

CONFIDENTIAL

CLIENT INTAKE QUESTIONNAIRE

I (We) understand that this questionnaire is designed to provide the attorneys at IVEY FOSBINDER FOSBINDER LLC with important information for estate planning purposes, and that the accuracy of the information provided herein will affect the attorney's ability to assist and advise clients. The estate and tax planning information that we give to you may be incorrect or incomplete if you do not fully disclose the details of your situation. Information provided is held in complete confidence.

I (We) hereby confirm that such information is substantially correct:

(Signature)

(Signature)

Dated: _____

Billing Policy: The attorney will review your confidential data sheet with you and make a recommendation, which will include a fee estimate. If you decide to proceed, the fee estimate becomes part of a fee agreement. 50% of the fee will be paid upon commencement, and the balance will be due at or before signing. Costs and expenses are additional. In cases where the documents are not signed within the month, the balance will be invoiced and payable within 30 days (see IFF Price Book for details).

INITIAL CONSULTATIONS:

With Attorney Rhonda M. Fosbinder	30 Minute Free Consultation (For New Clients) \$225/hour thereafter
With Attorney Elizabeth A. Ivey or James H. Fosbinder	\$250/hour
With Attorney Richelle Thomson	30 Minute Free Consultation (For New Clients) \$195/hour

IF YOU OWN REAL PROPERTY, PLEASE BRING DEEDS WITH YOU TO THE MEETING. WE WILL ALSO NEED THE TAX MAP KEY NUMBER OF THE PROPERTY.

PART ONE

DATA SHEET

Please attach additional sheets if necessary

I. FAMILY DATA

Client #1 Name:

(Last) (First) (Middle)

Social Security # _____ Date of Birth: _____

Client #2 Name:

(Last) (First) (Middle)

Social Security # _____ Date of Birth: _____

Mailing Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

1. Are you residents of Hawaii? Client #1 _____ Client #2 _____

2. Are you U.S. citizens? Client #1 _____ Client #2 _____

If not, citizen of what country? _____

3. Children: (please indicate if child is from a prior marriage or adopted by placing (A) or (PM) by their name)

	<u>Name</u>	<u>Date of Birth</u>	<u>Social Security #</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

4. Other Dependents: (please list any other persons dependent upon either of you and their relationship)

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>
A.	_____	_____	_____
B.	_____	_____	_____

Notes:

II. **CURRENT ASSETS:** Fair Market Value (FMV) and title of current assets, also please indicate how title is held. If any environmental hazards/liability, please describe (underground gas or oil storage tanks, asbestos or chemical storage).

A. **Real Estate:** (please list location, description, name of lender and amount of mortgage)

Location:	_____	_____	_____
TMK No.:	_____	_____	_____
FMV:	_____	_____	_____
Mortgage Lender:	_____	_____	_____
Mortgage Amount:	_____	_____	_____
Title held:	_____	_____	_____

B. **STOCKS AND BONDS:** (please list brokerage house, etc. and identify any securities being held as custodian for a minor) Any margin loans?

<u>Name</u>	<u>Broker</u>	<u>FMV</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. **BUSINESS INTERESTS:** (Sole proprietorship, partnership or corporation. Please list name and address of business, names of other participants, and percentage of business owned. Use a separate sheet of paper if necessary.)

<u>FMV</u>	<u>How Title is Held</u>
_____	_____
_____	_____
_____	_____
_____	_____

D. **IRAs:** (Please list where IRA is held, fair market value, owner/beneficiary to whom the IRA will be paid at death.) Has a beneficiary been designated?

<u>Institution</u>	<u>FMV</u>	<u>Owner</u>	<u>Death Beneficiary</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Notes:

E. EMPLOYER'S PENSION, 401K, PROFIT SHARING, STOCK BONUS OR DEFERRED COMPENSATION PLAN:
 (Please list designated beneficiaries for death benefits)

<u>Type</u>	<u>With Whom</u>	<u>Value Amount Vested</u>	<u>Beneficiary</u>

F. INSURANCE: (please list company, type of policy, policy number, face value, cash value, owner and beneficiary, agent name)

Company	_____	_____	_____	_____
Policy Type	_____	_____	_____	_____
Policy No.	_____	_____	_____	_____
Face Value	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____
Owner	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____
Agent's Name	_____	_____	_____	_____
Agent's Phone	_____	_____	_____	_____

G. CASH, CERTIFICATES OF DEPOSIT (CD), CHECKING (C), SAVINGS (S) AND/OR MONEY MARKET (MM) ACCOUNTS: (please list all accounts, including any accounts held as trustee for another person – identify person for whom held)

<u>Bank/Branch</u>	<u>Type of Account</u>	<u>Balance</u>	<u>Title</u>

Notes:

H. OTHER: (itemize, include interests under trusts, in other estates, powers of appointment held, jewelry, silverware, furs, art works, books, stamps and coin collections, household furniture, automobiles, boats, burial plans, cemetery plots, etc.)

I. Do you expect to receive any inheritances or substantial gifts in the future? If yes, approximately how much and from whom?

J. LIABILITIES: (Please list any liabilities, mortgages, loans, etc.; If you have purchased insurance to pay debts at your death, please so indicate)

<u>Description</u>	<u>Amount Due</u>	<u>Spouse/Domestic Partner - Joint</u>

K. GENERAL QUESTIONS:

	Client #1	Client #2
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any previous marriages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current marriage/relationship?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you entered into any agreements with your spouse/domestic partner (such as a prenuptial or community property agreement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any family members or potential beneficiary have any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe briefly: _____		

Do you own a long-term care (nursing home) insurance policy? Yes No Yes No

Have you made any gifts over \$11,000 to any one person in any one year? If YES, state amount: _____

Have gift tax returns ever been filed to report gifts made? _____ ***If YES, please bring copies of the returns to your appointment.

