

CONFIDENTIAL

ESTATE PLAN QUESTIONNAIRE

This questionnaire is intended to elicit preliminary information to help us prepare your estate planning documents. Please complete it as best as you can prior to our first meeting. The more complete and accurate your responses, the better we will be able to serve you.

There are several documents listed on page 4 & page 5. Please bring as many of these as possible to the first meeting.

IF POSSIBLE, PLEASE RETURN THE COMPLETED
WORKSHEET TO OUR OFFICE VIA MAIL, E-MAIL OR FAX
PRIOR TO YOUR APPOINTMENT

Prepared by:

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BACKGROUND INFORMATION

FAMILY INFORMATION:

<u>PERSONAL</u>	<u>Husband</u>	<u>Wife</u>
a. Name (per Cal ID)	_____	_____
. Other Name?	_____	_____
b. Address	_____	_____
c. Home Phone	(____) _____	(____) _____
Cell Phone	(____) _____	(____) _____
Fax No.	(____) _____	(____) _____
...E-mail address	_____	_____
d. Occupation	_____	_____
e. Date of Birth	_____	_____
f. Citizenship	_____	_____
g. Social Security #	_____	_____
h. Date of Marriage	_____	_____

PRIOR MARRIAGES:

	<u>Husband</u>	<u>Wife</u>
Name of Prior Spouse	_____	_____
How marriage terminated? (Death, divorce)	_____	_____
Date of divorce (Or date if deceased)	_____	_____

PARENTS:

	<u>Father</u>	<u>Mother</u>
<u>Husband's Parents</u>		
Name	_____	_____
Age	_____	_____
Expectant Inheritance from Parent	_____	_____
<u>Wife's Parents</u>		
Name	_____	_____
Age	_____	_____
Expectant Inheritance from Parent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

CHILDREN/OTHER DEPENDENTS: (including children from a prior marriage or relationship – see attachment at end of questionnaire if space needed for additional names)

<u>Name</u>	<u>Address & Tel No.</u>	<u>Parents Names</u>	<u>Date of Birth</u>
_____	_____	_____	___/___/___
_____	_____	_____	

	Tel: _____		
_____	_____	_____	___/___/___
_____	_____	_____	

	Tel: _____		
_____	_____	_____	___/___/___
_____	_____	_____	

	Tel: _____		
_____	_____	_____	___/___/___
_____	_____	_____	

	Tel: _____		

IDENTIFY OF OTHER PERSONS YOU WISH TO BENEFIT FROM YOUR ESTATE

<u>Name</u>	<u>Address & Tel No.</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____	___/___/___
_____	_____	_____	

	Tel: _____		
_____	_____	_____	___/___/___
_____	_____	_____	

	Tel: _____		

YOUR CONCERNS

Please rate the following as to how important they are to you:

(**H** high concern, **S** some concerned, **L** low concern, **N/A** no concern or not applicable)

<u>Description</u>	<u>Level of Concern</u>
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 a conservatorship ("living probate") in case of a disability.	_____
Avoiding will contests or other disputes upon death.	_____
Protecting assets from lawsuits or creditors.	_____
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	_____
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	_____
Protecting children's inheritance from the possibility of failed marriages.	_____
Protect children's inheritance in the event of a surviving spouse's remarriage.	_____
Worried about paying for nursing home costs.	_____
Plan for pets, horses or other animals after your passing.	_____
That estate planning documents comply with the requirements of my religious faith e.g. Christian, Islamic, Jewish etc.	_____

OTHER CONCERNS: Please list below

IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	<u>Yes</u>	<u>No</u>
Are you (or your spouse) receiving social security, disability, or other governmental benefits?		
Have you (or your spouse) been widowed? <i>(If a federal estate tax return or a state death tax return was filed, please furnish a copy)</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? If so, please advise		
Do either of you have a will/trust or power of attorney already in place? <i>(If so, please provide a copy of any such document)</i>		
Have either of you ever executed a community property agreement?		
Do you have any other agreement, either oral or written, between you and your spouse regarding your property? (For example a pre-nuptial or post-nuptial agreement) <i>(If so, please provide a copy of any such agreement)</i>		
Do either of you have obligations (child/spousal support; insurance) from prior marriages? <i>(If so, please provide a copy of any divorce or property settlement)</i>		
Do either of you or your immediate family receive income from any trust or another estate?		
Have either of you ever filed any federal or state gift tax returns?		
Are you presently or do either of you expect to be a beneficiary of a trust or receive a gift/inheritance? <i>(If so, please provide info)</i>		
Do any of your children have special educational, medical, or physical needs?		
Are any persons (other than minor children) partially or wholly dependent upon either of you for support now or possibly in the future?		
Does anyone to whom you may be leaving part of your estate require any help or protection in managing money or other property?		
Are there any health problems or other special circumstances our plan should consider		

DOCUMENTS TO BRING TO THE FIRST MEETING

Please bring copies of the following documents with you to our first meeting:

- Any current will(s), codicil(s), living trust or other trust agreements.
- Copies of real estate deeds with appraisals, if available.
- Copies of beneficiary designation for IRA, pension, insurance and annuities.
- Living will, health care declaration or power of attorney.
- A list of full names, addresses, telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers', and advisors.
- Analysis of any life insurance policies you may have from your insurance agent.
- Copies of brokerage account statements/stock certificates and bonds
- Business records in which you are an owner or shareholder.

