



FOR INTERNAL USE ONLY

Agent Name		
Responsible @Sum. of Assets		
Trust Amount		
Adapt Entry Name		
Deadline (if any)		
Deed Transfer	Rita ☐	Tessa ☐
Include:	Fund. Instruct ☐	Suc.Checklist ☐

ALL INFORMATION GATHERED IS HELD IN STRICT CONFIDENCE - INTERNAL USE ONLY

SECTION 1 - PERSONAL & FAMILY INFORMATION

NOTE: Names should match the names on your current driver's license or form of ID you will use for the notary.

Full Name	Date of Birth:
	mm/dd/yyyy

Address:	Street	City	State	Zip Code

Contact Information:	Home Tel:	Email:
	Cell Tel:	SSN:
	US Citizen:	Yes ☐ No ☐

Marital Status:	Married ☐	Single ☐	Divorced ☐	Widow ☐	WIDOW	Name of Deceased Spouse
						Date of Death:
					DIVORCED	Ex-Spouse:

Spouse Name:	Date of Birth:
	mm/dd/yyyy

Address:	Street	City	State	Zip Code

Contact Information:	Home Tel:	Email:
	Cell Tel:	SSN:
	US Citizen:	Yes ☐ No ☐

Children: **NOTE:** Must include all children of this marriage & outside the marriage. If you wish to disinherit a child, there will be an opportunity to do so during this interview. Do not include "stepchildren" unless they have been legally adopted by you.

	Of Marriage	Husband	Wife
Full Legal Name	☐	☐	☐
Date of Birth:			
Current Address			
Telephone:			
Full Legal Name	☐	☐	☐
Date of Birth:			
Current Address			
Telephone:			
Full Legal Name	☐	☐	☐
Date of Birth:			
Current Address			
Telephone:			
Full Legal Name	☐	☐	☐
Date of Birth:			
Current Address			
Telephone:			
Full Legal Name	☐	☐	☐
Date of Birth:			
Current Address			
Telephone:			

Full Legal Name _____ Current Address _____	Date of Birth: _____	☐	☐	☐
Deceased Child: _____ Deceased Child: _____	Date of Birth: _____ Date of Birth: _____ Date of Birth: _____ Date of Death: _____ Date of Death: _____	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐

SECTION 2 - NAMING TRUST & ESTATE QUESTIONS

Naming of the Revocable Living Trust

NOTE: REVOCABLE means you can change, amend or revoke. **NOTE:** There is no right or wrong answer when it comes to naming the trust. Examples include: THE JOHN DOE LIVING TRUST, THE JOHN & JANE DOE REVOCABLE LIVING TRUST, THE DOE FAMILY TRUST etc. **NOTE:** It must start with the word "THE".

- ☐ This is the "initial" version of the Revocable Living Trust (you have not created one in the past)
☐ This Revocable Living Trust has been created in the past and you are now "RESTATING" it.

If you select this option, please supply a copy of the trust.

Date of Original Trust: _____

mm/dd/yyyy

Full Name of the Trust: _____

Estate Size Estimation (include all assets)

\$ _____

FOR MARRIED COUPLES ONLY - *Must be answered.*

Which statement best expresses the wishes of the Trustees; Please select only one of the following options. Please read both options carefully.

- Yes** ☐ **No** 1. The survivor should have maximum control over the entire trust including the right to change the beneficiaries after the first death
Yes ☐ **No** 2. The survivor should not have the right to change the beneficiaries of the decedent's (beneficiary) portion of the trust.

NOTE: The surviving spouse will still be the controlling trustee while they are living although the second option will merely protect the beneficiary's from any new marriages, new trusts, etc.

Which statement best expresses the property ownership of the Grantors/Trustees; Please select only one of the following options.

- Yes** ☐ **No** 1. Clients consider all of their assets to be jointly owned
Yes ☐ **No** 2. Although some of the assets are held in both names, other assets are separate
Yes ☐ **No** 3. None of the assets are jointly owned (the clients each own their separate assets)
Yes ☐ **No** 4. Client do not know how they own things

SECTION 3 - CLIENT CONCERNS

CONCERNS

Please mark the areas that are most important to you. Please mark ALL that apply.

