HORNSTEIN
LAW OFFICES
Steve H. Hornstein, Esq., CPA, LL.M., CFP®
Attorney at Law
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Steve@HornsteinLawOffices.com

ATTORNEY-CLIENT EMPLOYMENT AGREEMENT

This Attorney-Client Employment Agreement ("Agreement") is entered into by and between ____ ("you" or "client") and Law Office of Steve H. Hornstein, Esq., CPA, LL.M., CFP®, Attorney at Law, also known as Hornstein Law Offices ("the firm").

1. Scope of Employment. You have engaged the firm to represent you and to perform legal services, as follows:

PROBATE OF ESTATE;
TAX RETURNS AND OTHER AS NEEDED OR REQUESTED

2. Effective Date. This Agreement will not take effect, and the firm will have no obligation to provide legal services, until you provide a signed copy of this Agreement. When it becomes effective, it will be retroactive to the date services were first provided. Even if this Agreement does not take effect, you will be obligated to pay the reasonable value of any services performed for you.

3. Legal Fees. The minimum fee for the Probate is as statutorily provided by the California Probate Code, plus costs. The minimum fee for additional work separate from the Probate is $1,000. Costs such as court filing fees and service of process are estimated to be approximately $1,000.00. Extraordinary work, if any, including tax return preparation, will be billed at our standard hourly rates, which range from $50.00 to $375.00 per hour.

4. You Will Receive Copies. You will receive copies of all documents and correspondence on a flow basis as they are received or generated by the firm. These documents constitute your file. If you ever need a duplicate of this file, I will provide one on receipt of the duplication costs.

5. Obligations of the Client. You will pay for legal services and costs and you will cooperate fully and provide all information known or available to you that is relevant to this matter. The firm does not make any promise or guarantee about the outcome of this matter, and your obligation under this Agreement is not contingent in any way on the outcome.

6. Time for Payment.
$_________ is due with this agreement. Balance of amount due, if any, will be billed separately. Should time or costs exceed the amount listed at item three above, you will be billed on a flow basis.

7. Discharge and Withdrawal. Although I expect this Agreement to continue until completion of the subject matter, you may terminate the Agreement at any time. Reciprocally, the firm reserves the right to terminate work and withdraw from the case if you fail to perform the obligations of this Agreement. At the termination of my services, all charges are immediately due and payable, and any retainer balance will be returned to you.

In addition, the firm may withdraw from representing you with your consent or with good cause. Good cause includes any activity by you that would render continued representation unlawful or unethical, such as a conflict of interest.

Law Office of Steve H. Hornstein, Esq., CPA, LL.M., CFP®
also known as Hornstein Law Offices

____________________________________ ________________________________
Steve Hornstein Date

I agree and accept this Agreement, a copy of which is hereby acknowledged, on the date set forth below.

Signature X Print Name: ______________________________

Date: ___________________

Signature X Print Name: ______________________________

Date: ___________________

Please fill in information below:

Client Address: ____

City:_______________________________________, State: __________ Zip Code: _______________

Telephone: Work: ( ) ______ - _________ Home: ( ) ______ - _________

Cell: ( ) ______ - _________ Fax: ( ) ______ - _________

E-mail: ____

(Office use only) Representative/Paralegal: ____

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QUESTIONNAIRE FOR PROBATE, FORM 706, OR ESTATE SETTLEMENT

1. CLIENT INFORMATION
Information concerning client [THE EXECUTOR/TRUSTEE – Please list both if the Executor and Trustee are different people.]

Name:

Address:

Telephone Number(s):

E-mail:

Birth date:

Drivers License Number:

Social Security Number:

Relationship to decedent:

Immediate needs, if any:

Financial:

Custody of minor children:

Operation of business:

Other:

2. Personal information about decedent:

Please provide a copy of the Death certificate

Full name:

Last residence address(es), including county:

Date of Death:
Date of Birth:

Place where decedent died, including county:

Social Security number:
Citizenship of decedent:

If decedent ever served in armed forces, branch, date entered, date discharged, type of discharge and service number:

Predeceased Spouse:

Name:
Date of Death:
Social Security Number:
Please provide a copy of the Death Certificate

Surviving Spouse:

Name:
Address:
Phone Number:

Former Spouse(s):

Name:
Address:
Phone Number:
Date(s) of former marriage:

Did decedent (or predeceased spouse) receive any Medi-Cal benefits? YES [IF YES, PLEASE SUBMIT ANY INFORMATION ON THIS.]

