

INITIAL INTERVIEW
AGREEMENT



You have scheduled an interview with The Law Collaborative to discuss a personal legal matter. The purpose of this agreement is to inform you of the nature of our initial interview and to allow you to acknowledge your understanding and agreement with our firm's standard terms for initial interviews.

Our initial interview will be preliminary only. The purpose of the initial interview is for you to determine whether you wish to retain The Law Collaborative to represent you and for us to determine whether we shall accept your case.

There is a charge of \$500 for your visit today. If your visit is in regards to a second opinion, the charge is \$750 for reviewing, analyzing, and discussing your ongoing case. How do you wish to pay for our services?

- Cash \$500 \$750
- Check# _____ \$500 \$750
- Credit Card # _____ \$500 \$750

Unless and until you and I sign a written retainer agreement and you pay the initial retainer amount, there will be no lawyer-client relationship between you and The Law Collaborative.

Before I can represent you, I must be certain I have never represented the adverse party. Please state each name used by the adverse party:

_____.

I AGREE TO THE FOREGOING

Date: _____

PROSPECTIVE CLIENT

ATTORNEY

PERSONAL INFORMATION – YOU

Date Prepared: _____

Referred by:

Name Phone/Fax

HUSBAND:

Full Legal Name _____
Name Used to Sign _____
Prefer to be Called _____
Home Address _____
City _____ State _____
County _____ Zip Code _____
Home Phone _____ S.S.# _____
Birth Date _____ Age _____ U.S.Citizen?YES/NO
Employer _____ Occupation _____
Business Address _____
City _____ State _____ Zip Code _____
Business Phone _____ Own Business? YES/NO

WIFE:

Full Legal Name _____
Name Used to Sign _____
Prefer to be Called _____
Home Address _____
City _____ State _____
County _____ Zip Code _____
Home Phone _____ S.S.# _____
Birth Date _____ Age _____ U.S.Citizen?YES/NO
Employer _____ Occupation _____
Business Address _____
City _____ State _____ Zip Code _____
Business Phone _____ Own Business? YES/NO

On what date were you married? _____
Have you or your spouse previously completed will, trust, or estate planning? YES*/NO
If YES, what kind of planning and when? _____

**It would be helpful for you to bring existing wills and/or trusts to your consultation for review.*

PERSONAL INFORMATION – YOUR BENEFICIARIES

YOUR CHILDREN:

Please indicate any children who are adopted. Under “comments”, please describe your relationship with this child, his or her spouse or partner, and grandchildren. Do you have any specific wishes with respect to their inheritance?

H=Husb. W=Wife B=Both

Age	Full Legal Name (Spell out middle names)	Birth Date	Child of
_____	_____	_____	_____
occupation		education	
spouse			

grandchildren (please include age)			

comments			

Age	Full Legal Name (Spell out middle names)	Birth Date	Child of
_____	_____	_____	_____
occupation		education	
spouse			

grandchildren (please include age)			

comments			

Age	Full Legal Name (Spell out middle names)	Birth Date	Child of
_____	_____	_____	_____
occupation		education	
spouse			

grandchildren (please include age)			

comments			

OTHER DEPENDENTS

1. Do you or your spouse have anyone who depends on either of you for all or part of their support? YES
NO

If YES: Name _____ Relationship _____

QUESTIONS ABOUT YOUR CHILDREN OR OTHER BENEFICIARIES (Circle YES or NO)

- 1. Do any of your children or beneficiaries receive governmental Support or benefits because of a disability or handicap? YES NO
- 2. Do any of your children or beneficiaries have special Educational, medical, or physical needs? YES NO
- 3. Are any of your children or beneficiaries institutionalized? YES NO
- 4. If you answered YES to any of the above questions, please describe the type of disability that you children or beneficiary has. _____
- 5. Do any of your children or beneficiaries have any other special Needs or circumstances that are concerns for you? YES NO
If YES, please describe:

IF ANY OF YOUR CHILDREN ARE UNDER THE AGE OF 18

Whom do you wish to be guardian of your children?

