

T R I N H

L A W

ESTATE PLANNING INTAKE SHEET

Wills Packages include a Will, a Living Will, a POA, and a HIPPA Release

Client(s) Name: _____

Current Address: _____

Client Phone #s (Check Preferred Contact)

Home _____

Cell _____

Work _____

Work _____

Fax _____

Email _____

Does Client have:

Current Estate Planning Documents

Yes

No

Copies or Originals to provide?: Yes No

EXECUTOR: _____

ALTERNATE: _____

BENEFICIARIES (Full Names, Town & State):

1. _____

2. _____

3. _____

10 North Main St. #315
West Hartford, CT 06117
Tel & Fax: (860) 249-1399
www.trinh.law

Joette L. Trinh, Esq.
Licensed in CT & MA
joette@trinh.law

T R I N H

— L A W —

POWER OF ATTORNEY:

Designated Attorney-In-Fact: _____
(Name, Town & State)

LIVING WILL:

Health Care Representative: _____
(Name, Town & State)

ALTERNATE: _____

Conservator: _____
(Name, Town & State)

ALTERNATE: _____

Anatomical Gift: YES NO

Specifications: _____

NOTES:

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