

LIVING TRUST INFORMATION QUESTIONNAIRE

Married Couple

YOUR INFORMATION

Spouse 1/ Husband Name**	Name as it appears on your driver license, ID card or passport:		US Citizen <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Spouse 2/ Wife Name**	Name as it appears on your driver license, ID card or passport:		US Citizen <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>
Street Address			
City, State, Zip			
Telephone	Spouse 1	Spouse 2	
Email Addresses			
Spouse 1/Husband Date of Birth		Spouse 2/Wife Date of Birth	
Spouse 1/Husband Occupation	If retired, please indicate "retired" and also list your former occupation.		
Spouse 2/Wife Occupation	If retired, please indicate "retired" and also list your former occupation.		
Do you have legal insurance?	If yes, please list insurance company and coverage case number/ID		

Do you have an existing trust? Yes No

If yes, please bring it to your consultation appointment.

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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
City, State, Zip		
Child's Telephone		

B 1H 2W

Child Name		Date of Birth
Child's Street Address		Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>
City, State, Zip		
Child's Telephone		

B 1H 2W

****A valid (not expired) government issued photo ID will be required for notarizing your documents (e.g. driver's license, passport, or senior ID card). If you do not have a valid ID, please let us know.**

Child Name		Date of Birth
Child's Street Address		Gender M <input type="text"/> F <input type="text"/>
City, State, Zip		
Child's Telephone		

For Office Use Only

B 1H 2W

Child Name		Date of Birth
Child's Street Address		Gender M <input type="text"/> F <input type="text"/>
City, State, Zip		
Child's Telephone		

B 1H 2W

Child Name		Date of Birth
Child's Street Address		Gender M <input type="text"/> F <input type="text"/>
City, State, Zip		
Child's Telephone		

B 1H 2W

If you have more children, you may copy this page and continue listing your children.

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 initial trustees of your trust. If one of you passes away, the surviving spouse will be the sole trustee. The successor and/or alternate trustees you name below will only become trustee(s) if neither of you are able. For successor trustee choices, it is usually best to select named beneficiaries, family members, or long-time close friends. 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 first names, not nicknames.

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

Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Street Address		
City, State, Zip		
Telephone		
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Alternate Successor Trustee Choice #2

Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Street Address		
City, State, Zip		
Telephone		
For Office Use Only		

Alternate Successor Trustee Choice #3 (Optional)

Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Street Address		
City, State, Zip		
Telephone		
For Office Use Only		

NOMINATION OF GUARDIAN FOR MINOR CHILDREN

If you have minor children, the nomination of guardian designates who you want to have physical custody of them. The guardian designation may be the same as the trustee designation but does not have to be.

Guardian Choice #1 *There is no need to repeat an address if you have already listed it before.*

Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Address		
Telephone		

Guardian Choice #2

Name		Gender M <input type="checkbox"/> F <input type="checkbox"/>
Address		
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 listed it before.*

Name		Gender M____ F____
Street Address		Age
City, State, Zip		
Telephone		
Share		

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I/N: I L

A_____

Rel_____

Name		Gender M____ F____
Street Address		Age
City, State, Zip		
Telephone		
Share		

I/N: I L

A_____

Rel_____

Name		Gender M____ F____
Street Address		Age
City, State, Zip		
Telephone		
Share		

I/N: I L

A_____

Rel_____

Name		Gender M____ F____
Street Address		Age
City, State, Zip		
Telephone		
Share		

I/N: I L

A_____

Rel_____

Are any of the named beneficiaries disabled AND 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 known 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. Your spouse will automatically be your first choice. The selections you list below are only in case your spouse is unavailable or unable to act. Each spouse's choices can be different, if desired. *There is no need to repeat an address if you have already listed it before. Please list legal first names, not nicknames.*

Power of Attorney for Financial Affairs Choice #1 (if spouse is not available)

	Spouse 1/Husband's Choices	Spouse 2/Wife's Choices	For Office Use Only
Name			
Street Address			
City, State, Zip			
Telephone			

Power of Attorney for Financial Affairs Choice #2 (alternate)

Name			
Street Address			
City, State, Zip			
Telephone			

Health Care Power of Attorney Choice #1 (if spouse is not available)

Name			
Street Address			
City, State, Zip			
Telephone			

Health Care Power of Attorney Choice #2 (alternate)

Name			
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 (Checking, Savings, CDs):

Bank name:	Last 4 digits of account number(s)
Bank name:	Last 4 digits of account number(s)
Bank name:	Last 4 digits of account number(s)

Non-Retirement Investment Accounts (Brokerage, Mutual Funds, Money Market, Bonds, etc.):

Institution name:	Last 4 digits of account number(s)
Institution name:	Last 4 digits of account number(s)
Institution name:	Last 4 digits of account number(s)

Do you estimate your total estate to be in excess of \$10 million?

Yes No

Do you have retirement accounts (e.g. IRAs or 401(k)s)?

Yes No

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

Yes No

Do you have an interest in a corporation, LLC, or sole proprietorship?

Yes No

Have you loaned money and have a promissory note or deed of trust?

Yes No

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

Yes No

Do you have any mineral rights?

Yes No

Do you have any assets outside of the United States?

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
Assignment of business interests. Necessary when a client owns a corporation, limited liability company, partnership, or other business entity.	\$150	\$125
Drafting and recording of specialty deeds (concurrent with trust signing). 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 <u>not</u> included.	\$230 plus recording fees*	\$200 plus recording fees*
Drafting and recording of deeds for additional properties (concurrent with trust signing). 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.	\$230 plus recording fees*	\$200 plus recording fees*
Drafting and recording out-of-state deeds (concurrent with trust signing). 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 <u>not</u> included.	\$300 plus recording fees*	\$250 plus recording fees*
Attorney Hourly Rate. 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.	\$500	\$400

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

*Recording fees are generally \$30. However, for Nevada it is \$40. Also, for any California property which is not your primary residence, as of January 1, 2018, there is an additional \$77 state mandated SB2 - Building Homes and Jobs Act fee *per deed*.



Our office does take credit cards; however, there will be a 2.5% convenience fee added to the total.