ADVISORS

Accountant: _____

Financial Advisor: _____

Life Insurance Agent: _____

ESTATE PLAN DESIGN INFORMATION

Trust Related Items:

Legal Name of Trust: Default is “(Husband Name) and (Wife Name) Revocable Trust dated (date).” **Is this OK?** Yes/No. If answer is “no”, indicated the name for the trust: _____

Names Of Trustee(s): The Trustee is the person you appoint to manage your trust. S/he handles the management and distribution of the trust assets according to your directions in the trust.

Initial Trustee(s): Both of you are usually the initial Trustee(s) for your lifetime. **Is this OK?** Yes/No. If answer is “no”, indicated who shall be the initial trustee(s) _____

Successor/Death Trustee(s): This is/are the person(s) who will manage the trust upon the death of the 2nd spouse to die. Name at least 2 persons and/or institutions (banks or trust companies) in the order you wish them to serve as trustees if neither of you can no longer serve:(if you wish to name co-trustees, indicate so):

<u>No.</u>	<u>Name(s)</u>	<u>Address(es)</u>	<u>Relationship to you</u>
<u>1</u>	_____	_____	_____
<u>2</u>	_____	_____	_____

Names Of Executor(s) of your Will(s):

An executor is the person who administers your estate. S/he will manage all your non-trust property. Name at least 2 persons and/or institutions (banks or trust companies) in the order you wish them to serve as trustees if you can no longer serve. **We recommend that the same person who serves as your Trustee also serve as your executor to avoid a conflict. If married, your surviving spouse is usually the first choice since s/he will also be trustee of your trust.**

	<u>Husband</u>	<u>Wife</u>
1. Name:	_____	_____
Address:	_____	_____
Relationship:	_____	_____
2. Name:	_____	_____
Address:	_____	_____
Relationship:	_____	_____

DISTRIBUTION OF YOUR PROPERTY

SPECIAL GIFTS

Gifts of Personal Property/Heirlooms

Your estate plan will allow you to prepare a list of heirlooms (items of furniture, clothes, jewelry; keepsakes etc.) on a "gifting letter" for specific individuals. Who shall receive your personal property that is NOT listed upon your death?

<u>Husband</u>	<u>Wife:</u>
Name: _____	_____
Alternate Name: _____	_____

Special Gifts of cash or valuable property

Do either of you wish to make specific gifts of cash or valuable property (mobile home, painting, timeshare etc.) when you die? If the donee is unable to accept the gift due to death or other reasons, name an alternative recipient in their place. The alternate can be that person's issue, another person; or the gift can "lapse" and be distributed with the rest of your trust property. If gift is a monetary sum, state if the gift is made NET i.e. AFTER taxes, expenses have been paid, or GROSS i.e. the recipient's share of taxes/expenses will be paid out of the gift.

Name of Donor – Husband Wife . Gift (\$ or item) _____
Name of recipient: _____ Alternate recipient: _____
Will gift be made upon first death Yes second death Yes ; NET or GROSS? _____

Name of Donor – Husband Wife : Gift (\$ or item) _____
Name of recipient: _____ Alternate recipient: _____
Will gift be made upon first death Yes second death Yes ; NET or GROSS? _____

Name of Donor – Husband Wife : Gift (\$ or item) _____
Name of recipient: _____ Alternate recipient: _____
Will gift be made upon first death Yes second death Yes ; NET or GROSS? _____

For additional gifts, please complete attached sheet titled "Additional Special Gifts."

Gifts to Charities:

Would you like to remember any charities (Salvation Army, Red Cross, Sierra Club) upon your death? If so, please list the charities below:

Name of Donor – Husband Wife : Name of Charity: _____
Gift (\$ or item) _____ When will gift be made? _____
NET or GROSS? _____

Name of Donor – Husband Wife : Name of Charity: _____
Gift (\$ or item) _____ When will gift be made? _____
NET or GROSS? _____

DISTRIBUTION OF REMAINDER OF PROPERTY UPON FIRST DEATH

How would you like to receive the rest of your property –other than special gifts-when you die?

NOTE: “Your property” includes under California law, your ½ share of community property and your separate property

OUTRIGHT TO SURVIVING SPOUSE

I wish to leave my property outright to my surviving spouse. S/he can do whatever s/he wants with the property after I die (including amending or even terminating my estate plan, and in doing so, changing the beneficiaries whom I will name in my trust). I realize that this offers no protection from creditors, or predators.

MY SHARE IS TO SURVIVING SPOUSE IN A TRUST

I wish to leave my property in a separate trust upon my death. This is sometimes referred to a “A/B” planning (“A” being the “alive” aka survivor’s trust and “B” being the “buried” person’s trust). I want to decide how much control my spouse has over my property. Upon my spouse’s death, the remainder of the property in my trust will go to those beneficiaries who I will name in our joint revocable trust.

