

INFORMATION GATHERING

INFORMATION FACT SHEET FOR CLIENT INTERVIEW

PART I

FAMILY DATA

Full name: _____

Spouse's: _____

Social security number: _____

Spouse's: _____

Other or former names: _____

Spouse's: _____

Home address: _____

Spouse's (if not the same): _____

If you have moved to Florida from another state, name the state and years of residence there and any other states in which you have resided: _____

_____ Date you moved to Florida: _____

Do you have other residences in Florida? Yes _____ No _____

Contact information:

Home phone: _____ Work phone: _____ Fax: _____

Cell: _____ Email: _____

Spouse's work number: _____

Birth date: _____ Birthplace: _____

Spouse's: _____

Are you a U.S. citizen? Yes _____ No _____

If U.S. citizen other than by birth, state date of citizenship: _____

Spouse? Yes _____ No _____ Year of citizenship: _____

Driver's license number: _____

Occupation: _____

Spouse's: _____

Employer: _____

Do you have children (including stepchildren or foster children)? Yes _____ No _____
 If yes, please provide the following information for each:

Name	Living? Yes/No	Age	Birth date	Married? Yes/No	City/State of Residence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

For each child, state the name of the child's other parent if not your present spouse. _____

Do you have children in college? Yes _____ No _____ Do you anticipate sending a child or children to college in the future? Yes _____ No _____ Do your children own any valuable assets? Yes _____ No _____ If so, name the child and the approximate value of the asset:

Name of child:	Approx. Value:
_____	_____
_____	_____
_____	_____
_____	_____

Do you have dependents other than minor children? Yes _____ No _____ If so, please provide name, age, and residence.

Name:	Age:	Residence:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any grandchildren? Yes _____ No _____ If so, please provide names, ages/birth dates, and names of parents.

Name:	Age:	Birth date:	Names of parents:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the names of your parents, brothers, and sisters, and state whether they are living, and if so, list their city and state of residence.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

List the same information for your spouse's parents and siblings.

Name:	Relationship:	Living?	Residence:
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____
_____	_____	Yes/No	_____

Do you presently have a will? Yes _____ No _____ If so, what is the date on the will? _____
Was it signed in Florida? Yes _____ No _____ If not, where? _____

Spouse presently has a will? Yes _____ No _____ If so, what is the date on the will? _____
Was it signed in Florida? Yes _____ No _____ If not, where? _____

Are you a beneficiary, trustee (singly or jointly), or creator of a trust? Yes _____ No _____ If so, what is the date of the trust? _____

Is your spouse a beneficiary, trustee (singly or jointly), or creator of a trust? Yes _____ No _____ If so, what is the date of the trust? _____

Have you signed a prenuptial or postnuptial agreement? Yes _____ No _____ If so, what is the date of the agreement and name of the spouse involved? _____

Please provide the following information regarding your former marriages:

Name of former spouse	Living?	Date of Death or Divorce agreement
_____	Yes/No	_____
_____	Yes/No	_____
_____	Yes/No	_____

Please provide the following information regarding your spouse's former marriages:

Name of former spouse	Living?	Date of Death or Divorce agreement
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Yes/No
Yes/No
Yes/No

PART II

ASSETS AND LIABILITIES

ASSETS

- A. Liquid assets: cash (dividends, etc.); savings accounts; checking accounts; money market accounts; certificates of deposit; mutual funds:

Item Identification/Account Number	Location (Bank Name/Address)	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- B. Other personal property (everything except liquid assets): private corporation stocks and bonds (publicly listed); unlisted stocks and bonds; government bills, notes, and bonds; commodities; automobiles; other vehicles (airplanes, boats, motorcycles, recreational vehicles); precious metals; safe deposit contents; household goods, furniture, and appliances; china, crystal, and silver; jewelry (watches, wedding and engagement rings); furs and clothing; art works, photographs, letters, medals, collectibles, family heirlooms, artifacts, and antiques; tools and machinery; computers and electronic equipment; sports equipment (camping, hiking, cycling, skiing, fishing, etc.); hobbies; camera, video, and recording equipment; books; musical instruments; valuable livestock/animals; pets; money owed to you (personal loans, etc.); vested interest in profit sharing plan, stock options, etc.; limited partnerships; trust interest; vested interest in retirement plans, IRAs, death benefits, annuities; life insurance; miscellaneous personal property not already listed.