Employer:
Name:
Address:
Phone Number:

If decedent operated business as sole proprietor:
Number of employees:
Taxpayer ID number:

Name, phone and address of manager or responsible person:

If decedent was member of business partnership, names and addresses of general partners:

Decedent's attorney:
Name:
Address:
Phone Number:

Decedent's accountant:
Name:
Address:
Phone Number:

Decedent's Insurance agent(s):

Name:
Address:
Phone Number:

Any other persons who may have knowledge of decedent's assets:
Name:
Address:
Phone Number:

3. Information about decedent's relatives:

(Attach additional sheets as necessary)

Living adult children (include stepchildren, adopted children, and foster children):
Name:
Address:
Phone Number:

Name:
Address:
Phone Number:

Name:
Address:
Phone Number:
Date of Birth:

Name:
Address:
Phone Number:
Date of Birth:

Name:
Address:
Phone Number:
Date of Birth:

Deceased children:
Name:
Date of Birth:
Date of Death:

Grandchildren:
Name:
Address:
Phone Number:
Date of Birth:

Great-grandchildren:
Name:
Address:
Phone Number:
Date of Birth:

Parents:
Name:

Address:
Phone Number:

Grandparents (if parents are deceased):
Name:
Address:
Phone Number:

Siblings (if parents and grandparents are deceased):
Name:
Address:
Phone Number:

Name:
Address:
Phone Number:

Aunts and uncles (if parents, grandparents, and siblings are deceased):
Name:
Address:
Phone Number:

Nieces and nephews (if parents, grandparents, siblings, and aunts and uncles are deceased):
Name:
Address:
Phone Number:

4. Information about will:

Location of will:

Whether named executor consents to act (Y/N):

Name, address, and age of each beneficiary under will (Attach separate sheet if necessary).:

Name, address, and age of each other person named in will, including persons expressly excluded or disinherited, executors, trustees, and guardians (Attach separate sheet if necessary).

5. Please provide copy of Will and Trust.

6. Information about decedent's property:
Estimated value of <u>**TOTAL** estate</u>:$ ____________
If a Form 706 will be filed, or if the decedent's share of community or separate property will be placed into a "bypass" trust, please provide the following:

a) a list of all assets including all account statements for the month of decedent's death as well as the month prior and the month after the date of death;

b) A Form 712 for any life insurance owned by the decedent;

c) A list of funeral and administrative expenses.

Estimated value of <u>**PROBATE** estate</u>:$ ____________

<u>For each parcel of real property (get copy of deed):</u>
Address:
County:
Nature of title (e.g., community property etc.):
Value at Date of Death:_______________________
Encumbrances(Mortgage):

Rental Info. (type and number):

For each business decedent owned or had ownership interest in:

Name and address:
President/manager:
Nature of decedent's interest:
Estimated value of decedent's interest:

For each safe deposit box:
Name and address of institution:
Box number:
Person possessing any token of ownership (e.g., key):

For each financial account:
Name and address of institution:

Account type and number: Manner in which title is held:
Location of passbooks, if any:
(Provide last statement showing date of death balance)

Name and address of institution:
Account type and number:
Manner in which title is held:
Location of passbooks, if any:
(Provide last statement showing date of death balance)

For each stock brokerage account:
Name and address of broker:
Account type and number:
Manner in which title is held:

For each life insurance policy:
Name and address of agent:
Type of policy and number:
Name of Beneficiary:
Face value of policy:
Location of policy:

Personal Property of significant value briefly describe:
Motor vehicle:
Jewelry:
Clothing:
Artwork:
Coin, stamp, gun, or other collections:
Bonds: Copyrights/royalties:
Stock options:

Other tangible or intangible personal property of significant value:

7. Amounts owed decedent:

Unpaid salary:

Unpaid commissions:

Accounts receivable:

Interest or dividends:

Partnership income:

Alimony or child support:

Balance due on property sold prior to death:

Distributions from other estate or trust:

Amounts due from contracts to which decedent was party:

Bonds or notes:

Any other sources of payment not listed above:

8. Decedent's outstanding obligations:

Expenses of final illness:

Funeral expenses:

Charge accounts:

Accounts payable:

Payroll:

Rent:

Loan Payments:

Alimony or child support:

Amount due on contracts to which decedent was party:

Any other debt not listed above:

9. Tax information:

Location of decedent's most recent tax returns: