

CLIENT INTERVIEW MATERIALS

Factual Analysis and Inventory

As adapted to the estate planner's individual use, this inventory/questionnaire could be structured to facilitate the insertion of this information into a personal computer for use in conjunction with an estate tax projection software program. See Worksheet 2.

PART ONE

FAMILY DATA

1. Basic Information

Name	Date of Birth	Social Security Number	Status of Health
------	---------------	------------------------	------------------

Husband _____

Wife _____

2. Residence

Permanent home address _____

Business address _____

Other temporary residences _____
(Possibility of treatment as "permanent residence" for any tax purposes?)

Period of residence in present state _____

Prior residences _____
(e.g., community property states?)

3. Citizenship Status

Husband: U.S. _____ Other _____

Wife: U.S. _____ Other _____

4. Children, Grandchildren and Other Dependents

Name	Address	Date of Birth	status
------	---------	---------------	--------

5. Marital history (each client)

Date of marriage _____

Prior marriages & divorces, including continuing terms of obligations _____

PART TWO

INCOME DATA — PRESENT CASH FLOW — FUTURE REQUIREMENTS

I. Present Net Income/Cash Receipts Data

A. Income/Cash Sources	Husband	Wife	Others
Salaries	_____	_____	_____
Other Compensation	_____	_____	_____
Dividends	_____	_____	_____
Interest	_____	_____	_____
Net Rents	_____	_____	_____
Royalties	_____	_____	_____
Business Profits	_____	_____	_____
Trusts	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
B. Current Expenditures			
Living Expenses	_____	_____	_____
Insurance Premiums	_____	_____	_____
Tax Liabilities	_____	_____	_____
Mortgage & Other Debt Payments	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
C. Amount Available for Savings			
(Income/Cash Sources less Current Expenditures)	_____	_____	_____

II. Future Annual Cash Requirements

A. Future Cash Sources (after retirement)	Husband	Wife	Others
Dividends	_____	_____	_____
Interest	_____	_____	_____
Other Investment Income	_____	_____	_____
Annuities & Insurance	_____	_____	_____
Social Security	_____	_____	_____

Employee Retirement Benefits	_____	_____	_____
Other Employee Benefits (e.g., Deferred Compensation Arrangements)	_____	_____	_____
Trusts	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____
B. Future Cash Needs (after retirement) _____			
Living Expenses	_____	_____	_____
Tax Liabilities	_____	_____	_____
Other Obligations	_____	_____	_____
Total	_____	_____	_____
C. Amount Available for Savings (Future Cash Sources less Future Cash Requirements) _____			

PART THREE

SUMMARY OF ASSETS & LIABILITIES

I. Assets	Husband (separate)	Wife (separate)	Joint & Survivor & Community
	(Identify		Contributor)
A. Cash and Bank Accounts (see Attachment A)	_____		
B. Notes, Accounts Receivable, Mortgages (see Attachment A)	_____		
C. Bonds (see Attachment A)	_____		
D. Stocks and Mutual Funds (see Attachment A)	_____		
E. Closely-Held Business Interests (see Attachment B)	_____		
F. Real Estate (see Attachment C)	_____		
G. Insurance (see Attachment D)	_____		
H. Employee Benefits (see Attachment E)	_____		
I. Miscellaneous (e.g., personal effects, collections, patents, trademarks, copyrights, etc.) (see Attachment F)	_____		
Total	_____		

II. Liabilities (see Attachment G)

- A. Real Estate Mortgages _____
- B. Notes to Financial Institutions _____
- C. Loans on Insurance Policies _____
- D. Other Obligations _____
- E. Charitable Pledges _____
- F. Tax Liabilities _____
- Total _____

III. Net Worth _____

PART FOUR

ESTATE PLANNING OBJECTIVES

- A. Retirement Needs and Objectives _____
- B. Provision for Spouse at Death _____
- C. Provision for Children at Death _____
- D. Gift Program for Spouse and Children _____
- E. Gifts to Charities _____

PART FIVE

CHECKLIST OF DOCUMENTS & FAMILY ADVISORS

A. Safe Deposit Box

Location _____

B. Present Documents (if any), and physical location

- 1) Will: dated _____
- 2) Revocable Trusts:
 - i) created by client _____
 - ii) created for client by others _____
- 3) Irrevocable Trusts:
 - i) created by client _____
 - ii) created for client by others _____
- 4) Gift Tax Returns--filed? location of copies? _____