- ☐ Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability
- ☐ Providing for and protecting a spouse
- ☐ Providing for and protecting children
- ☐ Providing for and protecting grandchildren
- ☐ Disinheriting a family member
- ☐ Providing for charities at the time of death
- ☐ Plan for the transfer and survival of a family business
- ☐ Avoiding or reducing your estate taxes
- ☐ Avoiding probate
- ☐ Avoiding will contests or other disputes upon death
- ☐ Protecting assets from lawsuits or creditors
- ☐ Protecting children's inheritance from the possibility of failed marriages

- ☐ Protect children's inheritance in the event of a surviving spouse's remarriage
- ☐ Provide that your death shall not be unnecessarily prolonged by artificial means or measures
- ☐ Avoid or limit MediCal claims on your assets should you require long-term care
- ☐ Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what
- ☐ Ensure that you have adequate protection so that there are no income gaps to ensure your loved ones are left your legacy in tact.
- ☐ For parents only: protect your children from relatives who would be poor, abusive or even dangerous guardians or from foster care.

SECTION 4 - OPTIONAL TRUST PROVISIONS

- ☐ DESIGNATE a Financial Professional _____
NOTE: A financial profession or advisor, focuses on providing advice to help you maximize your investment planning. A broker focuses on transactions, and purchasing financial products on your behalf. Both can be good choices, but you must choose the one that works best for your financial goals.
- ☐ SET the minimum age for vesting of income OR distribution of assets. (A beneficiary in a trust has a "vested" interest if there are no conditions of the trust)

Age 18
☐

Age 21
☐

Age 25
☐

SECTION 5 - SUCCESSOR TRUSTEE OPTIONS & OPTIONAL TRUST PROVISIONS

NOTE: While you are alive, you remain the trustee of your trust (married couple are co-trustees). Another person will act for you when you can't. That person is called the successor trustee, and you will choose that person. A Successor Trustee is the person or institution who takes over the management of a living trust property when the original trustee has died or has become incapacitated. The exact responsibilities of a successor trustee will vary depending on the instructions left by the creator of the trust (called the Grantor). The successor trustee is the bedrock of a well-run trust administration. Whom you select will determine how smoothly the trust is administered. In the law, a trustee is given a special name, that of "fiduciary." That position is held in high regard by the courts.

- ☐ SELECT ONLY if a co-Trustee will initially act alone:

NOTE: Typically, the client is the initial and sole Trustee of his/her own trust and a successor Trustee would take over only at the client's death or incapacity. Check this box **ONLY** if you want someone else to be a co-Trustee acting with the client from the beginning of the trust. If you do select this option, that co-Trustee will act as the sole Trustee if the client dies or ceases to act.

SUCCESSOR TRUSTEE OPTIONS

This is after TRUSTEE (or Grantor) ceases to act and if no co-Trustee has been appointed at act with him/her.

- ☐ One one Trustee (no back-ups are named)
- ☐ A single Trustee and then only one named back-up Trustee
- ☐ A single Trustee and then a successor Trustee and then a alternate successor Trustee (in succession)
- ☐ A single Trustee with two sucessor co-Trustees if the primary Trustee stops acting
- ☐ Two co-Trustees only; the survivor acts alone (no alternate Trustee is named)
- ☐ Two co-Trustees; the survivor acts alone and an alternate Trustee is named in case both of the co-Trustees stop acting
- ☐ Two co-Trustees with an alternate co-Trustee; thereafter, the survivor acts alone
- ☐ Three co-Trustees

First Successor Trustee Information

Succession ☐ Co-Trustee ☐

Full Name _____

Address: _____

Street
City
State
Zip Code

Contact Information: Tel: _____ Relationship to Grantor: _____

Second Successor Trustee Information

Succession ☐ Co-Trustee ☐

Full Name _____

Address: _____

Street
City
State
Zip Code

Contact Information: Tel: _____ Relationship to Grantor: _____

Third Successor Trustee Information

Succession

☐

Co-Trustee

☐

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Additional Trustee Information

Succession

☐

Co-Trustee

☐

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Signing OptionsYes ☐ No

ALL Successor co-Trustees must sign (Note: Might be an issue if the co-successors are not in the general vicinity of each other)

Corporate Trustee OptionsYes ☐ No

A BANK or other corporate entity is being designated as a Trustee or as a co-Trustee

Removal OptionsYes ☐ No

ANY beneficiary has the right to REMOVE a Trustee and APPOINT a new corporate Trustee

Optional Paragraphs for the Trustee's Powers & Fees☐

SELECT if the designated Trustees shall act without compensation

☐

SELECT if the Trustee fees for an individual Trustee are to be limited to a "reasonable fee"

SELECT the options, if any, which should be included in the Trustee's Powers (not typical):☐

GIVE the Trustee the right to make gifts during the lifetime of:

NOTE: According to the federal tax laws revised in 2013, you can give any part of your estate under a revocable trust as a gift to a person other than your spouse, provided the gift is less than \$15,000 within a calendar year. Any gift worth more would require you to file a living trust gift tax report with Form 709.

