



Law offices of

ANDREA L. JAKOB, PA

**CONFIDENTIAL 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? Yes/No	Residence:

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

Name:	Relationship:	Living? Yes/No	Residence:

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? Yes/No	Date of Death or Divorce agreement

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

Name of former spouse	Living?	Date of Death or Divorce agreement
_____	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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.