NOTE: Separately identify valuable items. Categorize less valuable items (for example, "all of my clothing," "all of my household possessions," etc.). Household possessions can include furniture, appliances, tools, etc. State where listed assets are located (for example, provide the address or, if applicable, state "at my residence." List shares of stock by number of shares, name of company, and type of stock (for example, 100 shares of General Electric common). When listing the value of the asset, first list the total value, then subtract any debt owing on the asset and list the net value of the asset. If the asset is a life insurance policy, IRA, or retirement plan, identify any primary or contingent beneficiaries listed on the policy, account, or plan. Take into account accrued income tax liability when valuing a retirement plan.

Item Identification	Location	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Business personal property: patents, copyrights, trademarks, and royalties; business ownerships such as partnerships, sole proprietorships, corporations, etc. (list by name and type of business); miscellaneous receivables (such as mortgages, deeds of trust, or promissory notes held by you; rents due from income-producing property owned by you; payments due for professional or personal services or property sold by you that are not fully paid by the purchaser):

Item Identification	Location	Value
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

D. Real estate: agricultural land; boat/marina slip; cemetery plots; condominiums; cooperatives; timeshares; duplexes; houses; mobile homes; rental properties; undeveloped land; vacation homes:

NOTE: Describe real property by listing its address or location, including the street address or apartment number or acreage in a specified county. The legal description does not have to be provided. If the real property includes personal items such as farm tools or animals, include them in the description, specifically listing expensive items such as cattle or a tractor. If the items are relatively inexpensive, such as tools in a shed on otherwise vacant land, state "along with all personal property located on the property." Subtract any mortgage or other debt owing on the asset.

Property Address (including county)	Value
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

TOTAL NET VALUE OF ALL ASSETS

LIABILITIES

NOTE: To reach the net value of assets listed above, you should already have listed and subtracted the debt on the asset. Therefore, you should include below only those liabilities not taken into account above. Do not include regular monthly bills such as those for utilities,

telephone, and credit cards, but do take into account whether you have guaranteed any obligations of someone else (even if you don't expect to have to pay).

A. Personal property debts (personal loans with banks, major credit card debt, etc.) and other personal debts:

Item Description	Amount Due	Due Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Taxes (include only past and currently due taxes - do not include future or estimated estate taxes):

Item Description	Amount Due	Due Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Other liabilities (such as legal judgments, guarantees, accrued child support, etc.):

Item Description	Amount Due	Due Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL LIABILITIES _____

NET WORTH _____

PART III

INCOME AND HEALTH ISSUES

Annual income and source of income (wages, rents, dividends, etc.): _____

Provide the same information for your spouse: _____

Describe your health (good, fair, poor) and any illnesses that you have: _____

Provide the same information for your spouse: _____

State the name and contact information for your physician: _____

Provide the same information for your spouse: _____

Do you have health insurance? Yes _____ No _____ If yes, please provide the name of the company and contact information: _____

Provide the same information for your spouse: _____

Do you have disability insurance? Yes _____ No _____ If yes, please provide the name of the company and the value of the insurance: _____

Provide the same information for your spouse: _____

PART IV
CONSULTANTS

Name and contact information for your attorney: _____

Spouse's, if different: _____

Name and contact information for your accountant: _____

Spouse's, if different: _____

Name and contact information for your insurance agent: _____

Spouse's, if different: _____

Name and contact information for your investment advisor (broker, banker, etc.): _____

Spouse's, if different: _____

DOCUMENTS CLIENT SHOULD BRING TO INTERVIEW

1. Prior and present Wills
2. Trust instruments in which client is settlor, trustee, or beneficiary
3. Income tax return (most recent)
4. Gift tax returns (all)
5. Florida intangible tax return (most recent)
6. Financial statements prepared by accountant
7. Financial information submitted to lending institutions
8. Real and personal property tax bills
9. Deeds to property
10. Mortgages
11. Stock and bond certificates (or brokerage firm account statements if securities are held in those accounts)
12. Government, municipal, and corporate bonds
13. Life and health insurance policies and annuities and summary of current owner and beneficiary provisions
14. Savings account passbooks, statements relating to certificates of deposit, money market certificates, and liquid daily asset accounts
15. Stockholder or partnership agreements
16. Pension and profit-sharing plans and summary of current benefits
17. Leases
18. Instruments under which client has any interest or power of appointment
19. Prenuptial, postnuptial, or separation agreements
20. Judgments of dissolution of marriage
21. Court orders or agreements under which client is obligated to provide support
22. Wills of other family members, if pertinent
23. Employment contracts
24. Powers of attorney
25. Living will and designation of health care surrogate.