

**Please complete
this intake prior
to your
consultation**

CASSADY LAW OFFICES, P.C.

Website Intake

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CLIENT INFORMATION

If you are known by any name other than your legal name, please include both:

Legal Name(s): _____ Date of Birth: _____

Spouse: _____ Date of Birth: _____

Address: _____

Phone Number: Cell: _____ Home: _____

Phone Number: Cell: _____ Home: _____

Email: _____

YOU WILL BE MEETING WITH THE ATTORNEY. PLEASE COMPLETE THIS SHEET TO THE BEST OF YOUR ABILITY AHEAD OF TIME. IF YOU ARE MARRIED, YOU WILL NORMALLY APPOINT YOUR SPOUSE FIRST FOR EACH POSITION BELOW. IF THIS IS THE CASE, PLEASE WRITE "SPOUSE." Then, you must appoint an alternate person in the event that your spouse is unable or unwilling to perform the necessary duties.

LAST WILL AND TESTAMENT:

Marital Status: _____ Are any of your children minors? ___ YES ___ NO

Children (Adopted or Natural Born): _____

Do you live in assisted living, a skilled nursing, or rehabilitation facility? ___ YES ___ NO

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You must appoint a personal representative in your Will or Trust. Your personal representative is the person who will be responsible for the administration of your estate. You should appoint someone you trust

Personal Representative

Alternate Personal Representative

Name:

Name:

Address:

Address:

If you have minor children, you will also be appointing a Guardian for your children in your Will. The guardian of your children may be, but is not required to be, the same person(s) who will be handling the financial administration of your estate. You may also appoint someone to raise your children who is separate from the person you choose to handle the financial administration

Guardian

Alternate Guardian

Name:

Name:

Address:

Address:

The primary purpose of a Will is to direct the distribution of your assets according to your wishes. Accordingly, please indicate how you would like your estate to be distributed. You may indicate bequests of specific property, general monetary bequests, or a percentage of your estate:

LAST REMAINS:

In your Will you may also indicate your preference for the treatment of your last remains. Please state your wishes:

_____ Cremation

_____ Burial

_____ No preference

TO THE BEST OF YOUR KNOWLEDGE, HAVE WE PREPARED ESTATE PLANNING DOCUMENTS FOR ANY OF THE BENEFICIARIES LISTED IN YOUR WILL/TRUST?

_____ YES

_____ NO

FINANCIAL POWER OF ATTORNEY

In your Financial Power of Attorney you will appoint someone to manage your financial affairs in the event you become incompetent at some time prior to your death. This power will **ONLY** come into effect in the event of such incapacity. This document grants your agent very broad powers and it is very important to appoint someone whom you trust a great deal to this position.

Financial Agent

Alternate Financial Agent

Name:

Name:

Address:

Address:

Phone:

Phone:

HEALTH CARE POWER OF ATTORNEY

In your Health Care Power of Attorney, you will decide the situations in where you want to refuse life-sustaining medical treatment. You will also appoint an agent to convey these wishes to your doctor in the event you become incapacitated and cannot make these decisions yourself.

Health Care Agent

Alternate Health Care Agent

Name:

Name:

Address:

Address:

Phone:

Phone:

Are you an organ donor? _____ YES _____ NO

Neptune Society provides Cremation and Burial Services. Would you like to receive more information? _____ YES _____ NO

CLIENT ESTATE INFORMATION

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THIS INFORMATION IS STRICTLY CONFIDENTIAL AND IS USED TO HELP DETERMINE WHICH ESTATE PLAN IS BEST FOR YOU!

Do you own any interest in an LLC or a Corporation? ___ Yes ___ No

Real Property including your primary residence, land, rental properties and timeshares:

Address	Estimated Value	Mortgage Amount

Bank Accounts including checking, savings, money market accounts or CDs:

Bank Name	Estimated Value

Tax Qualified Investments including IRA, 401K, 403b, TSP:

Custodian	Amount

Non-Tax Qualified Investments including stocks, bonds, mutual funds, etc:

Investment	Amount

Life Insurance:

We also provide our clients with financial advising and review at no additional cost. Would you like more information on this service? ___ YES ___ NO

THIS SECTION FOR OFFICE USE ONLY

ATTORNEY NOTES:

LEGAL ASSISTANT INITIALS: _____

INDEPENDENT ATTORNEY CERTIFICATION: _____