5) Income Tax Returns-tiled! location of copies? _____

6) Other pertinent documents (e.g., durable power of attorney, health care power of attorney, life insurance policies, annuity contracts, real property deeds, etc.) _____

C. Advisors (names and addresses)

Other Attorneys _____
 Accountant _____
 Trust Officer _____
 Commercial Banker _____
 Investment Advisor _____
 Securities Broker _____
 Life Insurance Agent _____
 Casualty Insurance Agent _____
 Closest relative(s) _____

Attachment "A"

LIQUID ASSETS

A. Cash and Bank Accounts

Amount

Bank Husband Wife Joint

(Identify whether husband, wife or joint ownership)

Cash _____
 Checking Account _____
 Savings Account _____

B. Accounts Receivable, Notes & Mortgages

Debtor	Nature of Debt	Security	Maturity	Face Amount	Present Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C Bonds

Description of Bonds	Ownership	Face Value	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

D. Stocks

Description	Ownership	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

E. Mutual Fund (Regulated Investment Company) Shares

Description	Ownership	cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. Limited Partnership Interests

Description	Ownership	Cost	Current Value	Current Yield
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attachment "B"

CLOSELY HELD BUSINESS INTERESTS *

A. Basic Information

1. Name of Business _____
2. Business Address _____
3. Type of Business Organization _____
(e.g., regular corporation, S corporation, partnership, limited liability company, sole proprietorship)
4. Business advisors, accountants _____

B. Capitalization (if corporation) (adapt to partnership use, if partnership)

	Common	Preferred	Debentures
Outstanding	_____	_____	_____
Authorized	_____	_____	_____
Dividend Rate	_____	_____	_____

C. Distribution of Ownership

	Common	Preferred	Debentures
Client	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
Unrelated parties	_____	_____	_____

D. Buy-Sell Agreement

- Does buy-sell agreement exist? _____
- If so, what type? _____
(e.g., cross-purchase, stock redemption, combination).
- Is obligation to be funded and, if so, how and amount? _____
- Method for determining value _____
(e.g., book value, earnings multiple, appraisal, agreed value)

E. Other Commitments of the Business

- Stock option agreements _____
- Deferred compensation agreements _____
- Other employee benefit plans _____
- Key-man insurance policies _____

F. Anticipated Disposition of Stock (assuming no buy-sell agreement)

G. Anticipated Eligibility for Deferred Estate Tax Payments Attributable to Interest in Closely-Held Business

* This form, as appropriately, adapted, should be separately completed for each closely held business interest, whether in corporate, partnership, limited liability company or sole proprietorship form and by each spouse. The total value can then be inserted into the Summary of Assets & Liabilities (Part Three in this Worksheet 1).

Attachment "C"

REAL ESTATE *

(including cooperative apartments and condominiums)

	Parcel One	Parcel Two
A. Basic Information		
1. Location	_____	_____
2. Type of property (e.g., residential, commercial, unimproved land)	_____	_____
3. Form of ownership	_____	_____
4. If joint property, contribution by each joint tenant	_____	_____

5. Date acquired	_____	_____
6. Income tax	_____	_____
7. Present fair market value	_____	_____
B. Mortgage Obligations		
1. Original mortgage amount	_____	_____
2. Current amount of mortgage	_____	_____
3. Maturity and payment schedules	_____	_____
C. Cash Flow Analysis		
1. Annual gross income	_____	_____
2. Annual maintenance costs	_____	_____
3. Annual real estate taxes	_____	_____
4. Annual tax depreciation	_____	_____
5. Annual mortgage payments (principal and interest)	_____	_____
6. Net positive (or negative) cash flow	_____	_____
D. Farm		
1. Farm machinery and equipment	_____	_____
2. Excess of value of land over value as operating farm	_____	_____
E. Estate Tax Special Use Valuation and Tax Payment Deferral Eligibility		
1. Does real estate qualify for estate tax special use valuation?	_____	
2. Is eligibility anticipated for estate tax deferral for farming and other closely held business activities?	_____	

* This form, as appropriately adapted, should be separately completed for each spouse. The total value can then be inserted into the Summary of Assets & Liabilities (Part Three in this Worksheet I).

