

Confidential Review Questionnaire



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

Estate Planning Specialists

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 have prior estate planning documents, such as a Will or Trust, please bring them with you.
 - If you are married, BOTH spouses must attend the first 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 _____ Legal AKA (if any) _____

Date of Birth ____/____/____ U.S. Citizen? Y N Are you retired? Y N If not, when? _____

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

Is Your Health? Good Fair Poor (Describe any current problems: _____)

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

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

Were you previously married? Y N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (____) _____ - _____

Are you (or your spouse) a military veteran? Y N

Your Spouse's Name _____ Legal AKA (if any) _____

Date of Birth ____/____/____ U.S. Citizen? Y N Are you retired? Y N If not, when? _____

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

Is Your Health? Good Fair Poor (Describe any current problems: _____)

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

Were you previously married? Y N (If you had a divorce agreement, please bring it)

Occupation (or prior one, if retired): _____

Employer _____ Work Phone (____) _____ - _____

Home Address _____

City _____ State _____ Zip _____

County of _____

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



Children and Family

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

Address _____

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

E-mail _____ Marital status _____

Are you concerned with this child's ability to manage money? Y N

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

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

Address _____

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

E-mail _____ Marital status _____

Are you concerned with this child's ability to manage money? Y N

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

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

Address _____

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

E-mail _____ Marital status _____

Are you concerned with this child's ability to manage money? Y N

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

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

Address _____

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

E-mail _____ Marital status _____

Are you concerned with this child's ability to manage money? Y N

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



Successor Trustees

Full Name _____ **Sex** (CIRCLE ONE) **M** **F** **Age** _____ **Relationship** _____

1. _____

Address _____

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

E-mail _____ Marital status _____

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

Full Name _____ **Sex** (CIRCLE ONE) **M** **F** **Age** _____ **Relationship** _____

2. _____

Address _____

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

E-mail _____ Marital status _____

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

Full Name _____ **Sex** (CIRCLE ONE) **M** **F** **Age** _____ **Relationship** _____

3. _____

Address _____

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

E-mail _____ Marital status _____

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

Full Name _____ **Sex** (CIRCLE ONE) **M** **F** **Age** _____ **Relationship** _____

4. _____

Address _____

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

E-mail _____ Marital status _____

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

Do all of your children get along? Y N

Do you have any deceased children? Y N

If so, do they have any surviving children and/or grandchildren? Y N

Names _____

Do any of your children have step-children? Y N If so, which child(ren) and how many? _____

Age of grandchildren: Youngest _____ Oldest _____

Age of great-grandchildren: Youngest _____ Oldest _____

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

Has anything major changed since the creation of your trust? Y N If so, please explain: _____

Do you want to exclude anyone from receiving any portion of your estate? Y N

If so, whom? _____

Do you (or your spouse) have a trust with a previously deceased spouse? Y N


Have you signed new health care documents after January 1, 1992? Y N I don't know

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? _____

What are your goals in creating or upgrading your estate plan? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Avoiding Probate | <input type="checkbox"/> Avoiding Estate Taxes |
| <input type="checkbox"/> Making sure I'll be taken care of if disabled | <input type="checkbox"/> Making sure my loved ones' inheritance is protected from spouses, lawsuits, divorces, etc. |
| <input type="checkbox"/> Maximizing my loved ones' inheritance | <input type="checkbox"/> Passing on my values as well as my assets |
| <input type="checkbox"/> Making sure my loved ones don't squander it | <input type="checkbox"/> Peace of mind |
| <input type="checkbox"/> Making sure younger loved ones get a good education and career | |
| <input type="checkbox"/> Other: _____ | |

 **For Married Couples Only**

Date of Marriage: Month _____ Day _____ Year _____

Do you and your spouse consider all of your assets community property? Y N

Did you or your spouse receive any valuable gifts or inheritances after marriage? Y N

Would you consider future inheritances as community property? Y N

Did you or your spouse come into your marriage with any substantial assets? Y N

Do you have a pre-marital or post-marital agreement? (If yes, please bring it) Y N



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.
- Watch for REMINDERS regarding papers we would like you to bring in.



Banks, Savings & Loans and Credit Unions

These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 8.

Name of Institution	In Trust?	Account Type (Checking, Savings, CD)	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	_____	\$ _____
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
6. _____	<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)?



Stocks or Bonds — Not in a Brokerage Account

These include certificates you actually hold; please list Mutual Funds on page 6.

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	_____	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
6. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____
Total Value:			\$ _____



Mutual Funds and/or Brokerage Accounts

Note: These are accounts not in an IRA. Please list IRA and other retirement accounts separately on page 8.

