

**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)

Name as stated on Govt. issued i.d. (Driver’s license): \_\_\_\_\_

Occupation: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Age: \_\_\_\_\_

Partner: \_\_\_\_\_  
Last Name First Middle (Full)

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? \_\_\_\_\_

**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.

1<sup>st</sup> Choice/Partner Yes \_\_\_ No \_\_\_

2<sup>nd</sup> Choice/Name: \_\_\_\_\_  
Last Name First Middle (Full)

Address: \_\_\_\_\_  
Number Street City State Zip Code

3<sup>rd</sup> Choice/Name: \_\_\_\_\_  
Last Name First Middle (Full)

Address: \_\_\_\_\_  
Number Street City State Zip Code

Custodian (for children under the age of 21). You may name a custodian for the money and property going to a child until he or she reaches the age of 21. In the meantime, distributions are made for the child's benefit. No court proceedings are required.

1<sup>st</sup> Choice/Partner Yes \_\_\_ No \_\_\_

2<sup>nd</sup> Choice/Name: \_\_\_\_\_  
Last Name First Middle (Full)

Address: \_\_\_\_\_  
Number Street City State Zip Code

3<sup>rd</sup> Choice/Name: \_\_\_\_\_  
Last Name First Middle (Full)

Address: \_\_\_\_\_  
Number Street City State Zip Code

Guardian for child (day to day care for your children under the age of 18 if both parents are deceased). A guardianship requires a court hearing.

1<sup>st</sup> Choice/Name: \_\_\_\_\_  
Last Name First Middle (Full)

Address: \_\_\_\_\_  
Number Street City State Zip Code

2<sup>nd</sup> Choice/Name: \_\_\_\_\_  
Last Name First Middle (Full)

Address: \_\_\_\_\_  
Number Street City State Zip Code

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).

1<sup>st</sup> Choice/Partner Yes \_\_\_ No \_\_\_

2<sup>nd</sup> Choice/Name: \_\_\_\_\_

3<sup>rd</sup> 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:

1<sup>st</sup> Choice/Partner: Yes \_\_\_ No \_\_\_

2<sup>nd</sup> Choice/Name: \_\_\_\_\_

3<sup>rd</sup> 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? \_\_\_\_\_

More detail: \_\_\_\_\_

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

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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: \_\_\_\_\_