☐

INCLUDE College Savings Plans ("529 Plans") in the Trustee Powers & the General Power of Attorney

☐

INCLUDE general Medi-Cal language in the Trustee Powers & the General Power of Attorney

NOTE: The trust protects your assets from being clawed back by Medi-Cal after you pass away

☐

INCLUDE the "Farm or Ranch" language in the Trustee's Powers

NOTE: A trust allows the owner to control the use and disposition of the land. The trust document can address a number of issues regarding the land. The benefit of a trust is that it can keep the lands secure from sale by a generation and in the absence of a pre-nuptial agreement, may well provide a solution to farming families who will to transfer on the farm. Trusts can be created inter vivos or during the lifetime of

☐

INCLUDE the "Closely-held Business" language in the Trustee's Powers

NOTE: A trustee or personal representative is often confronted with the possibility or necessity of holding and/or controlling a closely held business as part of the administration of an estate or trust. When a trust holds an interest in a closely held business asset such as a partnership, limited liability company (LLC), or corporation, the trustee may end up acting in multiple roles, for example, as both the trustee of the trust holding the business and an officer or partner in the business.

☐

INCLUDE the "Environmental Issues" language in the Trustee's Powers (this encompasses land owned by grantor. It might be contaminated)

☐

INCLUDE the "Professional Corporation" language in the Trustee's Powers (See above closely-held option note)

☐

INCLUDE the "S-Corp" qualifying language in the Trustee's Powers

NOTE: A trust can hold stock in an S corp only if it (1) is treated as owned by its grantor for income tax purposes under us grantor trust rules, (2) was a grantor trust immediately before its grantor's death (the trust can be a shareholder only for two years from that date), (3) received stock from the will of a decedent

SECTION 6 - LAST WILL & TESTAMENT (Executor Designation - Individual to person)

NOTE: The Last Will & Testament is upon your death. It is a public document (if needed or requested by a court) It is considered a "pour-over" Will. That means that it works in conjunction with the Revocable Trust. It designates an Executor & identifies guardians.

EXECUTOR OPTIONS - First Trustee OR Single person

- ☐ Only one Executor (no back-ups are named)
- ☐ A single Executor and then only one named back-up Executor
- ☐ A single Executor and then a second named successor Executor and then a third named successor Executor (in succession)
- ☐ A single Executor with two successor co-Executor if the primary Executor is unable to act
- ☐ Two co-Executors only; if one is unable to act, the other continues (no alternate Executor is named)
- ☐ Two co-Executors; if one is unable to act, the other continues. An alternate Executor is named in case both of the first two stop acting
- ☐ Two co-Executors with alternate co-Executor names; thereafter, the survivor acts alone

First Executor OR co-Executor Information**Full Legal Name:**

Last Name	First Name	Middle Name
-----------	------------	-------------

Address:

Street	City	State	Zip Code
--------	------	-------	----------

Telephone #:	Relationship to Grantor:
--------------	--------------------------

Second Executor OR co-Executor Information**Full Legal Name:**

Last Name	First Name	Middle Name
-----------	------------	-------------

Address:

Street	City	State	Zip Code
--------	------	-------	----------

Telephone #:	Relationship to Grantor:
--------------	--------------------------

Third Executor OR co-Executor Information**Full Legal Name:**

Last Name	First Name	Middle Name
-----------	------------	-------------

Address:

Street	City	State	Zip Code
--------	------	-------	----------

Telephone #:	Relationship to Grantor:
--------------	--------------------------

EXECUTOR OPTIONS - Second Trustee OR Spouse

- ☐ Only one Executor (no back-ups are named)
- ☐ A single Executor and then only one named back-up Executor
- ☐ A single Executor and then a second named successor Executor and then a third named successor Executor (in succession)
- ☐ A single Executor with two successor co-Executor if the primary Executor is unable to act
- ☐ Two co-Executors only; if one is unable to act, the other continues (no alternate Executor is named)
- ☐ Two co-Executors; if one is unable to act, the other continues. An alternate Executor is named in case both of the first two stop acting
- ☐ Two co-Executors with alternate co-Executor names; thereafter, the survivor acts alone

First Executor OR co-Executor Information

Succession

☐

Co-Executor

☐**Full Legal Name:**

Last Name	First Name	Middle Name
-----------	------------	-------------

Address:

Street	City	State	Zip Code
--------	------	-------	----------

Telephone #:	Relationship to Grantor:
--------------	--------------------------

Second Executor OR co-Executor Information

Succession

☐

Co-Executor

☐**Full Legal Name:**

Last Name	First Name	Middle Name
-----------	------------	-------------

Address:

Street	City	State	Zip Code
--------	------	-------	----------

Telephone #:	Relationship to Grantor:
--------------	--------------------------

Third Executor OR co-Executor Information

Succession

☐

Co-Executor

☐**Full Legal Name:**

Address:	Last Name	First Name	Middle Name
	Street	City	State
Telephone #:	Relationship to Grantor:		
SECTION 7 - GUARDIAN DESIGNATION for MINOR CHILDREN			
NOTE: The "Guardian" is the legal name for the person(s) selected to raise your minor child(ren) and to handle the minor's financial affairs. In effect, the Guardian is acting as the substitute parent until the minor is legally an adult (18 yrs in CA). These designates will be identified on the Last Will & Testament.			
GUARDIANSHIP OPTIONS			
☐ Only one Guardian (no back-up is named) ☐ A primary Guardian with only one named successor Guardian ☐ One primary Guardian with a named successor Guardian and then a third named successor Guardian (in succession)			
First Guardian OR co-Guardian Information			
Full Legal Name:	Last Name	First Name	Middle Name
Address:	Street	City	State
Telephone #:	Relationship to Grantor:		
Second Guardian OR co-Guardian Information			
Full Legal Name:	Last Name	First Name	Middle Name
Address:	Street	City	State
Telephone #:	Relationship to Grantor:		
Third Guardian OR co-Guardian Information			
Full Legal Name:	Last Name	First Name	Middle Name
Address:	Street	City	State
Telephone #:	Relationship to Grantor:		
☐ Do you wish to include a Power of Attorney (General) & Power of Attorney (Health) for Minor Children. Trust documents will generate a separate Minor Power of Attorney for general & health (all minors included in one document) & will be notarized as such. This will enable that Guardian to have a written document identifying them as the "legal" Guardian and/or Agent.			
☐ Do you wish to assign separate Minor Power of Attorney Agents other than those identified as Guardians? If so, please identify in the space provided below.			
Number of Minor Children _____			
Minor Power of Attorney Agents			
Minor Agents & How they will serve:			
☐ Only one Guardian (no back-up is named) ☐ A primary Guardian with only one named successor Guardian ☐ One primary Guardian with a named successor Guardian and then a third named successor Guardian (in succession)			
SECTION 8 - SPECIFIC GIFTS - PERSONAL PROPERTY			

NOTE: Your personal property is your "stuff". Things that are tangible and might have value or have sentimental value. A gift of personal property will be distributed as a GIFT as part of the trust agreement. Below you may identify specific gifts (if any) & you will also identify when you wish for the distribution to happen. Note, there will also be an opportunity to hand write the asset on the trust documents.

☐ Do you wish to make any SPECIFIC gifts of Personal Property?

Name of Beneficiary for this Gift #1:

Last Name

First Name

Middle Name

Relationship to the Trustee/Grantor:

Gender:

Description of the Item(s) being gifted to Beneficiary:

What happens if the Beneficiary DIES BEFORE the Trustee?

☐ Distribute the item(s) to the beneficiary's children if then living?

If the above is selected, an alternative distribution should still be selected in the event there is no surviving issue.

Distribute as part of.....

☐ remainder of the personal property "OR"

☐ Complete the following sentence: "the Executor shall distribute the remaining personal property

Name of Beneficiary for this Gift #2:

Last Name

First Name

Middle Name

Relationship to the Trustee/Grantor:

Gender:

Description of the Item(s) being gifted to Beneficiary:

What happens if the Beneficiary DIES BEFORE the Trustee?

☐ Distribute the item(s) to the beneficiary's children if then living?

If the above is selected, an alternative distribution should still be selected in the event there is no surviving issue.

Distribute as part of.....

☐ remainder of the personal property "OR"

☐ Complete the following sentence: "the Executor shall distribute the remaining personal property

Name of Beneficiary for this Gift #3:

Last Name

First Name

Middle Name

Relationship to the Trustee/Grantor:

Gender:

Description of the Item(s) being gifted to Beneficiary:

What happens if the Beneficiary DIES BEFORE the Trustee?

☐ Distribute the item(s) to the beneficiary's children if then living?

If the above is selected, an alternative distribution should still be selected in the event there is no surviving issue.

Distribute as part of.....

☐ remainder of the personal property "OR"

☐ Complete the following sentence: "the Executor shall distribute the remaining personal property

☐ Will any of these items be distributed after the FIRST death? If the husband or wife should die first, it will be the responsibility of the surviving spouse to distribute said items directly.

NOTE: If yes, please identify which gift #1, 2, or 3 & indicate which spouse in the space provided below.

