_\_\_\_\_ Lender: \_\_\_\_\_  
 \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_  
 Type of Property: \_\_\_\_\_  
 Percentage of Ownership: \_\_\_\_\_ % How title held: \_\_\_\_\_  
 Is property titled in Trust?  Y  N  
 Tenant/Resident Name: \_\_\_\_\_ Lease expiration: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Monthly Rent: \$ \_\_\_\_\_ Paid on time?  Y  N  Varies

► **SAFE DEPOSIT BOX(ES) OR SAFES**

Bank Name/Location: \_\_\_\_\_ Box No. \_\_\_\_\_  
 Key Location: \_\_\_\_\_  
 In-home safe location: \_\_\_\_\_  
 Combination or key location: \_\_\_\_\_

► **VEHICLES:**

Description / Reg. #	
Location:	
Description / Reg. #	
Location:	

► **ART/COLLECTIBLES/FIREARMS (PLEASE BE SURE ANY "PROMISES" OR "INTENTIONS" ARE STATED IN WRITING)**

Description	
Location:	
Description	
Location:	
Description:	
Location:	