If the share for the first-to-die spouse’s share to be kept in a separate trust, do you want:

- ALL INCOME & PRINCIPAL.** All income and principal are available to the surviving spouse upon demand. The surviving spouse is free to do as s/he pleases. This would include the ability to remove all property in the “B” Trust.
- ALL INCOME — PRINCIPAL FOR NEEDS:** All income is distributed to surviving spouse; principal is available for his/her needs (“health, education, support and maintenance only”).
- ONLY INCOME:** Only income is distributed to surviving spouse. Principal is not available to the surviving spouse.
- OTHER OPTION?** _____

Who Is Responsible For Determining Lifetime Distributions?:

- SURVIVING SPOUSE.** If the surviving spouse is the sole trustee, this will mean that the surviving spouse will have access to all the income and principal of the trust, irrespective of whatever limits you have placed on his/her access to the principal under the previous question.
- SURVIVING SPOUSE AND A CO-TRUSTEE.** Name of co-trustee: _____
- An INDEPENDENT TRUSTEE** will have the sole decision to make principal distributions. Name of co-trustee: _____
- Other option?** _____
- LIMITED POWER OF APPOINTMENT:** Do you want the surviving spouse to be able to modify the way your property is to be distributed upon his/her death? If so, to who may the surviving spouse distribute your property:
- Your descendants; Your descendants and their spouses
- Your descendants and charities Your descendants, their spouses and charities
- Anyone, no limitations; Other: _____

DISTRIBUTION OF PROPERTY UPON DEATH OF SECOND SPOUSE

DIVIDE EQUALLY BETWEEN OUR CHILDREN. IF ANY CHILD DIES BEFORE US, HIS/HER SHARE SHALL BE DIVIDED BETWEEN THE DECEASED CHILD'S OWN CHILDREN.

DIVIDE EQUALLY BETWEEN OUR CHILDREN. IF ANY CHILD DIES BEFORE US, HIS/HER SHARE SHALL BE DIVIDED BETWEEN THE OTHER CHILDREN.

DIVIDE IN UNEQUAL SHARES BETWEEN OUR CHILDREN AS FOLLOWS:

Name of child	%share	Who shall receive share if child predeceases?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

OTHER: Please indicate how you wish your property to be disposed of:

HOW AND WHEN TO DISTRIBUTE MY PROPERTY:

DISTRIBUTE OUTRIGHT TO OUR BENEFICIARIES: Provides no protection from creditors, predators and from themselves. However, beneficiary is given the right to maintain the property in trust, which may give some protection from creditors and predators.

STRUCTURED TRUST/STAGGERED DISTRIBUTION: You determine how long the property is to remain in trust. During the period of time the property is held in trust it is available to the beneficiary for needs (health, education and maintenance). You may give written instructions to the trustee outlining guidelines to be followed in determining the beneficiary's needs. You may provide for a staggered distribution of principal; i.e. 1/3 at age 21, 1/3 at age 25 and balance at age 30. You decide who is the one to manage the property and to carry out your distribution instructions. Does the beneficiary have a right to be a cotrustee and/or choose his or her own cotrustee? You decide how the trust is designed. List your desires:

REMOTE CONTINGENT BENEFICIARY: Who do you want to receive your property in the remote event that no one listed above is alive to receive your property? Options:

- To my heirs-at-law.
- One-half to my heirs-at-law and one-half to my spouse's heirs at law.
- To the following named individuals and/or charities:

RESTRICTIONS ON SHARES GOING TO CHILDREN/BENEFICIARIES?:

Do you wish to place some “control” i.e. restriction on any beneficiaries receiving their share? Parents who have children with creditor or dependency (alcohol; drugs etc) problems may wish to insert some restrictions on when a child can receive funds. Other couples are concerned about the influence of a child’s spouse. This can be discussed further during the consultation with attorney.

<u>Child/Beneficiary</u>	<u>Desired Restriction</u>
_____	_____
_____	_____

Disinheritance:

Is there anyone that you specifically wish to disinherit? If so, please indicate:

Beneficiary With Special Needs:

If you have any beneficiaries with special needs such as a mental or physical disability, please list the name of the person, their relationship to you and describe the problem. Please also complete the page marked “Children with Special Needs”

Name of person with special needs: _____ Relationship: _____
Description of disability: _____

Special Wishes:

Are there any special directions you wish to make on gifts or inheritances? For example, directions for the care of your pets; etc.? If so, please indicate below:

Any Other Wishes or Concerns?:

OTHER IMPORTANT ISSUES REGARDING YOUR TRUST

Disability Determination:

Your successor trustee will take effective control over your trust not only when you are dead but also while you are incapacitated – either through illness, age etc. For the purpose of determining whether you have lost the capacity to act as trustee, who would you like to make that determination?