Item #	1	2	3	SPOUSE	Husband	Wife
	☐	☐	☐		☐	☐

Item #	1	2	3	SPOUSE	Husband	Wife
	☐	☐	☐		☐	☐

Item #	1	2	3	SPOUSE	Husband	Wife
	☐	☐	☐		☐	☐

OPTIONS for the Remainder of Personal Property

NOTE: The following options relate to the distribution of any personal property remaining after above specific gift distributions OR if no specific gifts are identified. This has to be answered regardless if specific gifts are given above or not.

- ☐ Distribute the remainder of the personal property to the then living issue of the Trustee
- If the above is selected, an alternative distribution should still be selected in the event there is no surviving issue.
- ☐ Distribute to: _____ Relationship: _____
- Distribute to: _____ Relationship: _____
- Distribute to: _____ Relationship: _____
- ☐ Distribute as part of the remainder of the Estate (Default)

MANNER of DISTRIBUTION for the RESIDUE of the Estate

NOTE: This is the remainder of the entire estate (after gifts & special distributions). Please identify how you wish for the estate to be distributed and what manner. Example; equal to each child, not equal to each child, do you wish for another person to be included in the distribution etc.

How is the remainder of the Trust Estate to be distributed at the death of the Trustee?

- ☐ Select this option if the remainder of the Trust Estate is to be distributed equally divided between all your children (and a share going to the issue of a deceased child).
- OR**
- ☐ Select this option ONLY if the remainder of the Trust Estate is to be distributed in some other manner than as above.
- ☐ PROVIDE for an "afterborn" child in the distribution
- ☐ Select EXCLUDE an adopted person from the definition of "issue" (child = issue)

Please provide an alternative distribution if different than the two options above.

I wish to distribute the Trust Estate in the following manner.....

SECTION 9 - SPECIFIC DISTRIBUTIONS (other than personal property)

NOTE: The following options are specific distributions from the estate at the time of initial death or the death of the surviving spouse. Check all that apply to this trust. Interviewer: read all options to client

- ☐ Gift a specific sum to an individual or organization
- ☐ Gift a sum of money to a class of beneficiaries (e.g. grandchildren - you will be able to identify if it will be delayed later in interview)
- ☐ Gift a percentage of the Trust Estate to an individual or organization
- ☐ Gift a percentage of the Trust Estate to a class of beneficiaries
- ☐ Create an Exhibit to the Trust distributing the residue by listing multiple gift of cash and/or percentages
- Note:** This creates a separate (in addition to the residual disposition) Exhibit identifying multiple gifts of cash and/or percentages
- ☐ Create a lifetime interest (in trust) for a specific parcel of property
- NOTE:** The life estate is established with a deed that states that the occupant(s) of the property is allowed to use it for the duration of their lives.
- ☐ Gift a specific parcel of property (usually if the trustee owns 1 parcel of property (primary residence)
- ☐ Gift ALL real property owned by the trustee(s) at their death (this is for multiple properties i.e primary, vacation, income etc.)
- ☐ Gift a Business interest to a specific beneficiary (perhaps a family business)

NOTE: Ownership in a business can be transferred through a living trust. To do this, the business owner must first transfer the business to the trust, then name the intended successor as successor trustee to the trust. The business owner, while living, would serve as both trustee and beneficiary of the trust. This allows the owner to run the business as normal for as long as the owner chooses. It is very important that the trust agreement contain carefully-drafted provisions concerning the operations of the business and how ownership decisions get made if the owner becomes disabled or dies. In addition, if the business is taxed as an S corporation, more specific tax-oriented provisions are necessary.

☐

Create a lifetime interest (in trust) for a specific dollar amount or for a percentage of the Trust Estate

NOTE: A lifetime trust, also called a lifetime asset protection trust (LAPT) is a special type of trust designed to protect your loved ones and their inheritance from ruinous decision-making and the actions of creditors. An LAPT may be useful where an heir has significant debt, is going through or is likely to go through a bad divorce, or is known to make poor decisions when managing money.

☐

Gift a specific asset (other than real property)

☐

Forgive a debt owed by a child (with or without adjustment)

☐

Create a "Pet Trust"

☐

Create a "Charitable Foundation"

Gift of Real Property

Primary Residence Property

Address of Primary Residence

Beneficiary(ies) and/or heirs to property

Relationship to Trustee

Rental Income Property

Address of Rental Property

Beneficiary(ies) and/or heirs to property

Relationship to Trustee

Vacation Home Property

Address of Rental Property

Beneficiary(ies) and/or heirs to property

Relationship to Trustee

Transfer above properties to the name of the trust to protect from Probate?

