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ESTATE PLANNING PREPARATION FORM

1. Name of Parties (If single please complete one :

Husband: _____ US Citizen Yes No

Phone No. _____

Wife: _____ US Citizen Yes No

Phone No. _____

PLEASE PRINT YOUR NAMES AS THEY APPEAR ON YOUR DRIVER'S LICENSE, PASSPORT OR STATE ISSUED ID

A. Previous husband/wife: _____

Marriage terminated on _____ by: death divorce

2. County of residence: _____

3. Family:

A. Names of Children _____ **Dates of Birth (if under 18)** _____

B. Guardians for minor children (who will care for the minor children if under age 18?):

Name, address & phone no. _____

Alternate, name, address & phone no. _____

C. Name(s) of deceased child(ren): If so, did that child have children? Yes No

If yes, list names next to parent:

4. Trust Name:

What shall the name of your trust be? _____

5. Trustee/Executor:

A. Who do you choose as the trustee/executor? (This person would be in charge of managing your trust and distributing your estate according to your wishes after your death as outlined in the trust and will (paragraph 7 below). This person would also have power of attorney to manage your assets if you become incapacitated.):

Name: _____

Address: _____

Phone No.: _____

Relationship: (i.e., son, daughter, friend, etc.) _____

B. Who do you choose as the alternate trustee/executor in the event your first choice is unable or unwilling to act?:

Name: _____

Address: _____

Phone No.: _____

Relationship: (i.e., son, daughter, friend, etc.) _____

C. If you wish to appoint any other alternates, please give the above information for each on the back of this paper.

D. Shall above act as co-trustees? Yes No

If selecting co-trustees the two persons will be directed to act unanimously; however, if one of them, dies, resigns, is unable to act because of incapacity, or is unwilling to act, the remaining person will act alone.

6. Specific Bequests:

Are there any specific personal property items that you would like to give to certain individuals? (i.e. certain pieces of jewelry, or furniture specific cash amounts, "10% to the church", etc.) If you want all your property belonging to your estate to be divided among your heirs, then leave this area blank, however, if you want to list specific items and give them to certain people, please complete the following:

Name/description of item/\$ amount/ or percentage: _____

Give to: Name: _____

Address: _____

Phone No.: _____

Relationship: _____

Name/description of item: _____

Give to: Name: _____

Address: _____

Phone No.: _____

Relationship: _____

If there are additional items, please give the same information as above on the back of this paper.

7. Distribution of Trust Estate:

How do you want your trust estate to be divided?

For example, the typical distribution would be that after your death your entire estate (after distribution of specific bequests, if any - see paragraph 6 above) shall be distributed to your children in equal shares, free of trust, or at a specific age if they are under age 18; or if a child predeceases you, that child's share would go to the children of the deceased child to be held in trust until said grandchildren reach certain ages. It is common that a younger child's or grandchildren's trust be distributed 1/2 at a certain age, and the remaining 1/2 at another age, i.e. half at 25 and half at 30. You can choose any age, or you may decide you want the grandchildren to receive all of their portion at a certain age. They will receive it at age 18 if you do not specify another age for distribution.

If you want to follow the above example please indicate at which age(s) you wish the children or grandchildren's trust to be distributed: _____

If you want a different distribution, please so describe what you have in mind:

8. Assets to be listed on Schedule A:

A. Real Property.

List the complete addresses of all real property you own, including the county, state and country. (Real property includes homes, land, timeshare properties, investment properties, etc.)

- a. _____
- b. _____
- c. _____

B. Other Assets:

List all other investment quality assets, i.e. all bank accounts, stock, mutual funds, certificates of deposit, etc. Include names of financial institutions, the account names or type of asset, and account numbers. (No need to include account balances).

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

9. Durable General Power of Attorney: Trustees of your trust and executor of your will only have the authority to act upon your passing.

However, what happens if you are incapacitated from an automobile accident or unfortunately develop a condition, such as Alzheimer Disease, that affects your capacity to make informed decisions?

A Durable General Power of Attorney nominates somebody to make *legal* decisions on your behalf if you are incapacitated. In other words, the person who you nominate has the authority to withdraw funds and pay for your healthcare if necessary. This person is called the “attorney-in-fact.”

It is strongly recommended that the attorney-in-fact be the same people as the Trustee/Executor. Shall the attorney in fact be the same people as the Trustee/Executor? Yes No

If “No” provide their contact information (i.e., address and telephone number), as well as their relationship to you (i.e., “my brother” or “my niece”) on the back of this paper.

10. Advanced Health Care Directive: While a Durable General Power of Attorney nominates somebody to make *legal* decisions on your behalf if you are incapacitated, an Advanced Health Care Directive allows somebody to make *medical* decisions on your behalf. This person is known as your “health care agent.”

Do you want Health Care Power of Attorney done? Yes No

Shall the health care agent be the same people as the Trustee/Executor? Yes No

A. If the answer is “No”, then please complete the following information.
(Note: If you have a spouse he/she will automatically be the first nominee, so there is no need to list him/her below.)

Name: _____

Address: _____

Phone No.: _____

Relationship: (i.e., son, daughter, friend, etc.) _____

B. Who do you choose as the alternate agent in the event your first choice is unable or unwilling to act?

Name: _____

Address: _____

Phone No.: _____

Relationship: (i.e., son, daughter, friend, etc.) _____

C. If you wish to appoint any other alternates, please give the above information for each on the back of this paper.

D. Do you want your agent to have powers to donate body parts? Yes No

E. Do you wish to specify funeral or burial preferences? If so, please state details:


NOTARY & IDENTIFICATION REQUIREMENTS

At the time of signing your estate planning documents you must present identification to the Notary Public. **The identification needs to match the name contained in your estate planning documents.** In order streamline this process we ask that you please **PROVIDE A COPY YOUR DRIVER'S LICENSE OR ID* IN THE SPACE PROVIDED BELOW OR ATTACH A COPY ON A SEPARATE PAGE** and complete the requested information below.



PLEASE CLEARLY PRINT YOUR NAME AS IT APPEARS ON YOUR ID

(FIRST) (MIDDLE) (LAST)
ID # _____ ISSUED DATE _____



PLEASE CLEARLY PRINT YOUR NAME AS IT APPEARS ON YOUR ID

(FIRST) (MIDDLE) (LAST)
ID # _____ ISSUED DATE _____

**Pursuant to Civil Code § 1185 the notary public may rely on a driver's license or identification card issued through the Department of Motor Vehicles or other approved state agency which is current or has been issued within the last 5 year, or a passport issued by the Department of State of the United States which is current or has been issued within the last 5 year, or a foreign Passport stamped by the U.S. Citizenship and USCIS. Please contact my office if you do not have the above described identification to discuss other approved identification.*