- My primary care physician . Two physicians
 My primary care physician and my spouse: Other: _____

Trustee Bond

A bond is like an insurance policy. If your trustee takes your money and run, your beneficiaries will have lost everything without a bond. With a bond, if your money is taken or misappropriated by the trustee, the bonding company replaces your loss up to the face amount of the bond. A bond can be purchased for an annual premium and must be renewed each year. Please indicate your wishes:

- We wish that every successor trustee be bonded
 We wish that NO successor trustee should have to take out a bond
 We wish that (name(s)) only be required to take out a bond. Names: _____

Accounting

Do you wish your trustee to render an account of all his/her financial actions during his/her tenure as trustee? Bear in mind that the beneficiaries can always “waive” the requirement of an account. Also bear in mind that beneficiaries can still demand (and receive) an accountant, irrespective of what the document says.

- Yes, my trustee shall render an account annually, upon a termination of a trust or upon a change of trustee
 No, my trustee shall NOT have any duty to render an account.
 No, my trustee shall NOT have any duty to render an account UNLESS I am incapacitated;

Amending or Revoking the Trust While You Are Both Alive

Your Trust will be a “revocable” trust meaning that it can be revoked during your joint lifetimes. The trust will provide that either of you can revoke or terminate the trust regarding any separate property which either of you have. With regard to your community property, do you want can:

- either spouse can revoke the trust WITHOUT notifying the other spouse; or
 either spouse MUST NOTIFY the other spouse if s/he wishes to revoke the trust regarding CP

Advancements & Reimbursement

Are there any beneficiaries to whom you made lifetime loans/advancements and who you wish to “offset” their share of the estate by the amount of the loans/gifts you have given them during your lifetimes? whose shares you wish to reduce to

INCAPACITY – HEALTH CARE DIRECTIVE & DECISIONS

Name of Health Care Agent:

A health care agent is someone who will make medical decisions for you if you become incapacitated. You should choose someone who understands your wishes and is likely to be present when decisions need to be made—most often i.e. someone close-by. S/he should be someone you trust to follow those wishes and not easily be swayed by doctors or family members who disagree with your wishes. Please choose **in order of priority** the person(s) you wish to be your agent.

No.	<u>Husband</u>	<u>Wife</u>
1.	Name: _____ Address: _____ Relationship: _____ Tel: _____	_____ _____ _____ Tel: _____
2.	Name: _____ Address: _____ Relationship: _____ Tel: _____	_____ _____ _____ Tel: _____

Authority Of Agent:

This office uses as its blueprint the Advance Health Care Directive under Probate Code §4701. This Directive grants your agent full power and authority to make health care decisions for you, subject to any desires/limitations you wish to impose, including the following rights: Please indicate if there is any authority you do NOT wish to give:

	<u>Husband</u>	<u>Wife</u>
To consent, or refuse to any medical care, service or procedure ...	<input type="checkbox"/> No	<input type="checkbox"/> No
To select or discharge doctors; nurses, hospital etc.	<input type="checkbox"/> No	<input type="checkbox"/> No
To approve/disapprove diagnostic tests, surgical procedures, the use of drugs and therapeutic devices, and medication programs	<input type="checkbox"/> No	<input type="checkbox"/> No
To direct cardiopulmonary resuscitation (“CPR”)	<input type="checkbox"/> No	<input type="checkbox"/> No
To direct disposition of remains	<input type="checkbox"/> No	<input type="checkbox"/> No
Admission to any hospital, medical center, or rehabilitation program	<input type="checkbox"/> No	<input type="checkbox"/> No
Admission to nursing home for “recuperative” short term stays	<input type="checkbox"/> No	<input type="checkbox"/> No
To waive any doctor-patient privilege	<input type="checkbox"/> No	<input type="checkbox"/> No
To authorize blood transfusions	<input type="checkbox"/> No	<input type="checkbox"/> No
To summon paramedics or other emergency medical personnel	<input type="checkbox"/> No	<input type="checkbox"/> No
To sign necessary releases from liability required by hospitals/physicians	<input type="checkbox"/> No	<input type="checkbox"/> No
To restrict visitors or limit visitation while I am a patient in any hospital	<input type="checkbox"/> No	<input type="checkbox"/> No
The right to request “do not resuscitate” (“DNR”) order s.....	<input type="checkbox"/> No	<input type="checkbox"/> No

End-Of-Life (“Pull-the-Plug”) Decisions:

Our Directive includes a clause directing that your life not be prolonged if:

- “ (1) you have an incurable and irreversible condition that will result in death within a relatively short time;
- (2) you have become unconscious and, to a reasonable degree of medical certainty, will not regain consciousness; or
- (3) the likely risks and burdens of treatment would outweigh the expected benefits.”

If this provision is acceptable to you, indicate so below. If not, indicate your own wishes:

	<u>Husband</u>	<u>Wife</u>
Acceptable?	Yes/No	Yes/No
If “no”, my own wishes are: _____	_____	_____
	_____	_____

Comfort Care - Relief From Pain:

	<u>Husband</u>	<u>Wife</u>
The Directive directs that treatment for alleviation of pain or discomfort to be provided at all times, even if it hastens death. Is this agreeable?	Yes/No	Yes/No

Artificially Administered Food And Water – Hydration And Nutrition:

	<u>Husband</u>	<u>Wife</u>
Do you want food and water artificially administered (through “Feeding tubes”) if you become unable to chew or swallow?	Yes/No	Yes/No

Personal Care Instructions:

Your Health Care Directive will include instructions to your agent that, if you become incapacitated, you wish to be cared for in your primary residence for as long as possible, and that if it becomes necessary for you to be placed in a convalescent home, that you be placed in a home close to your present home to be close to friends and neighbors. Is this agreeable to you?

