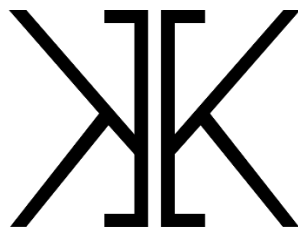


ESTATE PLANNING INTAKE FORM



KIMBERLY KOIDE IWAO, LLC
A LIMITED LIABILITY LAW COMPANY

CLIENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Marital Status: Married Single WidowedDate of Marriage: _____ Place of Marriage: _____
(City, State)

Birthdate: _____

Mailing Address: _____
(Street Address or PO Box)_____
(City, State, Zip)_____
(County of Residence)

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax Number: _____

E-Mail Address: _____

Occupation/Employer: _____

Have you ever had a will or trust? Will: Yes No Trust: Yes NoAre you a US Citizen? Yes No Disabled Veteran? Yes No**SPOUSE INFORMATION (IF APPLICABLE)**

Last Name: _____ First Name: _____ Middle: _____

Birthdate: _____ Social Security: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Fax Number: _____

E-Mail Address: _____

Occupation/Employer: _____

Have you ever had a will or trust? Will: Yes No Trust: Yes NoAre you a US Citizen? Yes No Disabled Veteran? Yes No

FAMILY INFORMATION

Previous Marriages by Client (Include Previous Spouse's Names & Date of Marriages): _____

Previous Marriages by Spouse - *if applicable* (Include Previous Spouse's Names & Date of Marriages): _____

Living Children – *On the "Parent" line indicate if the child is (J) Joint, (H) Husband's, or (W) Wife's Child.*

<u>Name</u>	<u>Birth Date</u>	<u>Current City/State</u>	<u>Male/Female</u>	<u>Adopted</u>	<u>Parent</u>

Deceased Children – *On the "Parent" line indicate if child is (J) Joint, (H) Husband's, or (W) Wife's Child.*

<u>Name</u>	<u>Birth Date</u>	<u>Current City/State</u>	<u>Male/Female</u>	<u>Adopted</u>	<u>Parent</u>

Grandchildren

<u>Name</u>	<u>Birth Date</u>	<u>Parent's Names</u>	<u>Male/Female</u>	<u>Adopted</u>

Do any of your Children or Grandchildren have physical or mental special needs? Yes No

If yes, please explain: _____

Are you or your spouse pregnant or anticipating becoming pregnant in the near future?

Yes

No

Have you or your spouse ever had a child born out of wedlock or outside of your marriage?

Yes

No

Please add any additional relevant information: _____

Please list your principle concerns regarding your estate planning: _____

CHOICE OF GUARDIAN FOR MINOR CHILDREN

Guardian for Children: *The individual(s) who has the legal care and control over your children in the event you are incapacitated or deceased. Please list your preferences:*

First Choice: _____

Second Choice: _____

Special Instructions for Appointment of Guardian(s) for minor children: _____

CHOICE OF PERSONAL REPRESENTATIVE

Personal Representative: *Your Personal Representative will liquidate and administer your probate estate if necessary. This position was previously known as an Executor. Please list your preferences (name and city of residence):*

First Choice: _____

Second Choice: _____

Special Instructions for Appointment of Personal Representative(s): _____

CHOICE OF SUCCESSOR TRUSTEE

Successor Trustee: *The Successor Trustee takes over control of your trust after you or the initial Trustee(s) can no longer serve. When your estate plan involves a revocable trust, you and/or your spouse usually serve as the initial Trustees. The Successor Trustee can be an individual(s) or corporate entity, such as your bank or a trust company. Please select your Successor Trustee(s), that will manage and distribute your assets in the event of your incapacity or death, and include their name and city of residence.*

First Choice: _____

Second Choice: _____

Third Choice: _____

Special Instructions for Appointment of Successor Trustee(s): _____

DURABLE POWER OF ATTORNEY

Durable Power of Attorney: *A Durable Power of Attorney involves an individual who serves as an Attorney-in-Fact and is authorized to act on your behalf in a limited or general financial capacity. Your Attorney-in-Fact's powers may be effective immediately or they may become effective only upon your incapacitation. Please list your preference, in order, for your selection of your Attorney-in-Fact, together with their city of residence.*

First Choice: _____

Second Choice: _____

HEALTHCARE POWER OF ATTORNEY

Healthcare Power of Attorney: *A Healthcare Power of Attorney is an individual that you select as an agent to make decisions should you become incapacitated. Please list your preference for your selection of a Healthcare Power of Attorney, together with their city of residence.*

First Choice: _____

Second Choice: _____

FINANCIAL INFORMATION

Ownership (legal title) of assets can determine to whom assets will pass upon your death. Ownership may negate will or trust provisions, including any tax planning. For each asset you list in this questionnaire, please carefully state the name of the owner(s) of the asset.

FINANCIAL AND INVESTMENT ACCOUNTS:

Please list your financial and investment accounts. Under Account Type specify cash, checking, savings, money market, mutual fund, brokerage account, securities (stocks & bonds), certificate of deposit (CD), etc.

