

# TAXIOM SOLUTIONS

## Estate & Legal Document Intake Form

### SECTION 1: CLIENT INFORMATION

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Do you have children? If yes, list names and DOBs:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION 2: DOCUMENTS REQUESTED (Check all that apply)

Durable Power of Attorney

Healthcare Surrogate

Living Will

Simple Will

Estate Package (All of the Above)

### SECTION 3: POWER OF ATTORNEY INFORMATION (If Selected)

Agent Full Legal Name: \_\_\_\_\_

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

Agent Phone: \_\_\_\_\_

Effective Date:  Immediately  Upon Incapacity

Powers Requested (list or describe):

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SECTION 4: SIMPLE WILL INFORMATION (If Selected)

Personal Representative (Executor): \_\_\_\_\_

Alternate Representative: \_\_\_\_\_

Beneficiaries (Name + Relationship + % or Asset):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Guardian for Minor Children (if applicable): \_\_\_\_\_

SECTION 5: HEALTHCARE DIRECTIVES (If Selected)

Primary Healthcare Surrogate: \_\_\_\_\_

Alternate Surrogate: \_\_\_\_\_

Life-Prolonging Procedures Preference:

Withhold  Continue  Surrogate Decision

Artificial Nutrition/Hydration:

Withhold  Continue  Surrogate Decision

ACKNOWLEDGMENT

I understand Taxiom Solutions is not a law firm and does not provide legal advice.

Documents are prepared solely based on the information I provide.

If legal advice is needed, I will consult a licensed attorney.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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