Husband: Yes; No | **Wife:** Yes; No

Personal Care Instructions can also include your wishes as to how your lifestyle will be conducted. This may include your wishes as to your continued involvement with a specific religious or spiritual activity; the care of a pet; a desire to spend time outdoors or to have music played during your convalescence. If you have any special wishes, please indicate below:

<u>Husband</u>	<u>Wife</u>
_____	_____
_____	_____

Directions - Specific Medical Procedures:

Are there any procedures that you specifically do not want, or any different statements of medical treatment desires and limitations? If so, please describe them:

<u>Husband</u>	<u>Wife</u>
_____	_____
_____	_____

Effective Date – now or later?:

We recommend that you make your Advance Health Care Directive (“AHCD”) effective IMMEDIATELY on execution. While this decision may seem premature, it avoids the difficulty of finding a doctor who will say that you are “incapacitated” (and in doing so feels s/he is risking a lawsuit from a disgruntled heir for a decision made by the agent) when that time comes. If you do NOT wish to make your AHCD effective immediately, but rather that it will “spring” into effect upon some future “trigger” event, indicate so below and state what that “triggering event” will be:

<u>“Triggering” Provision</u>	<u>Husband</u>	<u>Wife</u>
I wish my Power of Attorney to be effective IMMEDIATELY ... OR I wish my Power of attorney to be effective upon the written opinion of:	Yes/No	Yes/No
1. one or more doctors	Yes/No	Yes/No
OR		
2. your treating physician	Yes/No	Yes/No
OR		
3. Two doctors, one of whom is your treating physician.	Yes/No	Yes/No
OR		
4. Two parties to provide the written declarations—one a trusted friend, adviser, or family member, and the other a licensed physician	Yes/No	Yes/No
OR		
5. (Insert own choice: _____)	Yes/No	Yes/No

Nomination Of Conservator(s) of person

A conservator of the person is someone who will make medical decisions for you if you are incapacitated and your health care agent or attorney-in-fact cannot act. Please name the persons in order of priority:

	<u>Husband</u>	<u>Wife</u>
1. Name: _____	_____	_____
2. Name: _____	_____	_____

Anatomical Gifts:

Do you wish that your agent have the authority to make a disposition of a part of your body? If so, please indicate what parts of your body you wish to leave and for what purpose(s):

	<u>Husband</u>	<u>Wife</u>
Donate Body Parts?	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No
If Yes, which parts?	_____	_____
Purposes?	Transplant <input type="checkbox"/> Yes; Therapy <input type="checkbox"/> Yes Research <input type="checkbox"/> Yes; Education <input type="checkbox"/> Yes	Transplant <input type="checkbox"/> Yes; Therapy <input type="checkbox"/> Yes Research <input type="checkbox"/> Yes; Education <input type="checkbox"/> Yes

Disposition Of Remains: -

Please indicate how you would like the disposition of your remains handled:

	<u>Husband</u>	<u>Wife</u>
I wish to be cremated and my remains disposed of as follows:	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> Yes: _____
I wish to be buried (as follows):	<input type="checkbox"/> Yes: _____	<input type="checkbox"/> Yes: _____
My agent shall use his/her own discretion to arrange for the disposition of my remains.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	<input type="checkbox"/> Yes; <input type="checkbox"/> No

Funeral or Memorial Service:

Indicate below your wishes for a funeral or memorial service (if any) to be held upon your death:

	<u>Husband</u>	<u>Wife</u>
I do NOT wish for a funeral or memorial service to be held OR	Yes/No	Yes/No
I DO direct that a memorial service be held (as follows) OR	Yes/No	Yes/No
My agent shall use his/her own discretion to arrange for a funeral/memorial service OR My own wishes as follows:	Yes/No	Yes/No
	_____	_____
	_____	_____
	_____	_____

INCAPACITY – FINANCIAL DECISIONS

Name of Attorney-In-Fact For Finances:

An attorney – in-fact for finances will make financial decisions for you if you become incapacitated. Please choose in order of priority the person(s) you wish to be your attorney-in-fact.

	<u>Husband</u>	<u>Wife</u>
1.	Name: _____ Address: _____ Relationship: _____ Tel: _____	_____ _____ _____ Tel: _____
2.	Name: _____ Address: _____ Relationship: _____ Tel: _____	_____ _____ _____ Tel: _____

Powers Granted To The Attorney-In-Fact

The law allows a person to grant broad general powers to the attorney-in-fact. However, there are specific powers that are so important that the law requires that express provisions be included to grant such powers: These include authority to:

	<u>Husband</u>	<u>Wife</u>
Make gifts of up to \$13,000 annual gifts (tax planning benefits)	Yes/No	Yes/No
Make gifts beyond annual \$13,000 gift tax exclusion.....	Yes/No	Yes/No
Consent to split gifts with spouse.....	Yes/No	Yes/No
Pay third party tuition and medical expenses (included for tax planning benefits and for parents with children with special needs) ...	Yes/No	Yes/No
Transfer assets to and remove assets from a living trust	Yes/No	Yes/No
Execute disclaimers (see Glossary for explanation).....	Yes/No	Yes/No
To Borrow and To Grant Security Interests such as mortgages, loans ..	Yes/No	Yes/No
To Invest and Reinvest	Yes/No	Yes/No
Have Access to, and Remove Property From Safe Deposit Boxes	Yes/No	Yes/No
Use and Cancel Credit Cards	Yes/No	Yes/No
Collect Assets and Settle Claims	Yes/No	Yes/No
Apply for Government Benefits	Yes/No	Yes/No
Deal With Employee, Retirement, and Other Benefits	Yes/No	Yes/No
Manage business or partnership interests	Yes/No	Yes/No
Deal with insurance	Yes/No	Yes/No
Represent Principal on Tax Matters and To Sign Tax Returns	Yes/No	Yes/No

What Assets Will Be Managed?

		<u>Husband</u>	<u>Wife</u>
Do you want the attorney-in-fact to have the above powers over ALL your real and personal property? If NOT, please list the property you do not want your attorney-in-fact to have power over and indicate what you want to happen to that property in the event of your incapacity:		Yes/No	Yes/No
<u>Husband</u>	<u>Wife</u>		
Property: _____	Property: _____		
_____	_____		

Self-Dealing:

“Self-dealing” occurs when your attorney-in-fact transfers your property – directly or indirectly – to him/herself. While “self-dealing” is not automatically prohibited, it is best to authorize in your document those acts which may be prohibited as “self-dealing” and avoid potential litigation. For example, if your attorney is a child who is also managing the family business in which you hold an ownership interest, self-dealing may be absolutely necessary for the attorney to manage your property.

The most sensitive areas for “self-dealing” where the attorney-in-fact is a non-spouse is including powers for the agent to (a) make gifts to himself; (b) designate him/herself as a beneficiary under your retirement plan, and (c) designating him/herself as beneficiary under an insurance policy owned by you.

Do you wish to authorize your attorney-in-fact to

	<u>Husband</u>	<u>Wife</u>
make gifts to him/herself?	Yes/No	Yes/No
designate him/herself as a beneficiary of your retirement plan?	Yes/No	Yes/No
designate him/herself as beneficiary on insurance policy owned by you.....	Yes/No	Yes/No

Self-dealing – gifts:

If you WANT your attorney-in-fact to be able to make gifts to him/herself, we recommend that the potential adverse income and estate tax consequences of such a gift be minimized by LIMITING the attorney’s authority to (a) restricting his/her authority to no more than \$10,000; (b) forbidding him/her from making gifts to anyone except himself (excluding creditors and debtors); and (c) only allowing him to make such gifts for “health, support, education and maintenance” reasons.

	<u>Husband</u>	<u>Wife</u>
Is this acceptable to you?	Yes/No	Yes/No

If it is not acceptable, indicate what limitations, if any, you wish to apply to attorney’s power:

<u>Husband</u>	<u>Wife</u>
Description: _____	Description: _____
_____	_____

Effective Date – now or later?:

If you feel secure that the person you are designating as your attorney for finances will NOT abuse this position (as is the case with family members), we recommend that you make your Durable Power of Attorney (“DPA”) effective IMMEDIATELY on execution. If you do not feel absolutely secure in the reliability of the individuals you are naming, we recommend that you make your DPA effective WHEN A DOCTOR OR OTHER PERSON(S) YOU DESIGNATE DETERMINES THAT YOU ARE INCOMPETENT I.E. that it will “spring” into effect upon some future “trigger” event. If the latter, please indicate so below and state what that “triggering event” will be:

	<u>Husband</u>	<u>Wife</u>
I wish my Power of Attorney to be effective IMMEDIATELY	Yes/No	Yes/No
OR		
I wish my Power of attorney to be effective upon the written opinion of:		
1. your treating physician	Yes/No	Yes/No
2. Two doctors, one of whom is your treating physician	Yes/No	Yes/No
3. Two parties to provide the written declarations—one a family member, and the other a licensed physician	Yes/No	Yes/No
4. (Insert own choice: _____)	Yes/No	Yes/No

Miscellaneous: Do you want:

	<u>Husband</u>	<u>Wife</u>
Your attorney-in-fact to be compensated? If Yes, how much? –		
Hourly? Fixed annual salary? A “reasonable amount”?	Yes/No	Yes/No
your attorney-in-fact to prepare an annual financial report?	Yes/No	Yes/No
your attorney-in-fact to report to any third party?	Yes/No	Yes/No
authorize the co-mingling of your agent’s assets and your assets?.....	Yes/No	Yes/No
want the attorney-in-fact to post a bond when serving?	Yes/No	Yes/No

Nomination Of Conservator(s) of ESTATE:

A conservator of the estate is someone who will make financial decisions for you if you are incapacitated and your attorney-in-fact cannot act. Please name the persons in order of priority:

	<u>Husband</u>	<u>Wife</u>
1. Name: _____	_____	_____
2. Name: _____	_____	_____

FOR PARENTS WITH MINOR CHILDREN

Guardian Of Minor Child:

If you have minor (under 18) children, you may want to designate a guardian for him/her in case you and your spouse die before your child reaches majority. There are two types of guardian – a guardian of the person (someone who will make medical, schooling and other personal decisions for your child) and guardian of the estate (someone you will handle your child's financial affairs). **In order of priority**, please indicate those persons who will fill these positions:

Guardian of the Person

<u>No.</u>	<u>Name(s)</u>	<u>Address(es)</u>	<u>Relationship to you</u>
<u>1</u>	_____	_____	_____
<u>2</u>	_____	_____	_____
	_____	_____	

Guardian of the Estate

<u>No.</u>	<u>Name(s)</u>	<u>Address(es)</u>	<u>Relationship to you</u>
<u>1</u>	_____	_____	_____
<u>2</u>	_____	_____	_____
	_____	_____	

Special directions/wishes to Guardians:

Do you have any special wishes/desires (type of schooling; religious upbringing) that you wish the Guardians to be aware of in raising your children. If so, please use the sample directions attached to this questionnaire as a guideline and provide us with those desires:

FOR PARENTS OF CHILDREN WITH SPECIAL NEEDS

Your trust will include provisions to set up a “Special Needs Trust” for your Child upon the death of the surviving spouse. One of the purposes of a regular “living” trust is to provide control over property left to your minor child(ren). The Special Needs Trust also allows your Child to take advantage of both available public benefits (such as Medi-Cal and SSI), and monies from your trust by authorizing the trustee to make payments that “supplement” existing public benefits your child may receive.

Name of Child with Special Need : _____ **Date of Birth** _____
Present Address of Child _____

What is the nature of the injury/disability and the individual’s current and future needs related to their disability?

Please list any government benefits that your special child is presently receiving:

Who do you wish to be Trustee of your Special Needs Trust? (Name at least 2 persons and/or institutions (banks or trust companies) in the order you wish them to serve as trustees)

1. Name(s) _____ Relation: _____
Address(es) _____

2. Name(s) _____ Relation: _____
Address(es) _____

Who will receive the property in the Special Needs Trust upon the death of your Special Child?

Name of beneficiar(ies): _____

Name of alternate beneficiaries (if first choice have predeceased your Special Child):

Do you wish that there be an absolute bar on the trustee’s ability to spend trust funds on items such as food, clothing which would be covered by public benefits such as Medi-Cal or would you like the trustee to be able to use his discretion to spend trust assets even if they result in a loss of public benefits? (The absolute prohibition offers more reliability that the child’s government benefits will not be impaired, especially if current benefits become more restrictive in the future)

Absolute Prohibition _____ Trustee has discretion _____

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE PROPERTY INFORMATION CHECKLIST

General Headings

This Property Information checklist is designed to help you list all the property you own and what it is worth. You probably won't own property under all the headings, if not just leave those blank. Under certain headings you may own more property than can be listed on this checklist. If so, use extra sheets of paper to list your additional property.

Type

Immediately after the heading for each kind of property is a brief explanation of what property you should list under that heading.

"Owner" of Property

How you own your property is extremely important for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

For Property Owned	Use
Husband's name alone, with no other person	H
Wife's name alone, with no other person	W
Husband and wife together, as community property	CP
Husband and wife together, as joint tenants	JT
Husband as joint tenant with someone other than his wife e.g. a child, parent etc.	H&O;
Wife as joint tenant with someone other than her husband e.g. a child, parent etc.	W&O
Husband and wife as joint tenants with someone else	H&W&O
If you cannot determine how the property is owned	?

Real Estate

Indicate after the address the **Type** of property - Residence (R); Rental (L) or vacation (V)

<u>Address & Type</u>	<u>Owner</u>	<u>Purchase Price</u>	<u>Year Bought</u>	<u>Present Value</u>	<u>Your Equity</u>
1. _____ _____	_____	\$ _____	_____	\$ _____	\$ _____
2. _____ _____	_____	\$ _____	_____	\$ _____	\$ _____
3. _____ _____	_____	\$ _____	_____	\$ _____	\$ _____

Bank & Savings And Loan Accounts

Indicate the **Type** of account: (S) Savings; (C) Checking; (CD) Certificate of Deposit; and (O) Other.

<u>Institution and Branch</u>	<u>Account No.</u>	<u>Title</u>	<u>Type</u>	<u>Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

Money Market Accounts/Mutual Funds and/or similar accounts

<u>Brokerage Firm & Branch</u>	<u>Account No.</u>	<u>Title</u>	<u>Type</u>	<u>Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

Stocks & Bonds

(e.g. common stock, preferred stock, corporate bonds, commodities, municipal bonds, government savings bonds, treasury bills, limited partnership interests, mutual funds)

List each security that you own. Indicate number of stock, the current value, and how title to the security is held (e.g. IBM; common stock; 10,000; John Smith and Kevin Daniels; 6/98; \$10,000):

<u>Stock Name</u>	<u>Type</u>	<u>Number</u>	<u>Title</u>	<u>Year Bought</u>	<u>Present Value</u>
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____

Personal Property: (Autos, RVs, boats, antiques, heirlooms, jewelry, collections, etc.)

