

LAW OFFICES OF LIBBY ELLETT TOMAR

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This information is requested so we can best advise you regarding your estate plan, including possible inheritance taxes and/or probate costs. After you have filled out this form, please contact our office to arrange an appointment. There will be no charge for this review of your estate and we will give you our recommendations (and their cost) at that time. Please bring this form with you to your appointment. This is considered "privileged information" and we are not allowed to give out this information to anyone unless we first have your consent.

Appointment scheduled for: _____
Date Time

CLIENT INFORMATION SHEET

Directions: Please print. Write N/A if not applicable, N/K if not known,

Date: _____

Name: _____
Last Name First Middle (Full)

Occupation: _____ Soc. Sec. No. _____ Age: _____

Partner: _____
Last Name First Middle (Full)

Occupation: _____ Soc. Sec. No. _____ Age: _____

Address: _____
Number Street City State Zip Code

Home phone: _____ Cell. phone: _____ Business: _____ Fax: _____

E-mail address: _____

When is the best time to contact you? _____

ESTATE ASSETS

REAL PROPERTY AT:

Address	Fair Market Value*	Mortgage Balance	Owned by:	Lease or Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* you may use your property tax appraisal.

LIFE INSURANCE:

Name of Company	Whole or Term	On Whose Life	Beneficiary	Face Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCES:

	Company/Broker	Owned By	Amount
a. Stocks, bonds Mutual funds	_____	_____	_____
b. Checking accounts	_____	_____	_____
c. Savings accounts	_____	_____	_____
d. Credit Unions	_____	_____	_____
e. IRAs	_____	_____	_____
f. Pension/profit sharing	_____	_____	_____
g. Debts You Owe	_____	_____	_____

h. Debts Owed to You _____

i. Other _____

BUSINESS INVESTMENTS (Sole Proprietorships, Corporations, Hui's or Partnerships):
Please describe:

\$ _____ fair market value

Item	Fair Market Value	Owned by:
Jewelry and personal effects, Household items, cars, boats, art, silver, etc. (approx.)	_____	_____
_____	_____	_____

Names of children and birthdates:

_____, Born _____
_____, Born _____
_____, Born _____

(If more room is needed, please use the other side of this page)

Any deceased children? Yes ___ No ___ Name: _____

Personal Representative. This is the person you have chosen to administer your estate upon death (pay bills, distribute assets to beneficiaries.) Please list at least two choices, if possible. Frequent choices include partners, your siblings, adult children, trusted friends, attorneys, accountants, or corporate trust companies. NOTE: Whoever is chosen must be over the age of 18. Nonresidents and beneficiaries **are** permitted.

1st Choice/Partner Yes ___ No ___

2nd Choice/Name: _____
Last Name First Middle (Full)

Address: _____
Number Street City State Zip Code

3rd Choice/Name: _____
Last Name First Middle (Full)

Address: _____
Number Street City State Zip Code

3rd Choice/Name: _____

Do you also want us to prepare for you:

Durable Power of Attorney Yes ___ No ___; Please explain ___

Living Will Yes ___ No ___; Please explain ___

Durable Power of Attorney
For Health Care Yes ___ No ___; Please explain ___

If you have checked yes above, who do you wish to act as your attorney in fact and attorney in fact for health care:

1st Choice/Partner: Yes ___ No ___

2nd Choice/Name: _____

3rd Choice/Name: _____

Are you expecting any inheritances? Please estimate when and how much:

_____ .

Do you have any personal property (like jewelry or family heirlooms) that you would like to leave to a particular person? Yes ___ No ___

Would you like to provide for your grandchildren later on in their lives? Yes ___ No ___

Do you have a safe deposit box? Yes ___ No ___

If so, where is it located? _____

Are you a U.S. citizen? _____

How is your state of health? _____

More detail: _____

_____ .

If you have an accountant, what is his/her name and phone number?

_____ .

Have you and your partner filed under the Domestic Partner Act? _____

Anything else we should know? (Prior marriage, juvenile delinquent teenager, handicapped child, supporting parents, etc.? This information, of course, will be confidential). _____

Are you over the age of 75? If your income is less than \$42,050 per year, you may qualify for an additional homeowner's exemption from property taxes. Please ask us for a copy of the form you can fill out and send to the City. You must file by September 30 to qualify for the following tax year.

If you will be establishing a Living Trust, **please bring a copy of your Deed or latest mortgage for your real estate with you to the conference.** If you are not sure what to bring, if you bring the file, we can go through it while you wait and make a copy of what we need.

Referred by:

- ___ Seminar
- ___ Neighbor/Friend/Relative (Name: _____)
- ___ Legal Aid
- ___ Yellow pages of the Telephone Directory
- ___ Other: _____