

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		US Citizen Y___ N___	Gender M___ F___
Marital Status			
Occupation	If retired, please indicate "retired" and also list your former occupation		
Are you a member of MetLife Legal Plans?	If yes, please also list your Eligibility ID		

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Sep. Prop. Trust:
Yes / No

Nom. Guard:
Yes / No

Reg. DP: Yes / No

Ref. By:

Do you have an existing trust?

Yes ___ **No** ___

If yes, was your trust created with a spouse who is now deceased?

Yes ___ **No** ___

If you have an existing trust, please bring it to your consultation.

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		

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

****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___ 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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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 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 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___ F___
Street Address		
City, State, Zip		
Telephone		

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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		

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___ F___
Address		
Telephone		

Guardian Choice #2

Name		Gender M___ F___
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		

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 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 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 first names, not nicknames.***

Power of Attorney for Financial Affairs Choice #1 *There is no need to repeat an address if you have already listed it before.*

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

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

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

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