Name in order of preference. (One person per line)

- 1. Name _____ Relationship _____
- 2. Name _____ Relationship _____
- 3. Name _____ Relationship _____
- 4. Name _____ Relationship _____

PERSONAL INFORMATION – BACKGROUND

QUESTIONS ABOUT YOU AND YOUR SPOUSE

1. Are you or your spouse receiving social security or disability benefits? YES NO
2. Do you or your spouse have any health concerns? YES NO
If YES, what? _____
3. Have you lived in any of the following states while married to your current spouse? (Washington, Idaho, California, Nevada, Arizona, New Mexico, Texas, Louisiana or Wisconsin)
YES NO
If YES, list which state(s) and the time period you resided there:
State _____ Dates _____ State _____ Dates _____
4. Have you or your spouse ever filed federal gift tax returns? YES NO
5. Are you currently making annual gifts to anyone? YES NO
6. Did you or your spouse ever sign a pre- or post-marriage contract? YES NO.
7. Have either of you ever been divorced? YES NO
If YES, whom _____ Date _____
8. Have either of you ever been widowed? YES NO
If YES, whom _____ Date _____
9. Do you desire to benefit any charities in your estate plan? YES NO
If YES, name of charities _____
10. Are you currently the beneficiary of anyone else’s trust? YES NO
If YES, briefly describe _____

YOUR ADVISORS:

	Name	City/State	Telephone
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Accountant	_____	_____	_____
Financial Planner	_____	_____	_____
Life Ins. Agent	_____	_____	_____
Life Ins. Agent	_____	_____	_____
Primary Pers. Bank	_____	_____	_____
Primary Bus. Bank	_____	_____	_____

PERSONS TO ACT FOR YOU

GENERAL INSTRUCTIONS:

If you were unable and your spouse was unavailable to make decisions for yourself, who would you want to make decisions for you with regard to your property and assets? You may name a husband and wife on one line if you wish them to serve together.

FOR HUSBAND: (In order of preference)

Name	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

FOR WIFE: (In order of preference)

Name	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

MEDICAL INSTRUCTIONS:

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment and/or life support machines?

FOR HUSBAND: (In order of preference)

Name	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

FOR WIFE: (In order of preference)

Name	Address (Street, City, State)
1 st _____	_____
2 nd _____	_____
3 rd _____	_____
4 th _____	_____

YOUR CONCERNS

Please rate the importance to you of the following concerns:

	Least	----	Most	
PROTECTION FOR YOUR CHILDREN	1	2	3	4 5
PROTECTION FOR YOUR SPOUSE	1	2	3	4 5
MAINTAINING CONTROL OF YOUR ASSETS	1	2	3	4 5
AVOIDING PROBLEMS IN CASE OF MENTAL DISABILITY	1	2	3	4 5
AVOIDING LIFE SUPPORT MACHINES	1	2	3	4 5
AVOIDING PROBATE	1	2	3	4 5
AVOIDING OR REDUCING ESTATE TAXES	1	2	3	4 5
AVOIDING OR REDUCING INCOME TAXES	1	2	3	4 5
DISINHERITANCE OF A FAMILY MEMBER	1	2	3	4 5
PROTECTING ASSETS FROM LAWSUITS, ETC.	1	2	3	4 5
MONITORING OF INVESTMENTS	1	2	3	4 5
RETAINING FAMILY MANAGEMENT OF FINANCIAL AFFAIRS	1	2	3	4 5

OTHER CONCERNS (Please list below):

In addition to discussing any of the above concerns, we will discuss the following topics:

- Who is to receive your assets after your death?
- What instructions do you want to leave for the benefit of yourself and your loved ones?
- Who would manage and distribute your assets after your death or during your disability?

YOUR ASSETS AND LIABILITIES

1. CASH ACCOUNTS. List your checking and savings accounts and certificates of deposit below. Do not include IRAs here. Bring a recent bank statement for each.

Owner	Institution	Acct.#	Acct. Type	Value

2. INVESTMENT ACCOUNTS AND MUTUAL FUNDS. Includes stock holdings managed by brokerage firms. List your investment accounts below. Do not include tax deferred accounts, such as IRAs, etc. here. Bring a recent statement for each account.

Owner	Institution	Acct.#	Fund Type	Value

3. STOCK CERTIFICATES AND BOND CERTIFICATES. List all your stocks and bonds managed by the company (not a broker) or evidenced by certificate. Bring book entry statements or copies of the certificates for each.