Name of Firm of Fund/Account	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	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
5. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____
6. _____	<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 If yes, which ones? (insert # above) _____

Would you be willing to sell any of the above stocks or mutual funds if you could avoid capital gains taxes? Y N

Would you like more spendable income from your investments? Y N



Promissory Notes & Trust Deeds Owed to You

(Where someone is paying you on a note)

REMINDER: If secured, please bring the original or a copy of the recorded Trust Deed ("T.D.").

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	_____	\$ _____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
4. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	\$ _____	\$ _____
5. _____	<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?	Is child's share reduced by amount owed?
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N



Real Estate

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

REMINDER: Please bring both the GRANT DEED or a recent PROPERTY TAX BILL for each property.

	Property Address	In Trust?	Original Cost	Current Value	Debt or Mortgage	Net Value
1.	(LIST PRIMARY RESIDENCE HERE)	<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	\$ _____	\$ _____	\$ _____	\$ _____
5.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____
6.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____
7.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____
8.	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	\$ _____	\$ _____	\$ _____	\$ _____

Net annual cash flow on rental real estate: \$ _____ **Total Net Value:** \$ _____
(If not sure, please bring copy of recent tax return.)

Which #?

Are you planning on selling any of your real estate soon?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Would you consider selling if you could avoid capital gains taxes?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Are any properties owned with someone other than your spouse?	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Are any properties owned by an entity? (such as a Corp., LLC, FLP)	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
Do any of your children (or other relatives) reside on any of your properties?	<input type="checkbox"/> Y <input type="checkbox"/> 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:					\$ _____

Are you concerned about your future retirement income? Y N

Life Insurance

Insured Person	Policy Owner	Primary Beneficiary	Secondary Beneficiary	Company	Cash Value <i>(if any)</i>	Death Benefit
1. _____	_____	_____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____	\$ _____
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) *(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	_____	_____	\$ _____
3. _____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____	_____	\$ _____
Total Value:				\$ _____



Businesses

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

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 _____

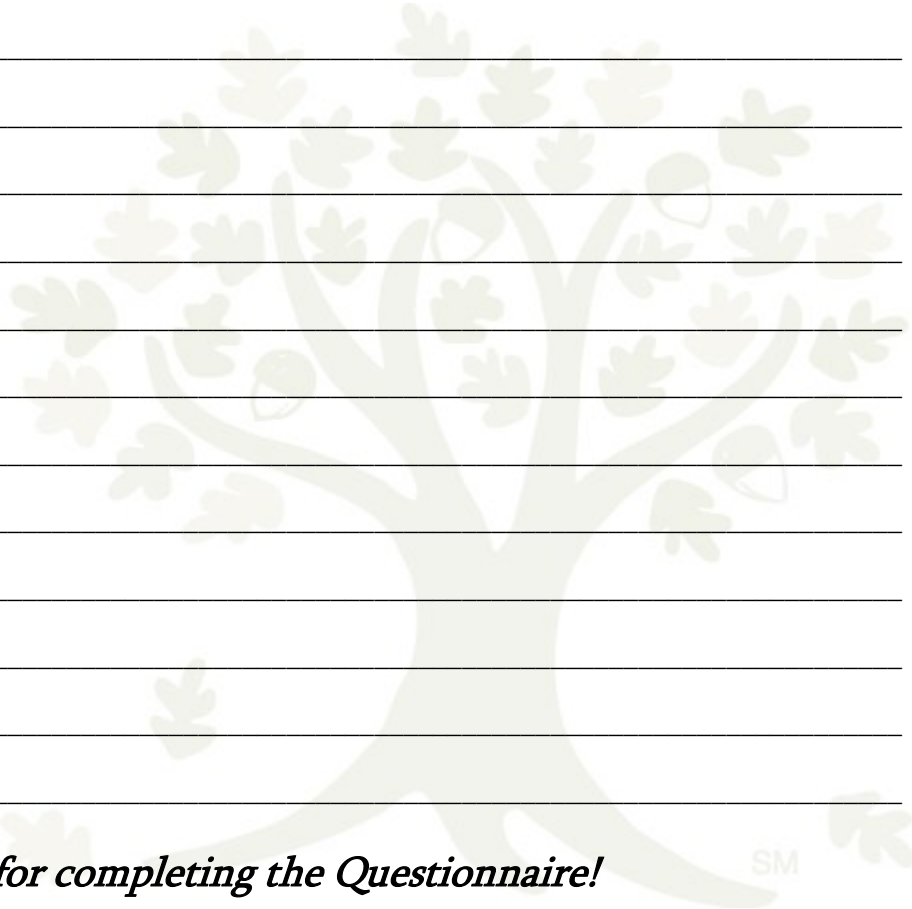
Are you (or your spouse) a part of any local groups, clubs or organizations? Y N

If so, which ones? _____



Any Questions You Would Like Answered?

Lined area for writing questions, consisting of 20 horizontal lines.



Thank you for completing the Questionnaire!

SM