

CLIENT PROPERTY INFORMATION

A. BUSINESS INTERESTS

Name: _____ Nature of business: _____

Net fair market value of entire business: \$ _____ Determined by: Client's estimate Buy-sell agreement Book value

Form of Business Sole Proprietorship Professional Corp. Number of employees: _____

Partnership/LLC Sub-chapter S-corp. Full time: _____

Corporation (close) Corporation (private) Part Time: _____

Is there a buy-sell agreement: Yes (include copy or give details on back) No

At death, business is to be:

Owners and percentage owned by each

Continued by heirs

<input type="checkbox"/> Sold to surviving owners	Name	Age	% owned or # of shares	Annual Income from business	Ownership*	Amount key person life insurance
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<input type="checkbox"/> Sold to key employees	_____	_____	_____	\$ _____	_____	\$ _____
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<input type="checkbox"/> Liquidated	_____	_____	_____	\$ _____	_____	\$ _____
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<input type="checkbox"/> _____	_____	_____	_____	\$ _____	_____	\$ _____
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*Ownership key: Please use letter to indicate type of ownership:

(a) Community property (b) Joint tenancy with spouse (c) Joint tenancy with _____
 (d) Husband's separate property (e) Wife's separate property (f) Tenancy in common (g) Tenancy by the entireties

Key Employees:

Name	Age	Position	Annual salary	Amount key person life insurance
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Include financial statements, tax returns for past 3 years and an inventory of business life insurance. If financial statements are not available:

Gross sales	Net profit (after taxes)	FRINGE BENEFITS PROVIDED
20_____ \$ _____	\$ _____	<input type="checkbox"/> Qualified pension or profit sharing plan
20_____ \$ _____	\$ _____	<input type="checkbox"/> Deferred compensation
20_____ \$ _____	\$ _____	<input type="checkbox"/> Split dollar
20_____ \$ _____	\$ _____	<input type="checkbox"/> Group life insurance
20_____ \$ _____	\$ _____	<input type="checkbox"/> Long term disability insurance
20_____ \$ _____	\$ _____	<input type="checkbox"/> Health and accident insurance

ADDITIONAL BUSINESS INTERESTS (If substantial, complete a page for each business)

Name of location	Nature of Business	Number of employees	Partnership/LLC or sole proprietorship?	Close corporation, net value of entire business	How owned... indicate names of all owners and percentage owned by each
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

IRA's, PENSIONS and FRINGE BENEFITS

B. QUALIFIED PENSION, PROFIT SHARING and KEOGH PLANS

	Owner (employee)	Type of retirement plan (401K, pension, profit sharing, Keogh, etc.)	Vested account value	Name of Employer	Beneficiaries
Retirement Plan – 1	_____	_____	_____	_____	_____
Retirement Plan – 2	_____	_____	_____	_____	_____
Retirement Plan – 3	_____	_____	_____	_____	_____
Retirement Plan – 4	_____	_____	_____	_____	_____

Life insurance held by plan? Yes No

If yes, which plan? _____ Death benefit: _____

C. INDIVIDUAL RETIREMENT ACCOUNTS

	Owner (employee)	Type of IRA (regular or Roth)	Account value	Custodian of account	Beneficiaries
IRA – 1	_____	_____	_____	_____	_____
IRA – 2	_____	_____	_____	_____	_____
IRA – 3	_____	_____	_____	_____	_____
IRA – 4	_____	_____	_____	_____	_____

D. FRINGE BENEFITS

Owner	Number of options granted or amount of deferred compensation	Number of options vested or amount of deferred compensation vested	Name of employee	Contingent beneficiaries
Deferred compensation _____	_____	_____	_____	_____
Incentive stock option _____	_____	_____	_____	_____
Non-qualified stock option _____	_____	_____	_____	_____

E. REAL ESTATE – All real property in which you or your spouse have an interest. (DO NOT include real estate values which have been reflected in the value in the value of other assets or business interest.)

Address, location and description (i.e. residence, apartment, commercial office, farm, industrial, hotel)	Year acquired	Cost basis	Fair market value	Mortgage	Ownership* (see below)	Other owners and percentage owned by each
1. _____ (Residence)	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____

*Ownership key: Please use letter to indicate type of ownership:

- (a) Community property
- (b) Joint tenancy with spouse
- (d) Husband's separate property
- (e) Wife's separate property

- (c) Joint tenancy with _____
- (f) Tenancy in common
- (g) Tenancy by the entireties

F. RECEIVABLES – Obligations – notes, mortgages, accounts receivables, etc., owed to you or your spouse personally. (DO NOT include income or items owed to a business in which you or your spouse have an interest.)

