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## Estate Planning Worksheet - Fee Agreement

Husband: \_\_\_\_\_ Wife: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Husband:

Are you a United States Citizen?  Yes  No

Do you have any Prior Marriages?  Yes  No

If Yes, marriage ended by:  Death  Divorce

Are you expecting an inheritance?  Yes  No

From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Are you a trust beneficiary?  Yes  No

From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Wife:

Are you a United States Citizen?  Yes  No

Do you have any prior Marriages?  Yes  No

If Yes, marriage ended by:  Death  Divorce

Are you expecting an inheritance?  Yes  No

From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Are you a trust beneficiary?  Yes  No

From: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Child of  Husband  Wife  Both Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child of  Husband  Wife  Both Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child of  Husband  Wife  Both Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Do any children have special needs? If yes, please explain: \_\_\_\_\_

Who do you want to act as Guardian for children under 18? This appointment only carries weight with the court if the child's other parent is unavailable or unsuitable. Please name in order of preference.

Guardian 1: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Who do you want to act as Trustee? This is the person who manages the assets and makes distributions as specified in the trust (if applicable). Please name in order of preference; usually the surviving spouse is first. Should successor Executors 2 and 3 act as co-executors if both are available?  Yes  No

Trustee 1: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Trustee 2: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Trustee 3: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

**Estate Planning Worksheet and Fee Agreement**

(continued)

Who do you want to act as Executor? This is the person who inventories the assets, distributes personal property, and files tax returns. Please name in order of preference; usually the surviving spouse is first.

Should successor Executors 2 and 3 act as co-executors if both are available?  Yes  No

Executor 1: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Executor 2: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Executor 3: \_\_\_\_\_ Relation: \_\_\_\_\_ City/State: \_\_\_\_\_

Who do you want to act as your Health Care Agent? This is the person who makes medical decisions for you when you are unable to do so. Please name in order of preference; usually the surviving spouse is first.

Should successor Agents 2 and 3 act as co-agents if both are available?  Yes  No

Agent 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Agent 2: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Agent 3: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Total estimated net value of entire (joint) estate: \$\_\_\_\_\_. Is any part of the total (joint) estate:

Your Primary Residence?  Yes  No Other Real Estate Holdings?  Yes  No

Brokerage Accounts?  Yes  No MM/Savings Accounts?  Yes  No

Life Insurance Policies?  Yes  No Insurance or other Annuities?  Yes  No

Personal Retirement Plans?  Yes  No Company/Gov't Pension Plans?  Yes  No

Private Business Interests?  Yes  No Limited Partnership Interests?  Yes  No

Notes or Loans Receivable?  Yes  No Individual Stocks or Bonds?  Yes  No

Please list any other major tangible and intangible property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any part of the joint estate held as separate property? If so, please list and identify the owner:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other special issues or concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Estate Planning Worksheet and Fee Agreement**

(continued)

Thank you for the opportunity to represent you. As you know, I will be preparing the documents and researching issues necessary for your estate plan. However, before I start my representation, and since my bill on this matter may be in excess of \$1,000, I am required by California law to provide you with a legal services agreement.

I will provide the legal services reasonably required to represent you, and will take reasonable steps to keep you informed of progress and to respond to your inquiries and requests. I will be primarily responsible for your legal work, although legal assistants may participate in rendering services as I consider appropriate. Although I will make every effort to reach a positive outcome in the matter for which I have been engaged to represent you, I do not make any guarantee about the outcome of that matter.

In this particular case, I quote a flat fee for my "Living Trust" Plan of \$1,995 (single), \$2,495 (couple with marital deduction) or \$2,895 (couple with no marital deduction); my "Will with Trust" Plan for \$995 (single), \$1,495 (couple with marital deduction), or \$1,895 (couple with no marital deduction); my "Will without Trust" Plan for \$750 (single), \$995 (couple with marital deduction), or \$1,395 (couple with no marital deduction); and/or \$1,995 for a Life Insurance Trust. This amount includes all legal consultation and documentation, express mail, and all work done to date. I do not charge for postage, long distance telephone, faxes or photocopies. My hourly fee for other estate planning work is currently \$395 per hour. The appropriate estate plan will be mutually determined at during or after our first meeting.

Any questions you may have about my work or bill should be addressed to me immediately. You have the right to terminate my services at any time. I also have the right to terminate my services upon written notice if you fail to cooperate with any reasonable request, or if I determine in my reasonable discretion that to continue my services would be unethical, impractical or improper. I will deliver your file to you, along with any of your unused funds or property in my possession upon your request. I maintain malpractice insurance. I am a professional corporation, and therefore have limited personal liability.

If this meets with your approval, please indicate your acceptance by dating and signing this form and returning it with appropriate payment by mail or at our initial meeting. On a personal note, I am pleased that you selected me to represent you, and I look forward to a long and valued relationship.

THE UNDERSIGNED HAS READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THIS LETTER ENTITLED "ESTATE PLANNING WORKSHEET AND FEE AGREEMENT," AND AGREES TO BE BOUND BY THEM, AS OF THE DATE LEGAL SERVICES ARE FIRST PROVIDED. THE UNDERSIGNED AGREES TO PAY THE STATED FEE (BY CHECK, CREDIT CARD OR OTHERWISE) WITHIN THIRTY (30) DAYS OF BILLING.

Dated: \_\_\_\_\_, 20\_\_

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_, 20\_\_

Print Name: \_\_\_\_\_