1. Name, Address, and Phone number of Institution/Issuer: _____

Owner(s): _____

Account Type: _____

Approximate Value: \$ _____

2. Name, Address, and Phone number of Institution/Issuer: _____

Owner(s): _____

Account Type: _____

Approximate Value: \$ _____

3. Name, Address, and Phone number of Institution/Issuer: _____

Owner(s): _____

Account Type: _____

Approximate Value: \$ _____

4. Name, Address, and Phone number of Institution/Issuer: _____

Owner(s): _____

Account Type: _____

Approximate Value: \$ _____

REAL ESTATE: (Including your residences, rental property you own, time shares, vacant land, oil and other mineral interests, etc. If you have a copy of your legal description, please attach that, as well.)

1. Type (residence, rental, time share, vacant land, oil, and other mineral interests): _____

Address/Location: _____

Owner(s): _____

Purchase Price: \$ _____ Outstanding Mortgage: \$ _____

Current Value: \$ _____ Approximate Yearly Income: \$ _____

2. Type (residence, rental, time share, vacant land, oil, and other mineral interests): _____

Address/Location: _____

Owner(s): _____

Purchase Price: \$ _____ Outstanding Mortgage: \$ _____

Current Value: \$ _____ Approximate Yearly Income: \$ _____

3. Type (residence, rental, time share, vacant land, oil, and other mineral interests): _____

Address/Location: _____

Owner(s): _____

Purchase Price: \$ _____ Outstanding Mortgage: \$ _____

Current Value: \$ _____ Approximate Yearly Income: \$ _____

4. Type (residence, rental, time share, vacant land, oil, and other mineral interests): _____

Address/Location: _____

Owner(s): _____

Purchase Price: \$ _____ Outstanding Mortgage: \$ _____

Current Value: \$ _____ Approximate Yearly Income: \$ _____

TANGIBLE PERSONAL PROPERTY

Household articles, jewelry, artwork, furs, antiques, gold, silver or other valuable coins, etc. (List items with value of \$5,000 or greater.)

#1. Description _____

Who owns the items? Individual or joint? _____

Approximate Value: \$ _____

#2. Description: _____

Who owns the items? Individual or joint? _____

Approximate Value: \$ _____

#3. Description: _____

Who owns the items? Individual or joint? _____

Approximate Value: \$ _____

#4. Description: _____

Who owns the items? Individual or joint? _____

Approximate Value: \$ _____

#5. Description _____

Who owns the items? Individual or joint? _____

Approximate Value: \$ _____

List any additional information regarding assets/etc. (patent rights, copyrights, contract rights, etc.): _____

RETIREMENT BENEFIT ACCOUNTS

401(k), IRA, Profit Sharing, Thrift Savings, etc.:

Type of Plan	Company	Beneficiary	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pension Plans:

Company	Monthly Benefit
_____	_____
_____	_____
_____	_____

List any additional information on work/retirement related accounts: _____

GIFTS

Have you ever filed a federal gift tax return? Yes No

If so, please explain: _____

INHERITANCES

Please list any inheritances or trust funds received by you and/or your spouse: _____

Please list any anticipated inheritances or Trust Funds you and/or your spouse expect to receive: _____

LIFE INSURANCE POLICIES

Policy No. 1

Life Insurance Company: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Current Death Benefit: \$ _____ Cash Value: \$ _____

Type of Policy: Term Whole/Universal Accidental/Travel

Policy No. 2

Life Insurance Company: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Current Death Benefit: \$ _____ Cash Value: \$ _____

Type of Policy: Term Whole/Universal Accidental/Travel

Policy No. 3

Life Insurance Company: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Current Death Benefit: \$ _____ Cash Value: \$ _____

Type of Policy: Term Whole/Universal Accidental/Travel

Policy No. 4

Life Insurance Company: _____

Owner of Policy: _____

Insured: _____

Beneficiaries: _____

Current Death Benefit: \$ _____ Cash Value: \$ _____

Type of Policy: Term Whole/Universal Accidental/Travel

INFORMATION FOR BUSINESS OWNERS

Do you own a business: Yes No

If "no", please proceed to the next section.

Name of Business: _____

Address of Business: _____

Phone Number: _____

Name of Office Manager: _____

FEI Number of Business: _____ Date of Incorporation: _____

Is this a family owned business? Yes No

What percentage of ownership do you have in the business? _____

Does your company have an Operating Agreement or Bylaws? Yes No

Does your company have Corporate Minutes? Yes No

Other Members/Owners/Shareholders of the Business: _____

Is your Business currently represented by legal counsel? Yes No

If so, please provide Attorney/Firm Name: _____

Outside of your estate planning needs, does the business need corporate legal counsel? Yes No

Do you anticipate the Business continuing operations following your retirement, incapacitation or death? Yes No

Has your Business been appraised or valued for any purpose? If so, please describe: _____

Do you have whole or part ownership in another/other business(es)? Yes No

Other Information: _____

Please use a separate sheet for additional businesses.

ADVISORS

Personal Attorney: _____

Company Name: _____

Address: _____

Phone: _____

Financial Planner: _____

Company Name: _____

Address: _____

Phone: _____

Accountant: _____

Company Name: _____

Address: _____

Phone: _____

Life Insurance Agent: _____

Company Name: _____

Address: _____

Phone: _____

Funeral Home : _____

Company Name: _____

Address: _____

Phone: _____