Owner	Company/Obligor	Acct.#/ Cert.#	# Shares	Value

4. PERSONAL EFFECTS. Includes vehicles, boats, RVs, etc. Also list any other items which may be more valuable than ordinary household belongings such as artwork, jewelry, antiques, etc.

Owner	Description of Item	Appraised?	Value

5. QUALIFIED RETIREMENT PLANS. Includes IRAs, 401Ks, etc. List here the accounts funded by money not included in taxable income on your income tax return (including IRA-type annuities). Bring a recent statement for each account.

Owner	Institution	Acct.#	Acct. Type	Value

6. LIFE INSURANCE POLICIES AND NON-QUALIFIED ANNUITIES. Include annuities funded by money included in taxable income on your income tax return. Bring a recent policy report, policy, or statement for each.

Owner	Company	Acct.#	Acct. Type	Death Benefit/ Acct. Value

7. MORTGAGES, NOTES, OTHER RECEIVABLES. Include here debts owed to you by others, such as promissory notes, deeds of trust, etc. Bring evidence of the debt and evidence of the balance still owing, if available.

Payee	Payor City/State	Terms of Debt	Debt Type	Amount Owed to You

8. PARTNERSHIP, BUSINESS AND PROFESSIONAL INTERESTS. List here any shares or other ownership interest in a closely held corporation, partnership, limited liability company, or other entity. Bring evidence of such ownership, such as a partnership agreement, etc.

Owner	Description of Entity	Interest %	Value of Interest

9. OIL, GAS, MINERAL AND WATER INTERESTS. Bring deeds or other evidence for each interest listed below.

Owner	Brief Legal Description	Ownership %	Value of Interest

10. REAL ESTATE. Includes personal residence, commercial, farm or rental properties, vacation homes, etc. Indicate in the "Lien" column whether the property has a mortgage against it, and be sure to include the mortgage information in the liabilities section. Bring the deed to you (do not bring the deed of trust, release of deed of trust, title insurance documents, etc. unless you have no other documents for the property). If you have a recent tax statement showing the assessor parcel ID number, please bring it as well.

Owner	Brief Legal Description	Interest %	Lien	Value of Interest
	State:			
	State:			
	State:			
	State:			
	State:			

11. ANTICIPATED JUDGMENT. (i.e., from a lawsuit)

To Whom	Description	From Whom	Value of Interest

12. ANTICIPATED INHERITANCE OR GIFT.

To Whom	Description	From Whom	Value of Interest

13. OTHER ASSETS. Including any other assets not included above.

Owner	Description	Value

LIABILITIES

DOLLAR AMOUNTS

LIABILITIES	JOINT	Husband	Wife
Loans Payable			
Accounts Payable			
Real Estate Mortgage - Residence			
Real Estate Mortgage -			
Loans against life insurance			
Other obligations -			
TOTAL LIABILITIES			

CURRENT INCOME AND SOURCES

DOLLAR AMOUNTS

SOURCE	JOINT	Husband	Wife
Salary and Wages			
Investment Income and Dividends			
Social Security			
Pension or Retirement Plans			
Other			
TOTAL INCOME			

WE WILL COMPLETE THE FOLLOWING PAGES TOGETHER WITH YOU
WHEN YOU COME IN FOR YOUR FIRST MEETING

SUMMARY

ASSETS (Fair market value today)

ASSETS	HELD AS			TRANSFER TO		
	J	H	W	HRLT	WRLT	Other
1. Cash Accounts						
2. Investment Accounts						
3. Stocks/Bonds/Mutual Funds						
4. Personal Effects						
5. Retirement Plans						
6. Life Insurance/Annuities						
7. Notes/Other Receivables						
8. Partnership/Business/Prof. Int						
9. Oil/Gas/Mineral/Water Int.						
10. Real Estate						
11. Anticipated Judgment (lawsuit)						
12. Anticipated Inheritance Or Gift						
13. Other Assets -						
TOTAL ASSETS						
TOTAL LIABILITIES						

NET ESTATE	DOLLAR AMOUNTS		
	JOINT	HUSBAND	WIFE
Net Estate Before Planning			
Net Estate After Planning			

