

**LAW OFFICES OF LIBBY ELLETT TOMAR**

438-A Uluniu Street  
Kailua, Hawaii 96734  
Telephone (808) 262-2800; Fax (808) 263-4645  
E-Mail Address [libbylaw@clearwire.net](mailto:libbylaw@clearwire.net)  
Website: libbylaw.com

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 Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Full Middle Name

What is the usual name you go by? For example, how do you sign your checks?  
Preferred Way of Signing Name: \_\_\_\_\_

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, LLC's, Corporations, etc.**

Please describe: \_\_\_\_\_

\$ \_\_\_\_\_ Estimated 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 other family members, trusted friends, attorneys, accountants, or corporate trust companies. NOTE: Whoever is chosen must be over the age of 18. Nonresidents and beneficiaries **are** permitted.

1 <sup>ST</sup> Choice/Name:	_____	_____	_____
	Last Name	First	Middle (Full)
2 <sup>ND</sup> Choice/Name:	_____	_____	_____
	Last Name	First	Middle (Full)
3 <sup>RD</sup> Choice/Name:	_____	_____	_____
	Last Name	First	Middle (Full)

Are you familiar with what a probate proceeding is? Yes \_\_\_ No \_\_\_

Are you familiar with what the Living Trust? Yes \_\_\_ No \_\_\_

If you will be establishing a Living Trust, please list your choices for Successor Trustee. They can be individuals (Hawaii residence not required) or a corporate trust company (First Hawaiian Bank, Pacific Century, Central Pacific Bank).

1ST Choice/Name: \_\_\_\_\_

2ND 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 under the durable power of attorney and attorney in fact for health care decisions?

1ST Choice/Name: \_\_\_\_\_

2ND 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? \_\_\_\_\_

Is Kaiser Medical Insurance your insurance provider? \_\_\_\_\_

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

\_\_\_\_\_ .

Anything else we should know? (Prior marriage, you are a registered domestic partner, you have a juvenile delinquent teenager, special-needs child, supporting a parent, have a Divorce Decree you must follow for your children, etc.? This information, of course, will be confidential). \_\_\_\_\_

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: \_\_\_\_\_)

\_\_\_ Yellow pages of the Telephone Directory

\_\_\_ Other: \_\_\_\_\_