

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 Date: _____

Name: _____
Last Name First Full Middle Name

Name as stated on Govt. issued i.d. (Driver's license): _____

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? _____

CHILDREN

Names of children and birthdates:

_____, Born _____
_____, Born _____

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

Any deceased children? Yes ____ No ____ Name: _____

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, pension	_____	_____	_____
f. Annuities	_____	_____	_____
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.)	_____	_____
	_____	_____

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 ST Choice/Name:	Last Name	First	Middle (Full)
2 ND Choice/Name:	Last Name	First	Middle (Full)
3 RD 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? _____

Do you know where your social security card is? _____

Do you know where your passport is? _____

Are you a U.S. citizen or naturalized citizen? _____ If naturalized, do you know where your naturalization certificate is? _____

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: _____