What is your primary motivation for considering estate planning? (*Select one or more*)

- Probate avoidance
- Guardianship for minor children
- Business or farm planning
- Federal estate tax planning
- Other: _____

How soon would you like to complete planning? Is there a specific deadline, such as an upcoming trip, surgery, etc.? _____

Attorney Conducting Interview: _____ Date: _____

Quote: _____

Action Recommended:

DOCUMENTS NEEDED FOR ESTATE AND/OR INCOME TAX PLANNING

- _____ 1. Completed basic information form (attached)
- _____ 2. Copies of any federal gift tax returns filed
- _____ 3. Copies of current individual and business financial statements
- _____ 4. Copies of wills, trust agreements, any business agreements, antenuptial agreements, divorce settlement agreements, and any other agreements related to testamentary disposition of property
- _____ 5. Copies of life insurance policies
- _____ 6. Copies of stock certificates for any business you own
- _____ 7. Copies of deeds, leases, mortgages, agreements of sale, title searches and any other agreements related to real property holdings
- _____ 8. Copies of any partnership papers in which you are a partner, corporate by-laws for any corporation in which you are an owner, and/or LLC operating agreements in which you are a member

PART TWO

APPOINTMENTS AND PLAN OF DISTRIBUTION

In this section, you will provide us with information as to whom you would like to act on your behalf in the event of your death, disability, or incapacity, and will also tell us how and to whom you would like your estate distributed.

A. APPOINTMENTS - STATE NAME, ADDRESS & PHONE NUMBER

(If married, please identify appointments for both client #1/client #2.)

1. **PERSONAL REPRESENTATIVE.** The will should name a personal representative to probate the estate. This person may be the same or different from your successor trustee, if you establish a trust. (Personal representative is also sometimes referred to as executor or administrator.) (E.g., spouse/domestic partner as primary personal representative, with a child, relative, friend, or corporate trustee as alternate. In second marriage situations, spouse/domestic partner as primary personal representative may not be appropriate.) **(STATE NAME & ADDRESS)**

PERSONAL REPRESENTATIVE: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

2. **SUCCESSOR TRUSTEE.** If you choose to avoid probate of your estate by executing a living trust during lifetime, a successor trustee should be named. The successor trustee would be responsible for managing assets if you were unable, or in the case of a joint trust, if neither you nor your spouse were able, to manage assets due to incompetence. The successor trustee would distribute assets to beneficiaries after death, or in a joint trust, when neither you nor your spouse/domestic partner survives. **(STATE NAME & ADDRESS)**

SUCCESSOR TRUSTEE: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

3. **HEALTH CARE AGENT.** Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse/domestic partner.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent. **(NAME & ADDRESS & TELEPHONE NUMBER)**

HEALTH CARE AGENT: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

4. **FINANCIAL POWER OF ATTORNEY.** This is the person who will handle your financial affairs for you in the event you are declared unable to do so yourself. It may or may not be same person who handles your health care decisions for you. **(STATE NAME AND ADDRESS):**

PRIMARY: _____
ALTERNATE: _____
SECOND ALTERNATE: _____

**PLEASE COMPLETE THIS SECTION ONLY IF YOU HAVE MINOR BENEFICIARIES
(CHILDREN OR GRANDCHILDREN), OR BENEFICIARIES WITH DISABILITIES**

5. **GUARDIAN.** If you have minor children or a beneficiary with special needs, you may need to appoint a guardian. The guardian is responsible for the day-to-day care of the child. It is a good idea to name an alternate guardian to act if your first choice cannot serve. (name & address)

GUARDIAN: _____
ALTERNATE: _____

6. **TESTAMENTARY TRUSTEE.** You may need a trustee to manage assets for beneficiaries until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution. (name & address)

TESTAMENTARY TRUSTEE: _____
ALTERNATE: _____

7. **AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

B. PLAN OF DISTRIBUTION

1. **SPECIFIC GIFTS.** Do you want to make charitable gifts, such as to a house of worship or other institution? Do you wish to make a special gift to a particular person, such as a piece of jewelry to a particular child? These are gifts that are made BEFORE the rest of your estate is distributed. If YES, please IDENTIFY THE GIFT and TO WHOM it is going:

2. **Briefly describe where you would want assets remaining after any of the above specific gifts are distributed ("Net Proceeds").** (Don't worry about tax planning or other considerations in answering this question. We'll consider those details later if needed.)

- All to spouse/domestic partner; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse/domestic partner, then equally between surviving children.
- All to spouse/domestic partner, then _____
- As follows: _____

BENEFICIARIES OTHER THAN CHILDREN NAMED IN PART ONE

Name	Address	Date of Birth	Relationship

3. **DISINHERITANCE.** Is there anyone, including any children, that you wish to expressly EXCLUDE from inheriting any part of your estate? If YES, please identify by NAME and RELATIONSHIP:

4. **NO CONTEST.** Do you wish to include a provision that states that anyone who contests your estate receives nothing? Yes _____ No _____

5. **ULTIMATE DISTRIBUTION.** You might want to provide for the distribution of your property if neither you, your spouse/domestic partner nor your children/other beneficiaries named above survive (the "disaster strikes" provision). Often this is "to my heirs at law" or "50% to my heirs at law, 50% to my spouses/domestic partners' heirs at law".