Yes

No

☐☐

NOTE: To transfer real property into your Trust, a new deed reflecting the name of the Trust must be executed, notarized and recorded with the County Recorder in the County where the property is located. We offer this service, we would be happy to furnish you with the procedure & costs involved. We are able to record in other counties & states as well. Ask us!

Distribution of Real Property if the beneficiary dies before the Trustee (Grantor)?

☐

Distribute to the then living beneficiary's issue

If above is selected, an alternative distribution should still be selected in the event there is no surviving issue (issue = child)

☐

Distribute as part of the residue of the estate OR

☐

Distribute to (specific way)

SECTION 10 - DISTRIBUTION OPTIONS TO CHILDREN & SECONDARY BENEFICIARIES

NOTE: This is very important as it states how and when your heirs (including grandchildren) will receive their inheritance. Things to perhaps consider is maturity levels of that beneficiary, are they attending college, are they married, etc.

Distribution for PRIMARY beneficiaries (your children)

☐

Distribute to the children shall be "free of Trust" or "outright" - Not trust established

OR

☐

Hold the distributions for the children in a trust (if this is selected, see below for distribution options)

☐

Delay distribution of each child's share of the Estate to a certain age or ages (or a certain # of years from the death of the Trustee)

☐

Create a "Family Pot" trust for two or more young children

NOTE: A Family Pot is a trust that holds the trust property in one lump sum until all of the beneficiaries reach a certain age or until some other pre-determined event occurs.

- ☐ Hold each child's share for such child's lifetime (create a lifetime trust)
- ☐ Hold each child's share in a trust for such child's lifetime & for the lifetimes of such child's descendants (create a lifetime trust)

If delayed distribution is selected, please advise how it should be held in trust

- ☐ Full distribution at a specified age What age: _____
- ☐ 1/2 distribution at first age & final distribution at second age
- ☐ 1/3 distribution at first age; 1/3 at second age; final distribution at third age

1st Distribution

- ☐ 18
- ☐ 21
- ☐ 23
- ☐ 25
- ☐ 30
- ☐ Other _____

2nd Distribution

- ☐ 18
- ☐ 21
- ☐ 23
- ☐ 25
- ☐ 30
- ☐ Other _____

3rd Distribution

- ☐ 18
- ☐ 21
- ☐ 23
- ☐ 25
- ☐ 30
- ☐ Other _____

Distribution to SECOND LEVEL beneficiaries (i.e. grandchildren)

- ☐ Full distribution at a specified age What age: _____
- ☐ 1/2 distribution at first age & final distribution at second age
- ☐ 1/3 distribution at first age; 1/3 at second age; final distribution at third age

1st Distribution

- ☐ 18
- ☐ 21
- ☐ 23
- ☐ 25
- ☐ 30
- ☐ Other _____

2nd Distribution

- ☐ 18
- ☐ 21
- ☐ 23
- ☐ 25
- ☐ 30
- ☐ Other _____

3rd Distribution

- ☐ 18
- ☐ 21
- ☐ 23
- ☐ 25
- ☐ 30
- ☐ Other _____

SECTION 11 - CONTINGENT BENEFICIARIES & DISINHERITANCE

Contingent Beneficiary Designation or Heirs At Law (you must pick one)

- ☐ Designate a specific "Contingent Beneficiary"
- NOTE:** You are able to identify a "specific" beneficiary if there are not direct decedents. For example, if you and your entire immediate family die at the same time, this beneficiary(ies) would be the recipient of the entire estate.

Full Name _____

Relationship to Trustee _____

Full Name _____

Relationship to Trustee _____

- ☐ Designate a contingent distribution as the client's "Heirs at Law"
- NOTE:** Heirs at Law is merely a legal term for your "next of kin". In California the order is as follows: you, your children, your parents, your siblings, your nieces & nephew, and blood relations

Do you wish to Disinherit a possible heir to you Estate?

- ☐ Disinherit a potential heir

If above is checked, please fill out the following information

Full Name _____

Relationship to Trustee _____

- ☐ Check here if you are also excluding the issue (children if any) of the disinherited heir

SECTION 12 - DURABLE POWER OF ATTORNEY (Financial)

NOTE: A "General Power of Attorney" allows Trustee to select a legal representation, known as an "Agent" to handle his/her financial decisions while he/she is alive. This is part of the living trust. Trustee may limit the Agent powers to be effective only in the event of incapacity. The Agents powers automatically terminate upon the death of the Trustee.