ESTATE TAX WORKSHEET
UNIFIED RATE SCHEDULE

<u>Column A</u>	<u>Column B</u>	<u>Column C</u>	<u>Column D</u>
Taxable amount over	Taxable amount not over	Tax on amount in Column A	Rate of tax on excess over amount in Column A
\$0	\$10,000	\$0	18%
10,000	20,000	1,800	20%
20,000	40,000	3,800	22%
40,000	60,000	8,200	24%
60,000	80,000	13,000	26%
80,000	100,000	18,200	28%
100,000	150,000	23,800	30%
150,000	250,000	38,800	32%
250,000	500,000	70,800	34%
500,000	750,000	155,800	37%
750,000	1,000,000	248,300	39%
1,000,000	1,250,000	345,800	41%
1,250,000	1,500,000	448,300	43%
1,500,000	2,000,000	555,800	45%
2,000,000	2,500,000	780,800	49%
2,500,000	3,000,000	1,025,800	53%
3,000,000	//////////////////// ////////////////////	1,290,800	55%*

*There is an additional 5% tax on so much of the taxable amount that is over \$10,000,000 but not over \$21,040,000.

ESTIMATED DEATH TAXES BEFORE PLANNING

We will make any of these calculations that affect your plan when we meet with you.

TAXED ESTATE: \$ _____ Tax on first bracket: _____
 Tax on remainder of: \$ _____ at ____% is: _____
 FOR A TOTAL OF: _____
 Less the unified tax credit: (\$192,800)
 NET DEATH TAX: _____

ESTATE PLANNING WORKSHEET

Please circle your response to the following:

- | | | | | |
|-----|--|-----|----|------------|
| 1. | I have a current Living Will. | Yes | No | Don't Know |
| 2. | I am certain that my current estate plan will avoid all federal estate taxes at my death. | Yes | No | Don't Know |
| 3. | I have taken steps to avoid contests and disputes after my death. | Yes | No | Don't Know |
| 4. | I am confident that my current estate plan protects me from unnecessary placement in a nursing home and provides clear instructions for care in my own home. | Yes | No | Don't Know |
| 5. | I have a Living Trust in place as part of my estate plan, so that my family can avoid the delays and expenses of probate. | Yes | No | Don't Know |
| 6. | I have a Health Care Power of Attorney and appointment of Health Care Representative to permit my spouse or children to make emergency health care decisions for me in the event I am unable to do so. | Yes | No | Don't Know |
| 7. | I am comfortable that my estate plan will allow my family to avoid costly guardianship court proceedings, in the event I become incapacitated | Yes | No | Don't Know |
| 8. | I know all about a plan that would allow me to prepay my estate taxes at a 70%-80% discount. | Yes | No | Don't Know |
| 9. | I have taken steps to prevent the IRS from taking between 37% and 55% of my life insurance proceeds from my family. | Yes | No | Don't Know |
| 10. | I am confident that my current plan protects my surviving spouse and children from creditors, lawsuits, and failed marriages. | Yes | No | Don't Know |
| 11. | I have taken steps to protect my children's inheritance in the event my surviving spouse chooses to remarry. | Yes | No | Don't Know |

- | | | | | |
|-----|--|-----|----|------------|
| 12. | I am certain that my current estate plan contains the documents necessary for my family to do medicaid planning in the future, to help prevent the impoverishment of me or my spouse from the devastating effects of a catastrophic illness and nursing home care. | Yes | No | Don't Know |
| 13. | I have a plan that may allow my family to save up to \$192,000 or more in federal estate taxes. | Yes | No | Don't Know |
| 14. | I am certain that the amount of my investments along with the total amount of my life insurance will give my family the ability to perpetuate capital and spend only the income. | Yes | No | Don't Know |
| 15. | I have recently checked the beneficiary designations of my retirement and insurance plans, and I am confident that I have not listed my estate or any minor children as either primary or secondary beneficiaries. | Yes | No | Don't Know |
| 16. | I have updated my Durable Power of Attorney since October of 1995. All prior Power of attorneys are obsolete (not valid). | Yes | No | Don't Know |

If you answered "NO" or "DON'T KNOW" to any of the above questions, you may need to see an estate planning attorney.

Of the 16 questions above, I have answered "NO" or "DON'T KNOW" a total of ____ times.