

## WORKSHEET INITIAL CONSULT

James Hamers  
Glenn T. Okawa

Dated \_\_\_\_\_

### CLIENT

### SPOUSE

\_\_\_\_\_  
Name to use when you sign legal documents

\_\_\_\_\_  
Name to use when you sign legal documents

Street \_\_\_\_\_

P.O. Box \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Is Client a US Citizen?

Yes  No

Is Spouse a US Citizen?

Yes  No

Indicate if there is an existing Guardianship for:

Client  Spouse

Indicate if there is an existing Conservatorship for:

Client  Spouse

Birth date: \_\_\_\_\_

Employer: \_\_\_\_\_

Which legal documents currently exist - indicate all that apply

- |                              |                             |                           |                              |                             |                            |
|------------------------------|-----------------------------|---------------------------|------------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Durable Power of Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Irrevocable Living Trust   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Advance Directive         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Marital agreement          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Last Will                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Buy-Sell agreement         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Revocable Living Trust    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Court financial obligation |

Name - Date of existing Trust: \_\_\_\_\_

What are your current goals or primary concerns - indicate all that apply

Low Mid High Priority

- |                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Avoid Probate, Conservatorships and Guardianships                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minimize estate taxes  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medicaid (long term care) planning for yourself or others            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Education and other significant expense planning for family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other: _____   |

Yes  No Do you wish to have documents (password protected) sent to you through your email?

Email Address to use: \_\_\_\_\_

**YOUR FAMILY AND OTHERS WHO WILL INHERIT**

**Name** \_\_\_\_\_  Male  Female

Child of  Client  Spouse Other \_\_\_\_\_

Sibling of  Client  Spouse Other \_\_\_\_\_

Parent of  Client  Spouse Other \_\_\_\_\_

Friend of  Client  Spouse

Other Relationship \_\_\_\_\_

This person  Is a Minor  Is Deceased  Cannot manage money

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female

Child of  Client  Spouse Other \_\_\_\_\_

Sibling of  Client  Spouse Other \_\_\_\_\_

Parent of  Client  Spouse Other \_\_\_\_\_

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Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female

Child of  Client  Spouse Other \_\_\_\_\_

Sibling of  Client  Spouse Other \_\_\_\_\_

Parent of  Client  Spouse Other \_\_\_\_\_

Friend of  Client  Spouse

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**Name** \_\_\_\_\_  Male  Female

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Other Relationship \_\_\_\_\_

This person  Is a Minor  Is Deceased  Cannot manage money

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Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Charity**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## YOUR DECISION MAKERS

Name \_\_\_\_\_  Male  Female

- Financial decision maker
- Health Care decision maker
- Guardian for Minor Child

Relationship \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

- Financial decision maker
- Health Care decision maker
- Guardian for Minor Child

Relationship \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

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- Health Care decision maker
- Guardian for Minor Child

Relationship \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female  
 Financial decision maker  
 Health Care decision maker  
 Guardian for Minor Child  
Relationship \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Name** \_\_\_\_\_  Male  Female  
 Financial decision maker  
 Health Care decision maker  
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Relationship \_\_\_\_\_  
Street \_\_\_\_\_  
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**Name** \_\_\_\_\_  Male  Female  
 Financial decision maker  
 Health Care decision maker  
 Guardian for Minor Child  
Relationship \_\_\_\_\_  
Street \_\_\_\_\_  
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Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**YOUR ADVISERS**

**Personal Attorney:** Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Business Attorney:** Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Accountant:** Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Financial Planner:** Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Stock Broker:**

Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Life Insurance:**

Name \_\_\_\_\_  
Name of Firm \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Web site: \_\_\_\_\_

**Physician (Client):**

Name \_\_\_\_\_  
Name of Clinic \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

**Physician (Spouse):**

\_\_\_\_\_  
Name of Clinic \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

## YOUR WEALTH, INCOME AND EXPENSES

Type	Ownership: Check all that apply for each Type			Total value for each Type
	Client	Spouse	Joint	Use approximate values
Stocks, Bonds, Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Brokerage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Checking, Saving, M-Market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificates of deposit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property in State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Real Property out of State	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Business – Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Life insurance death benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Potential inheritance	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Stock options	<input type="checkbox"/>	<input type="checkbox"/>		\$ _____
Standard Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
IRAs, 401ks, SEPs, TSAs.	<input type="checkbox"/>			\$ _____
IRAs, 401ks, SEPs, TSAs		<input type="checkbox"/>		\$ _____
Real Property Debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	- \$ _____
Assets held jointly with someone <u>other than</u> your spouse:				\$ _____
<b>Total Current Wealth</b>				<b>\$ _____</b>
Income (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Expenses (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____