Attachment "D"

LIFE INSURANCE *

	F a c e Value	Type of Policy	Annual Premium	Cash Surrender Value	Designated Beneficiary	Settlement Option
A. Policies Owned, by Client on his Life						
(Company & Policy Number)						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**B. Policies Owned
by Others on
Client's Life**

(Company & Policy
Number)

_____	_____
_____	_____
_____	_____

"Incidents of ownership" held by client in these policies? _____

**C. Policies Owned
by Client on
Lives of Others**

(Company & Policy
Number)

_____	_____
_____	_____
_____	_____

* This form, as appropriately adapted, should be separately completed for each spouse. The total current value can then be inserted into the Summary of Assets & Liabilities (Part Three in this Worksheet 1). Adjustments will be required to reflect the differences between cash surrender values and the face values if the proceeds will be includible in the insured's gross estate for federal estate tax purposes.

Attachment "E"

EXECUTIVE COMPENSATION AND EMPLOYEE BENEFITS *

Employer's name and address _____

A. Type of Plan	Retirement Benefit	Amount Vested	Death Benefits
1. Pension	_____	_____	_____
2. Profit-Sharing	_____	_____	_____
3. Deferred Compensation Arrangement	_____	_____	_____
4. Individual Retirement Account	_____	_____	_____
5. Other	_____	_____	_____
B. Stock Option Plan	Option Price	Current Value	Summary of Terms
1. Incentive Stock Plan	_____	_____	_____
2. Nonqualified Stock Option Plan	_____	_____	_____
C. Other Benefits	Company	Benefits	Beneficiary
1. Group term life insurance	_____	_____	_____
2. Disability income	_____	_____	_____
3. Health and medical insurance	_____	_____	_____

4. Other _____
 TOTAL VALUES FOR NET WORTH INCLUSIONS _____

* This form, as appropriately adapted, should be separately completed for each spouse. The total value can then be inserted into the Summary of Assets & Liabilities (Part Three in this Worksheet 1).

Attachment "F"

MISCELLANEOUS ASSETS *

(at current fair market value)

	Client	Spouse	Joint
A. Personal Effects			
1. Clothing	_____	_____	
2. Jewelry	_____	_____	
3. Home furnishings	_____	_____	
4. Other	_____	_____	_____
B. Other Tangible Personal Property			
1. Collections (e.g., art, book, stamp, coin)	_____	_____	_____
2. Automobiles	_____	_____	
3. Other (e.g., boats, aircraft, office contents,?)	_____	_____	
C. Patent, Trademark, and Copyright Ownership and Royalty Arrangements	_____	_____	
D. Mineral Interests			
1. Oil and gas	_____	_____	
2. Coal	_____	_____	
3. Other	_____	_____	
E. Estates and Trusts			
1. Anticipated benefits under estates and trusts	_____	_____	
2. Powers of appointment (general or limited?)	_____	_____	_____
F. Social Club Memberships, Bonds and Stock	_____	_____	
G. Cemetery Plot	_____	_____	
TOTAL VALUES	_____	_____	

* This form, as appropriately adapted, should be completed for each spouse. The total value can then be inserted into the Summary of Assets & Liabilities (Part Three in this Worksheet 1).

Attachment "G"

PERSONAL LIABILITIES *

	Obligee	Amount	Interest Rate
A. Real estate mortgages	_____	_____	_____
	_____	_____	_____
B. Promissory notes owing to financial institutions	_____	_____	_____
	_____	_____	_____
C. Loans on insurance policies	_____	_____	_____
	_____	_____	_____
D. Other obligations	_____	_____	_____
	_____	_____	_____
E. Charitable pledges	_____	_____	_____
	_____	_____	_____
F. Tax liabilities	_____	_____	_____
	_____	_____	_____
G. Contingent liabilities	_____	_____	_____
TOTAL LIABILITIES FOR INCLUSION IN NET WORTH STATEMENT	_____	_____	_____

* This form, as appropriately adapted, should be separately completed for each spouse. The total value can then be inserted into the Summary of Assets & Liabilities (Part Three in this Worksheet 1).