Type of receivable	Debtor	Balance	Ownership*
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

G. MISCELLANEOUS PERSONAL PROPERTY – Other assets (automobiles, jewelry, household furniture and furnishings collections, etc. owned by you or your spouse.)

Type of personal property	Fair market value	Ownership*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

*Ownership key: Please use letter to indicate type of ownership:

(a) Community property

(b) Joint tenancy with spouse

(c) Joint tenancy with _____

(d) Husband's separate property

(e) Wife's separate property

(f) Tenancy in common

(g) Tenancy by the entireties

H. CASH IN BANKS OR BROKERAGES – All bank accounts (savings or checking) owned by you or your spouse. (DO NOT list IRA or pension accounts, should be listed on page 11 "IRA's, Pensions and Fringe Benefits". Also, DO NOT include accounts which are reflected in business interests or other assets.)

Type of account	Bank, S&L or broker	Average balance	Ownership*
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

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I. BONDS – All the current value of U.S. Bonds (Treasury bonds, Treasury notes, Treasury bills) owned by you or your spouse. List by type – DO NOT list each individual bond. (DO NOT list bonds in IRA or pension accounts; IRA and pension accounts should be listed on page 11.) (DO NOT include accounts which are reflected in business interest or other assets.)

Type of bond, note or bill	Value	Ownership*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

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- (e) Wife’s separate property
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- (g) Tenancy by the entireties

J. SECURITIES – All stock, bonds (other than U.S. bonds listed in Paragraph I above), Mutual funds, Money market funds and other securities owned by you or your spouse. (DO NOT list stock in a closely held corporation: this should be included under "Business Interests" on page 9.) (DO NOT list IRA or pension accounts; IRA and pension accounts must be listed on page 11.) (DO NOT include accounts which are reflected in business interests or other assets.)

Company	No. of shares	Ownership*	Original cost	Present value per share	Total present value
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____

*Ownership key: Please use letter to indicate type of ownership:

- (a) Community property
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- (d) Husband's separate property
- (e) Wife's separate property
- (f) Tenancy in common
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K. LIFE INSURANCE and ANNUITIES – Every life insurance policy (individual or group), annuity or supplementary contract in which you or your spouse or a business in which you or your spouse have an interest, is the insured, annuitant, assignee or beneficiary. Under "face amount" include the commuted value of any term riders. For "face amount" of annuity, show current death benefit. (DO NOT include disability or accidental death policies, and insurance in Qualified Plans listed in paragraph B.)

Insured or Annuitant	Owner	Insurance co./ Policy number	Face amount (including Riders)	Current cash value	Policy loans	Primary beneficiary	Secondary beneficiary
1. _____	_____	_____ _____	_____	_____	_____	_____	_____
2. _____	_____	_____ _____	_____	_____	_____	_____	_____
3. _____	_____	_____ _____	_____	_____	_____	_____	_____
4. _____	_____	_____ _____	_____	_____	_____	_____	_____
5. _____	_____	_____ _____	_____	_____	_____	_____	_____
6. _____	_____	_____ _____	_____	_____	_____	_____	_____
7. _____	_____	_____ _____	_____	_____	_____	_____	_____
8. _____	_____	_____ _____	_____	_____	_____	_____	_____

If any of the above is subject to a collateral assignment, or endorsement, indicate for each policy the amount of the loan listed in paragraph L below.

L. LIABILITIES – Liabilities of you or your spouse. (DO NOT include any mortgages on real estate, life insurance policy loans, etc. that have already been listed, or liabilities of a business in which you or your spouse have an interest which was included in the business' valuation.)

Type of liability	Secured by	Amount	Creditor	How payable and due date	Payable at death?
1. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

M. INHERITANCES – Any inheritance in excess of \$250,000 (after being reduced by death taxes) that you or your spouse expect to receive, indicating, if possible, approximate amount and name, age and relationship of benefactor and health.

Expected inheritances of husband (approx.) \$ _____ From: _____ Age: _____

Expected inheritances of wife (approx.) \$ _____ From: _____ Age: _____

N. INCOME – The approximate amount of your annual income, including that of your spouse. If you, your spouse or a child have any substantial amount of unearned income (i.e., from investments, trust, et.), please indicate source and amount. Include copies of current income tax returns and a current month’s payroll stub.

Do you expect any substantial increase or decrease in income on the next two years? Yes No

Income Sources	20____ Self 20____	20____ Spouse 20____	20____ Children 20____
Salary, bonuses, commissions			
Dividends			
Interest			
Net rents			
Other			
Total			