

Confidential Client Review Questionnaire



The Law Firm of
**KAVESH,
MINOR &
OTIS, INC.**

Estate Planning Specialists
for your peace of mind[®]

FOR OFFICE USE ONLY—Date: _____ Interviewer: _____

Instructions:

- Please be careful to spell all names correctly.
- If you are unsure of a question, simply leave it blank. Attach extra pages if you need more space.
- **If you are married, BOTH spouses must attend the meeting. If for any reason, one spouse is unable to attend, or if you have a problem with this, please call in advance.**
- Please bring a copy of the last income tax return you filed.
- **PLEASE COMPLETE THE ENTIRE QUESTIONNAIRE AND BRING TO YOUR APPOINTMENT.**
The more you complete, the better your meeting will be!



Part One: Personal Information

Your Name _____ Date of Birth ____/____/____

Cell Phone (____) _____ - _____ Personal E-mail _____

Is Your Health? Good Fair Poor

Have you had any major surgeries in the past 10 years? Y N

Are you (or your spouse) receiving home care or assisted living care? Y N

Were you previously married? Y N

Are you (or your spouse) a military veteran? Y N Are you retired? Y N If not, when? _____

Your Spouse's Name _____ Date of Birth ____/____/____

Cell Phone (____) _____ - _____ Personal E-mail _____

Is Your Health? Good Fair Poor

Have you had any major surgeries in the past 10 years? Y N

Were you previously married? Y N

Are you retired? Y N If not, when? _____

Home Address (if changed) _____

City _____ State _____ Zip _____

County of _____

Home Phone (____) _____ - _____ Fax (____) _____ - _____



Children and Family

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
1. _____	M F	___ / ___ / ___	Ours His Hers	_____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail _____ Marital status _____

Does this child have a Living Trust? Y N If so, was it prepared by us? Y N

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
2. _____	M F	___ / ___ / ___	Ours His Hers	_____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail _____ Marital status _____

Does this child have a Living Trust? Y N If so, was it prepared by us? Y N

Full Name	Sex <small>(CIRCLE ONE)</small>	DOB	Parent <small>(CIRCLE ONE)</small>	No. of Children
3. _____	M F	___ / ___ / ___	Ours His Hers	_____

Address _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

E-mail _____ Marital status _____

Does this child have a Living Trust? Y N If so, was it prepared by us? Y N

Any children, grandchildren or great-grandchildren that were born out of wedlock? Y N

Do any of your children, grandchildren or great-grandchildren have major medical problems? Y N



Advisor Information

What is the name, address, e-mail address, and phone number of your CPA or Tax Preparer?

What is the name, address, e-mail address, and phone number of your Financial Advisor?



Part Two: Financial Information

Instructions:

- Please print. Be as specific as you can with regard to account names.
- Account balances will vary, so please just list the approximate balance of each account.



Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 5.

Name of Institution	In Trust?	(Checking, Savings, CD) Account Type	Approximate Balance
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
Total Value:			\$ _____

Are any of these accounts “POD” (pay on death), “TOD” (transfer on death) or “ITF” (in trust for someone)?
 Y N



Mutual Funds and/or Brokerage Accounts

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 5.

Name of Fund or Brokerage Firm	In Trust?	Approx. Market Value
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
Total Value:		\$ _____



Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold

Name of Stock	In Trust?	Shares (Number of shares)	Approximate Market Value
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
Total Value:			\$ _____



Promissory Notes & Trust Deeds Owed to You

(Where someone is paying you on a note)

Name of Debtor	In Trust?	Secured by T.D.?	Due Date	Original Amount	Balance Due
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
2. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
Total Value:					\$ _____

Do any of your children owe you money? Y N

If yes: Who? How Much?

_____ \$ _____

_____ \$ _____



Real Estate

Please list all homes, rental properties, other buildings, land and timeshares in which you have an interest.

REMINDER: Please bring a recent PROPERTY TAX BILL for each property.

Property Address	In Trust?	Original Cost	Current Value	Debt or Mortgage	Net Value
1. _____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____
2. _____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____
3. _____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____
4. _____ _____ _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____

Total Net Value: \$ _____

Are you planning on selling any of your real estate soon? Y N

Are any properties owned with someone other than your spouse? Y N

Are any properties owned by an entity? (such as a Corp., LLC, FLP) Y N

Do any of your children (or other relatives) reside on any of your properties? Y N



IRA Accounts & Company Retirement Plans

(including qualified annuities)

	Custodian of Account <i>(Bank, Broker, Employer)</i>	Type <i>(IRA, 401K, etc.)</i>	Account Owner <i>(Husband or Wife)</i>	Primary Beneficiary	Secondary Beneficiary	Approximate Value
1.	_____	_____	H or W	_____	_____	\$ _____
2.	_____	_____	H or W	_____	_____	\$ _____
3.	_____	_____	H or W	_____	_____	\$ _____
4.	_____	_____	H or W	_____	_____	\$ _____
5.	_____	_____	H or W	_____	_____	\$ _____
Total Value:						\$ _____



Life Insurance

	Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value (if any)	Death Benefit
1.	_____	_____	_____	_____	_____	\$ _____	\$ _____
2.	_____	_____	_____	_____	_____	\$ _____	\$ _____
Total Value:							\$ _____

Do you have Long-Term Care Insurance (to cover extended nursing care costs)? Y N

Do you have parents or other relatives in assisted living? Y N



Non-Qualified Annuities (Not a Retirement Plan or IRA)

(Please list qualified annuities separately above.)

	Name of Insurance Company	Owner	Primary Beneficiary	Secondary Beneficiary	Total Value
1.	_____	_____	_____	_____	\$ _____
2.	_____	_____	_____	_____	\$ _____
3.	_____	_____	_____	_____	\$ _____
Total Value:					\$ _____



Limited or General Partnerships

	Name of Partnership	In Trust?	Limited or General?	Ownership %	Total Market Value
1.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	\$ _____
2.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	\$ _____
Total Value:					\$ _____



Businesses

Business Name	In Trust?	Is it a Corporation?	Ownership %	Has a Buy-Sell Agreement?	Total Value
1. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Total Value:					\$ _____

Anticipating selling your business(es) anytime soon? Y N



Other Assets

Are you expecting any inheritances soon? Y N

If so, from whom? _____ Approximately how much? \$ _____

Please list any unusually valuable personal items such as art, coins, jewelry, collections, etc.

Please list any other assets not mentioned such as stock options, patents, royalties, etc.



Miscellaneous Information (Optional)

What are your favorite hobbies? Antiques Arts/Crafts Coin Collecting Computers
 Cooking Exercise Fishing Gardening Golf Photography Puzzles/Games
 Reading Sewing/Knitting Shopping Spectator Sports Tennis Traveling
 Other: _____

What are your spouse's favorite hobbies? Antiques Arts/Crafts Coin Collecting Computers
 Cooking Exercise Fishing Gardening Golf Photography Puzzles/Games
 Reading Sewing/Knitting Shopping Spectator Sports Tennis Traveling
 Other: _____

Do you know of any friends, relatives, neighbors and/or co-workers that may benefit from our services?

Name _____

Address _____

Name _____

Address _____

Are you (or your spouse) a part of any local groups, clubs or organizations? Y N

If so, which ones? _____
