

SIPPEL LAW FIRM PLLC

Attorneys and Counselors At Law



Mark A. Sippel
www.sippellawfirm.com

In the Heart of Old Towne
707 East Beale St.
Kingman, AZ 86401

928-753-2889
Fax 928-718-5877
sippelstaff@frontier.com

IN RE: ESTATE AND LIFE PLANNING OVERVIEW

Thank you for considering our offices to discuss life planning. This letter is to **briefly** introduce some topics we may want to discuss. We will consider the various options and documents that may apply to your situation in life. These may include:

Your Will – what it does and why.

A “Living Will” – your directions in case of incapacity

Health Care Directives (Health Care Power – some one else has the power to deal with incapacity)

Legal Power of Attorney - (not health care, but for monies and property)

A Living Trust – also known as a Revocable or Family Trust, one place management of assets, distributions – and for Elder Protection issues

Beneficiary Deed – designates who receives Real property at your death without probate

Vehicle Beneficiary Designation see above, but for your vehicles

Pay On Death – Contract Provisions with Bank Accounts, Life Insurance, Annuities, IRA / Retirement Accounts – these go direct and not through probate

Probate – designed to transfer title to property, and to make sure bills are paid – and we can avoid it if that is wise, economical, and appropriate (see Living Trust)

Elder Care and Medicaid Planning – helping seniors and their families to prevent the devastating financial effects of long term care.

Having a complete family history – parents, siblings, children – is very important. We do ask that you bring with you information about you, your family, the persons you want to bless after your passing. We like to understand if you have children together, or each have your own. We have enclosed some information forms for you to consider. Filling out as much information as you can helps us – but we will go over all of this at your appointment.

You should also bring information regarding your land, vehicles, banking and financial accounts, and other items of value we should review. I look forward to our meeting!

Sincerely,

Mark A. Sippel
MAS/el
Enclosures

WA\FORMS\2017 FORMS\WILL LTR intro.SHORT.wpd

WILL/TRUST CLIENT INTAKE SHEET

Date: _____

We value your privacy. The following information is for our records only, and will not be shared with, or given to anyone not part of our Offices with out your permission, or as required by law.

CLIENT: _____
First Middle Name Last DOB

SPOUSE: _____
First Middle Name Last DOB

Mailing: _____
Street City State Zip

Physical: _____
Street City State Zip

Phones:

Work / Day		Fax	
Home / Eve		Email	
Cell / Msg		Text Y - N	

How did you hear about us Website/Internet Yellow page Friend Relative: _____
Who referred you? Other: _____

I understand that this is an INITIAL CONSULTATION ONLY. I understand that the Attorney shall not act as my attorney unless I hire said Attorney, sign a written fee Agreement, and make a payment.

Signature Date Signature Date

FOR OFFICE USE ONLY

HUSBAND/MALE

- ____ Will
- ____ Single Will
- ____ Minor Trust Will
- ____ Living Will
- ____ Health Care POA/Immediate ____ Extended ____
- ____ Legal POA/Immediate ____ Extended ____
- ____ Codicil
- ____ Trust [] Irrevocable - [] Revocable/Amend ____
- ____ Beneficiary Deed
- ____ CPWROS Deed
- ____ Vehicle Beneficiary Designation
- Organ donor: [] Yes or [] No
- Science: [] Yes or [] No
- % Allocation: _____

WIFE/FEMALE:

- ____ Will
- ____ Single Will
- ____ Minor Trust Will
- ____ Living Will
- ____ Health Care POA/Immediate ____ Extended ____
- ____ Legal POA/Immediate ____ Extended ____
- ____ Codicil
- ____ Trust [] Irrevocable - [] Revocable/Amend ____
- ____ Beneficiary Deed
- ____ CPWROS Deed
- ____ Vehicle Beneficiary Designation
- Organ donor: [] Yes or [] No
- Science: [] Yes or [] No
- % Allocation: _____

Orig. Atty: _____ Resp. Atty _____ Rate: _____	TM Code: _____
Retainer Quote: _____	Contact Client/Other _____
Paid: _____	Matter Code: _____
Conflicts Check: _____ Date: _____	Matter Description: _____
Date File Opened: _____ SOL? _____	Time Slips: _____
Filename: _____ Date: _____	WP: _____

The person(s) named as **PERSONAL REPRESENTATIVE** for your Will

	First Name	M.I.	Last	Relationship	Address	Tele #
SPOUSE/ FIRST						
SECOND						
THIRD						
FOURTH						

The person(s) named as "AGENTS" in your **HEALTH CARE** Power of Attorney

	First Name	M.I.	Last	Relationship	Address	Tele #
SPOUSE/ FIRST						
SECOND						
THIRD						
FOURTH						

The person(s) named as your **LEGAL** Power of Attorney

	First Name	M.I.	Last	Relationship	Address	Tele #
SPOUSE/ FIRST						
SECOND						
THIRD						
FOURTH						

The person(s) named as **GUARDIAN/CONSERVATOR**

	First Name	M.I.	Last	Relationship	Address	Tele #
FIRST Guard/Cons						
SECOND Guard/Cons						
THIRD Guard/Cons						

TRUST NAME (if applicable): _____

The person(s) named as **TRUSTEE**

	First Name	M.I.	Last	Relationship	Address	Tele #
FIRST TRUSTEE						
SECOND TRUSTEE						
THIRD TRUSTEE						
FOURTH TRUSTEE						

Designate who receives real property at your death without probate. (Beneficiary Deed)

FIRST BENEFICIARY	
SECOND BENEFICIARY	

Name(s) of Member(s) Children	Date of Birth	Address, City, State,	Telephone #	Email Address	Spouses Name	Child of Husband?	Child of Wife?	Child of Both?
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

SPECIAL DISTRIBUTION, GIFTS,

CHARITIES/OTHER PEOPLE TO LIST/IDENTIFY IN WILL:
