

LIVING TRUST INFORMATION QUESTIONNAIRE

Individual

YOUR INFORMATION

| | | | |
|------------------|---|-------------------------|---------------------|
| Legal Name | Name as it appears on your driver license, ID card or passport: | | |
| Street Address | | | |
| City, State, Zip | | | |
| Telephone | Home | Work/Cell | |
| Email Address | | | |
| Date of Birth | | | |
| Marital Status | | US Citizen Y___ N___ | Gender M___ F___ |

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Sep. Prop. Trust:
Yes / No

Nom. Guard:
Yes / No

Reg. DP: Yes / No

Ref. By:

FAMILY INFORMATION

Please list the names and address information of all living children, if any.

| | | |
|------------------------|--|---------------------|
| Child Name | | Date of Birth |
| Child's Street Address | | Gender M___ F___ |
| City, State, Zip | | |
| Child's Telephone | | |

| | | |
|------------------------|--|---------------------|
| Child Name | | Date of Birth |
| Child's Street Address | | Gender M___ F___ |
| City, State, Zip | | |
| Child's Telephone | | |

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| | | |
|------------------------|--|---------------------|
| Child Name | | Date of Birth |
| Child's Street Address | | Gender M___ F___ |
| City, State, Zip | | |
| Child's Telephone | | |

| | | |
|------------------------|--|---------------------|
| Child Name | | Date of Birth |
| Child's Street Address | | Gender M___ F___ |
| City, State, Zip | | |
| Child's Telephone | | |

| | | |
|------------------------|--|---------------------|
| Child Name | | Date of Birth |
| Child's Street Address | | Gender M___ F___ |
| City, State, Zip | | |
| Child's Telephone | | |

| |
|----------------------------|
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Please list deceased children, if any, and whether they were survived by their own children:

| Name | Date of Birth | Date of Death | Number of deceased child's children |
|------|---------------|---------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

Have you had any other children not listed above, ever, in your life? Yes___ No___

CHOICE OF TRUSTEES/EXECUTORS

You will be the sole initial trustee of your trust. However, successor and/or alternate trustees must be listed in case of your death or incapacity. It is usually best to select named beneficiaries, family members, or long-time close friends as your successor trustees. You should list at least two choices for successor trustee in case your first choice is unavailable for some reason. The people you name here will have no power, control, or authority over you or your financial affairs while you are alive and have sufficient capacity to handle your own affairs. *Please list legal names, not nicknames.*

Successor Trustee Choice #1 *There is no need to repeat an address if you have already written it once.*

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

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Only**

Alternate Successor Trustee Choice #2

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

Alternate Successor Trustee Choice #3 (Optional)

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

BENEFICIARIES

Beneficiaries are those people to whom you wish to pass your estate upon your death. It is important to know that beneficiaries can be changed anytime you like by amending your living trust. You may specify a set percentage of your estate to each beneficiary or you may choose to let your estate pass to your beneficiaries in equal shares. If you choose to specify percentages, please be sure the total equals 100%. If you check the "equal share" box you do not need to fill in the percentages. If you will be naming more beneficiaries, please make additional copies of this page.

Beneficiaries (Check here if all beneficiaries are to receive equal shares) *There is no need to repeat an address if you have already written it once.*

| | | |
|------------------|--|-----------------------|
| Name | | Gender M ___ F ___ |
| Street Address | | Age: |
| City, State, Zip | | |
| Telephone | | |
| Share | | |

| | | |
|------------------|--|-----------------------|
| Name | | Gender M ___ F ___ |
| Street Address | | Age: |
| City, State, Zip | | |
| Telephone | | |
| Share | | |

| | | |
|------------------|--|-----------------------|
| Name | | Gender M ___ F ___ |
| Street Address | | Age: |
| City, State, Zip | | |
| Telephone | | |
| Share | | |

| | | |
|------------------|--|-----------------------|
| Name | | Gender M ___ F ___ |
| Street Address | | Age: |
| City, State, Zip | | |
| Telephone | | |
| Share | | |

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I/N: I L

A _____

Rel _____

I/N: I L

A _____

Rel _____

I/N: I L

A _____

Rel _____

I/N: I L

A _____

Rel _____

Are any of the named beneficiaries currently receiving need-based government assistance (e.g. SSI, Medi-Cal)? Yes ___ No ___

POWER OF ATTORNEY CHOICES

There are two types of powers of attorney commonly used in estate planning. The first is a Durable Power of Attorney for assets and business affairs. Its purpose is to authorize someone to handle your day-to-day business affairs should you become incapacitated. The second is an Advance Health Care Directive (also know as a Durable Power of Attorney for health decisions). Both are designed to be “springing” powers of attorney – meaning that they only become valid if you become incapacitated or unable to handle your own affairs. You should list the person you wish to be your primary power of attorney agent and a second choice should your primary choice not be available to act on your behalf. ***Please list legal names, not nicknames.***

Assets and business affairs Power of Attorney Choice #1 *There is no need to repeat an address if you have already written it once.*

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

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Assets and business affairs Power of Attorney Choice #2 (alternate)

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

Health Care Power of Attorney Choice #1

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

Health Care Power of Attorney Choice #2 (alternate)

| | | |
|------------------|--|---------------------|
| Name | | Gender M___ F___ |
| Street Address | | |
| City, State, Zip | | |
| Telephone | | |

SCHEDULE OF ASSETS

As an attachment to your Living Trust you need to make a list of your assets you intend to place in the trust. The schedule of assets should sufficiently identify the asset, but should not state values. For example, on bank accounts you would list the name of the bank and the account number, but you would not list how much money is in the account. If there is not enough space, please attach additional pages.

Note: Retirement accounts such as IRAs and 401ks do not have to be listed here. They are handled differently for tax reasons. The attorney will discuss this with you during your appointment.

Real Estate Owned:

| | |
|----------------------|--|
| Address, City, State | |
| Address, City, State | |

Bank Accounts:

| | |
|------------|-------------------|
| Bank name: | Account Number(s) |
| Bank name: | Account Number(s) |
| Bank name: | Account Number(s) |

Securities Owned:

| | |
|--------------|-------------------|
| Broker name: | Account Number(s) |
| Broker name: | Account Number(s) |
| Broker name: | Account Number(s) |

Do you have retirement accounts such as an IRAs or a 401ks? Yes___ No___

Do you have life insurance or other pay-on-death policies? Yes___ No___

Do you own a business interest that should be included? Yes___ No___

Have you loaned money to anyone and have a promissory note or recorded a deed of trust on that person's property? Yes___ No___

Do you have any 529/college savings accounts which you manage? Yes___ No___

LEGAL FEES AND INFORMATION

We try to have a “No Surprise” policy concerning legal fees. This means it is important to us that you should know up front what your legal services will cost. Your quoted price is what you should expect to pay; however, there are some special circumstances that require additional attorney work. With that said, here are some things that can cost extra if any of these specific conditions apply in your situation:

| Additional Provisions and /or Other Attorney Work | Standard Rate | Qualified Discount Rate |
|---|-------------------------------|-------------------------------|
| <u>Special needs trust provisions.</u> Usually needed if a beneficiary is handicapped or disabled and receiving government benefits. Protects from the beneficiary from losing his or her benefits and stops the government from taking the inheritance. | \$200 | \$160 |
| <u>Assignment of business interests.</u> Necessary when a client owns a corporation, limited liability company, partnership, or other business entity. | \$100 | \$80 |
| <u>Drafting and recording of specialty deeds.</u> Occasionally clients need to remove a name on a property or otherwise clear title before transferring into their trust. Includes the drafting of the deed, the drafting and filing of the required Preliminary Change Ownership Report, all Notary fees, and sending everything to the county via certified mail or attorney messenger service. County recording fees are not included. | \$150 plus recording fees* | \$120 plus recording fees* |
| <u>Drafting and recording of deeds for additional properties (concurrent with trust signing).</u> Many of our clients own more than one property. The full estate plan package includes the transfer of one property. The fee quoted here is for each additional property transferred and includes the drafting of the deed, the drafting and filing of the required Preliminary Change Ownership Report, all Notary fees, and sending everything to the county via certified mail or attorney messenger service. County recording fees are <u>not</u> included. | \$150 plus recording fees* | \$120 plus recording fees* |
| <u>Drafting and recording out-of-state deeds.</u> We can prepare deeds for a few states other than California. Property owned out-of-state can and should be transferred to your Living Trust. Out-of-state deeds generally require more time and paperwork. The fee quoted here is for each out of state property transferred and includes the drafting of the deed, the drafting and filing of all supporting forms, all Notary fees, and sending everything to the county via certified mail. Recording fees are not included. | \$200 plus recording fees* | \$160 plus recording fees* |
| <u>Hourly Rate.</u> Our office strives to set flat rates on legal services so that clients will always know exactly what to expect regarding fees. In those unusual situations where a client requests work for which no flat rate has been established and cannot be estimated, our hourly rate will apply. | \$400 | \$320 |

Our office also provides legal services in the areas of Probate (when necessary) and Trust Settlement.

*Recording fees are generally \$25. However, for Nevada it is \$40. Also, for any California properties which are not your primary residence, as of January 1, 2018, there is an additional \$75 state mandated SB2 - Building Homes and Jobs Act fee *per deed*.