Options for the Durable Power of Attorney - FIRST Trustee

- ☐ One Agent (no back-up)
☐ Two Agents
☐ Three Agents
- ☐ Check here is Trustee wants his successor Agents to act together (joint or co-agents)

Initial Power of Attorney Agent

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Second Power of Attorney Agent

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Third Power of Attorney Agent

Full Name

Address:

Street

City

State

Zip Code

General Power of Attorney Options

- ☐ Use the statutory POA short form
☐ The Power of Attorney is effective only upon the INCAPACITY of the Trustee (springing power)
NOTE: A Springing durable power of attorney lasts when the Trustee is incapacitated and does not take effect immediately.
☐ Select to include a specific power for the Agent to conduct an on-going business
☐ Select to give the Agent the power or right to make gifts
☐ Select to the Agent the power to trade options and/or commodities
☐ Select this option to provide "reasonable compensation" to the Agent
☐ Select if the client is a Federal Employee (civil service)

Options for the Durable Power of Attorney - SECOND Trustee (Spouse)

- ☐ One Agent (no back-up)
☐ Two Agents
☐ Three Agents
- ☐ Check here is Trustee wants his successor Agents to act together (joint or co-agents)

Initial Power of Attorney Agent

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Second Power of Attorney Agent

Full Name _____

Address: _____

Street

City

State

Zip Code

Contact Information:

Tel: _____

Relationship to Grantor: _____

Third Power of Attorney Agent

Full Name _____

Address: _____

Street

City

State

Zip Code

Contact Information:

Tel: _____

Relationship to Grantor: _____

General Power of Attorney Options

- ☐ Use the storutory POA short form
- ☐ The Power of Attorney is effective only upon the INCAPACITY of the Trustee (springing power)
- NOTE: A Springing durable power of attorney lasts when the Trustee is incapacitated and does not take effect immediately.*
- ☐ Select to include a specific power for the Agent to conduct an on-going business
- ☐ Select to give the Agent the power or right to make gifts
- ☐ Select to give the Agent the power to trade options and/or commodities
- ☐ Select this option to provide "reasonable compensation" to the Agent
- ☐ Select if the client is a Federal Employee (i.e. civil service)

SECTION 13 - HEALTHCARE POWERS - ADVANCE HEALTH CARE DIRECTIVE

NOTE: An "Advanced Healthcare Directive" OR Power of Attorney for healthcare is a legal document in which the client can specify what actions should be taken for his/her health if he/she is no longer able to make his/her decisions because of illness or incapacity. A "living will" is one part of the Advance Directive which gives directives pertaining to the treatment preferences in the event a person should become unable. The Power of Attorney or health care proxy authorizes the "Agent" to make healthcare decisions on his/her behalf when incapacitated.

Options for the Advance Healthcare Directive - First Trustee

- ☐ One Agent (no back-up)
- ☐ Two Agents
- ☐ Three Agents
- ☐ Check here if Trustee wants his successor Agents to act together (joint or co-agents)

Initial Healthcare Agent

Full Name _____

Address: _____

Street

City

State

Zip Code

Contact Information:

Tel: _____

Relationship to Grantor: _____

Second Healthcare Agent

Full Name _____

Address: _____

Street

City

State

Zip Code

Contact Information:

Tel: _____

Relationship to Grantor: _____

Third Healthcare Agent

Full Name _____

Address: _____

Street

City

State

Zip Code

Contact Information:

Tel: _____

Relationship to Grantor: _____

Healthcare Options for Trustee

- ☐ Use the Default "**Right to Die**" paragraph for the "Living Will" portion of the Advance Directive
- ☐ Use the "**Prolong My Life**" language paragraph for the "Living Will" portion of the Advance Directive
- ☐ Select if Trustee does NOT wish an autopsy unless required by law
- ☐ Select if Trustee does NOT wish to make any anatomical gifts (organ donation)
- ☐ Select if Trustee wishes to designate a primary physician (space below include name, tel, location)

Name

Address

Tel:

- ☐ Will the client by signing in a nursing home facility?
- ☐ Prepare a voluntary Advance Directive for Oral Feeding and Fluides ini the event of Dementia

NOTE: There are two purposes to completing an Advance Directive for Receiving Oral Food and Fluids In Dementia. The first is to document your wishes about when to stop efforts to provide assisted oral feeding because of an advanced dementia. The second is to ensure that your appointed health care agent is empowered to honor and implement those choices if you suffer from advanced dementia. Do you have a family history of Dementia/Alzheimer?