<u>Description of Property</u>	<u>Title</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

Miscellaneous Property: (Includes Cash & negotiables in Safe Deposit Box; accounts receivable; Leases Franchises held; Royalty Income; Patents, trademark, and copyrights held; Stock Options; Oil, gas or mineral rights)

<u>Description of Property</u>	<u>Title</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____
6. _____	_____	\$ _____

Monies Owed to You (e.g. Loans/Mortgages/Promissory Notes):

<u>Name of Debtor</u>	<u>Original Note Value</u>	<u>Secured?</u>	<u>Amount Due</u>
1. _____	\$ _____	Yes/No	\$ _____
2. _____	\$ _____	Yes/No	\$ _____
3. _____	\$ _____	Yes/No	\$ _____
4. _____	\$ _____	Yes/No	\$ _____

Retirement Plans and Annuities:

Do you have IRAs, pension plans, profit-sharing, stock bonus, retirement plan, or deferred compensation plan, or any other similar type of benefit? :

“Type”: IRA; 401(k); 403(b); Keogh; SEP IRA; Co.-P (Company Pension); P-S (Profit-Sharing)

<u>Name of Plan/Company</u>	<u>Designated Beneficiary</u>	<u>Type</u>	<u>Vested?</u>	<u>Value</u>
1. _____	_____	_____	Yes/No	\$ _____
2. _____	_____	_____	Yes/No	\$ _____
3. _____	_____	_____	Yes/No	\$ _____
4. _____	_____	_____	Yes/No	\$ _____

Annuities: (List any annuities you own, the estimated value and whether the annuity is tax-deferred)

<u>Company</u>	<u>Owner</u>	<u>Tax-Deferred</u>	<u>Est. Value</u>
1. _____	\$ _____	Yes/No	\$ _____
2. _____	\$ _____	Yes/No	\$ _____

Business Interests: Do you own a business? Have an interest in a Partnership?

Business Name: _____ Type of Entity (Corp (C); sole prop (SP); partnership (P) ____

Nature of business and location _____

Percent interest : ____ Value of interest \$ _____ Date interest acquired _____

Tax basis on interest (if known) \$ _____ Is interest jointly owned? _____

If so, please describe : _____

What are your wishes as to disposition of ownership after death? _____

- 1. Transfer to Family Yes/No 2. Sale to co-owner of business Yes θ No θ
- 3. Sale of key-employee Yes/No 4. Other: _____

Is there a buy-sell or redemption agreement? Yes/No

Life Insurance:

<u>Insurance Company</u>	<u>Policy Owner</u>	<u>On Whose Life</u>	<u>Beneficiary</u>	<u>Value</u>
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	\$ _____

Other Investments:

<u>Description of Investment</u>	<u>Who Owns?</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Anticipated Inheritance, Gift or Lawsuit Judgment:

<u>Description of Inheritance/Gift etc.</u>	<u>Value</u>
1. _____	\$ _____
2. _____	\$ _____

Non U.S. Assets:

<u>Description and location of Asset</u>	<u>Who Owns?</u>	<u>Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____

Liabilities: (mortgages, notes to banks, notes to others, loans on insurance, other)

“Who owes”: (H) Husband; (W) Wife; (J) Joint

<u>Creditor</u>	<u>Who Owes</u>	<u>Amount Owed</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

PRELIMINARY – VALUE OF YOUR ASSETS

<u>ASSETS</u>	<u>JOINT</u>	<u>HUSBAND</u>	<u>WIFE</u>
1. Residence	\$ _____	\$ _____	\$ _____
2. Other Real Estate	\$ _____	\$ _____	\$ _____
3. Cash & Equivalents	\$ _____	\$ _____	\$ _____
4. Stocks	\$ _____	\$ _____	\$ _____
5. Bonds	\$ _____	\$ _____	\$ _____
6. Mutual Funds	\$ _____	\$ _____	\$ _____
7. Life Insurance	\$ _____	\$ _____	\$ _____
8. Retirement Benefits	\$ _____	\$ _____	\$ _____
9. Tangible Personal Property (e.g. jewelry; furniture etc.)	\$ _____	\$ _____	\$ _____
10. Promissory Notes	\$ _____	\$ _____	\$ _____
11. Business Interests (interest in family business etc.)	\$ _____	\$ _____	\$ _____
12. Promissory Notes	\$ _____	\$ _____	\$ _____
13. Automobiles	\$ _____	\$ _____	\$ _____
14. Patents; copyrights; leases etc.	\$ _____	\$ _____	\$ _____
15. Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
<u>LIABILITIES</u>			
1. Home Mortgage	\$ _____	\$ _____	\$ _____
2. Secured Debts	\$ _____	\$ _____	\$ _____
3. Unsecured Debts	\$ _____	\$ _____	\$ _____
4. Promissory Notes to Others	\$ _____	\$ _____	\$ _____
5. Creditors	\$ _____	\$ _____	\$ _____
6. Other	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____
NET ASSETS	\$ _____	\$ _____	\$ _____