Options for the Advance Healthcare Directive - Second Trustee (Spouse)

- ☐ One Agent (no back-up)
- ☐ Two Agents
- ☐ Three Agents
- ☐ Check here is Trustee wants his successor Agents to act together (joint or co-agents)

Initial Healthcare Agent

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Second Healthcare Agent

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Third Healthcare Agent

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Healthcare Options for Trustee

- ☐ Use the Default "**Right to Die**" paragraph for the "Living Will" portion of the Advance Directive
- ☐ Use the "**Prolong My Life**" language paragraph for the "Living Will" portion of the Advance Directive
- ☐ Select if Trustee does NOT wish an autopsy unless required by law
- ☐ Select if Trustee does NOT wish to make any anatomical gifts (organ donation)
- ☐ Select if Trustee wishes to designate a primary physician (space below include name, tel, location)

Name

Address

Tel:

- ☐ Will the client by signing in a nursing home facility?
- ☐ Prepare a voluntary Advance Directive for Oral Feeding and Fluides ini the event of Dementia

NOTE: There are two purposes to completing an Advance Directive for Receiving Oral Food and Fluids In Dementia. The first is to document your wishes about when to stop efforts to provide assisted oral feeding because of an advanced dementia. The second is to ensure that your appointed health care agent is empowered to honor and implement those choices if you suffer from advanced dementia. Do you have a family history of Dementia/Alzheimer?

SECTION 14 - REPRESENTATIVES FOR THE FINAL DISPOSITION INSTRUCTIONS

NOTE: Final disposition is a legal term that refers to what happens to your body when you die. This could mean burial, cremation, interment, or another method of "disposing" of a deceased individual's remains. In this section, we are going to discuss burial, cremation, and alternative body disposition methods. Agents normally default from your healthcare Agents. You can change them or add as you see fit.

Options for the Final Disposition Representative - First Trustee

- ☐ One representative
☐ Two Agents
☐ Three Agents

How does First Trustee wish to have his/her remains disposed of?

Cremated

☐

Buried

☐

Initial Representative

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Second Representative

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Third Representative

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Options for burial and/or memorial service

- ☐ No funeral & no memorial Service
- ☐ If entitled, does Trustee request full military honors? Pls Explain: _____

NOTE: You are welcome to leave below blank. The final disposition page will allow you to fill in at later date

- ☐ Does Trustee have any preferences for the funeral/memorial service?
I request... _____
- ☐ How should the ashes of Trustee be disposed?
I would like my ashes.... _____
- ☐ How should the remains of Trustee be interred (buried)?
I would like my remains interred... _____
- ☐ Has Trustee made any post-death arrangements?
I have made arrangements at.... _____

Options for the Final Disposition Representative - Second Trustee (Spouse)

- ☐ One representative
☐ Two Agents

☐ Three Agents

Cremated

Buried

How does First Trustee wish to have his/her remains disposed of?

☐☐

Initial Representative

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Second Representative

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Third Representative

Full Name

Address:

Street

City

State

Zip Code

Contact Information:

Tel:

Relationship to Grantor:

Options for burial and/or memorial service

☐ No funeral & no memorial Service

☐ If entitled, does Trustee request full military honors? Pls Explain:

NOTE: You are welcome to leave below blank. The final disposition page will allow you to fill in at later date

☐ Does Trustee have any preferences for the funeral/memorial service?

I request...

☐ How should the ashes of Trustee be disposed?

I would like my ashes....

☐ How should the remains of Trustee be interred (buried)?

I would like my remains interred...

☐ Has Trustee made any post-death arrangements?

I have made arrangements at....

SECTION 15 - STAND-ALONE HIPAA WAIVER

NOTE: The "HIPAA Authorization & Waiver" is a 'stand-alone' document in which the client's health care providers are authorized to release patient's otherwise confidential medical information. If the patient is unresponsive and can't give a verbal approval this form will act in the absence of the verbal approval. The Trustee's healthcare fiduciaries are automatically included on the form. You are welcome to add additional persons (for example a child, a parent, etc.)

☐ Designate additional persons in the HIPAA Authorization (Healthcare fiduciaries automatically default)

Additional Person #1

Full Name

Tel:

Address:

Street

City

State

Zip Code

Additional Person #2

Full Name				Tel:	
Address:					
	Street	City	State	Zip Code	
SECTION 16 - INFORMATION ABOUT SIGNING					
State in which the client will be signing					
County documents will be signed					
Month documents will be signed					
Year documents will be signed					
ACKNOWLEDGEMENT OF UNDERSTANDING					
I, _____, certify that I have received guided instruction throughout my Estate Planning herewith. I understand and agree that it is my responsibility to read fully, understand the documents, and that I have included information that I believe to be true and accurate. I further agree and acknowledge that if there are any additional details that is pertinent to my Estate Plan that I will advise my agent prior to notary.					
Trustee Signature				Date:	
Trustee Signature				Date:	
TITAN Representative Signature				Date:	

